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## Counselling Sexual-Violence Survivors: The Evolution of Female Counsellors' Critical Political Consciousness and the Effects on Their Intimate Relationships

### Le counseling auprès des survivantes de la violence sexuelle : Développement d'une conscience politique critique chez les conseillères féminines et les effets sur leurs relations intimes

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#### ABSTRACT

This social constructivist/constructionist research explores changes in female therapists' intimate relationships after they began working with survivors of female sexual violence. Discourse analysis found that working with survivors shifted participants' initially naïve understanding of female sexual violence, as they developed a critical political consciousness of sexual violence in the process. Transformative learning theory is used to describe this process. As participants' new consciousness developed, aspects of cognitive, emotional, and behavioural intimacy within their intimate relationships were affected. To better prepare therapists for working with survivors of female sexual violence, greater attention to counselling-training curricula is recommended.

#### RÉSUMÉ

Cet article décrit une recherche socioconstructiviste/constructionniste explorant les modifications dans les relations intimes des thérapeutes féminines après qu'elles ont commencé à travailler auprès de femmes ayant survécu à la violence sexuelle. L'analyse du discours a permis d'apprendre que le fait de travailler auprès de survivantes a transformé la compréhension initialement naïve chez les participantes au sujet de la violence sexuelle faite aux femmes, développant dans ce processus une conscience politique critique à l'égard de la violence sexuelle. La théorie de l'apprentissage transformationnel est utilisée pour décrire le processus. La nouvelle prise de conscience a eu une incidence sur certains aspects cognitifs, affectifs, et comportementaux des relations intimes chez les participantes. Pour mieux préparer les thérapeutes appelées à travailler auprès de survivantes de la violence sexuelle, on recommande une plus grande attention portée à cette question dans l'élaboration des programmes de formation en counseling.

Over the past two decades, *vicarious trauma* and *secondary traumatic stress* have become important in explaining the effects of counselling trauma survivors on counsellors' work and personal lives. However, there is a dearth of literature specifically associated with changes within intimate relationships experienced by those who work with female sexual violence (FSV) survivors. The scant amount

of available research has shown that working with FSV survivors can affect therapists' sexual intimacy, which is feeling free to mutually express sexual wants and desires, and feeling comfortable being naked, looked at, and touched (Firestone, Firestone, & Catlett, 2006), particularly if elements of survivors' narratives intrude into intimate encounters (Trippany, White Kress, & Wilcoxon, 2004).

There is also a theoretical gap in the literature regarding counsellors who work with FSV survivors. Vicarious trauma (VT) continues to frame a great deal of research exploring changes in counsellors who work with this population. Although VT can be a useful framework for describing change in trauma therapists, it does not completely capture the change described by participants in this research.

The purpose of this research is to address these literature gaps using a social constructivist/constructionist approach to research, and a transformative learning (TL) theory to discuss changes within cognitive, emotional, and behavioural aspects of participants' intimate relationships. Previous doctoral thesis work focused on TL theory as a way to frame changes in the intimate relationships of those who work with FSV survivors (Garrity, 2009). This theory became prominent through participant interviewing. Simultaneous interviewing and analysis showed categories that described experiences similar to those that are described as VT. Analysis indicated, however, that participants described shifting worldviews, and that they experienced intrusive imagery and intense emotions that were transformative and conscious-raising.

TL theory became the framework in which data were interpreted in the current study. A literature review using PsychInfo, CINAHL, and ProQuest indicated that there is no research using this theory to discuss changes experienced by trauma counsellors.

#### FRAMEWORKS EXPLORING CHANGE AND INTIMACY IN SEXUAL VIOLENCE COUNSELLORS

This section reviews (a) two frameworks for exploring trauma-counsellor change, vicarious trauma, and transformative learning; (b) a framework for exploring intimate relationships; and (c) a feminist perspective on sexual violence. These areas are reviewed because they are key areas informing this research.

##### *Trauma-Counsellor Change*

There is considerable literature discussing broad cognitive (McCann & Pearlman, 1990; Saakvitne & Pearlman, 1996; Van Deusen & Way, 2006), emotional (Blair & Ramones, 1996; Pearlman & Saakvitne, 1995; Trippany et al., 2004; Wasco & Campbell, 2002), and behavioural (Pearlman & Saakvitne, 1995; Pearlman & Mac Ian, 1995) changes experienced by those who work with trauma survivors, including survivors of sexual violence. The frameworks commonly used are vicarious trauma and secondary traumatic stress. Only the VT framework is discussed in this literature review because it is most commonly applied to explain the psychological effects on counsellors working with sexual violence survivors.

Vicarious trauma was also the initial theoretical framework for my broad research question: How does working with female sexual violence survivors affect female counsellors' intimate relationships? During both data collection and analysis, however, I discovered that VT was not what participants described.

#### VICARIOUS TRAUMA

Vicarious trauma describes the negative psychological effects that therapists experience through empathic engagement with survivors of trauma, particularly sexual violence survivors (McCann & Pearlman, 1990), and a negative transformation of therapists' beliefs and assumptions about the world, themselves, and others (Jenkins & Baird, 2002; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995; Saakvitne & Pearlman, 1996; Schauben & Frazier, 1995; Sexton, 1999; Trippany et al., 2004; Wasco & Campbell, 2002).

Therapists' emotional responses to trauma survivors' narratives have been described as intense and include helplessness, rage, isolation, depression, and disillusionment (Blair & Ramones, 1996). These emotional responses extend beyond counselling sessions into therapists' personal lives (Cerney, 1995). Therapists new to the field reported feeling overwhelmed, and unprepared to manage what they heard (Sexton, 1999; Wasco & Campbell, 2002). They experienced greater disruption in trust and intimacy compared to therapists with greater experience in the field (Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995; Steed & Bicknell, 2001). In addition, therapists felt numb, emotionally closed off to others, or increasingly dependent on significant others (Trippany et al., 2004).

Factors other than listening to survivors' narratives and therapists' personal characteristics can contribute to therapists' emotional responses. For example, Sabin-Farrell and Turpin (2003) suggested that VT does not completely explain shifts in trauma therapists' thoughts, feelings, and behaviour. Steed and Downing (1998) suggested that changes in therapists' cognitions were associated with a new level of awareness of abuse. They proposed that cognitive changes be viewed on a continuum ranging from enhanced awareness to impairment in daily functioning, such as paranoia. This perspective appears to go beyond viewing the therapist as traumatized, instead explaining that cognitive changes in therapists highlight the importance of enhanced awareness or knowledge. Wasco and Campbell (2002) agreed that the amount of anger rape-victim advocates felt depended on the context, such as the advocates' awareness of barriers created by medical, legal, and other social structures.

Trauma therapists' experiences are not entirely negative. Brady, Guy, Poelstra, and Fletcher Brokaw (1999) discovered that counsellors of sexual assault survivors challenged their own faith and emerged with a stronger sense of spirituality, given their new awareness of human cruelty. Tronto (1993) explained that when caregivers engage with their clients' aspirations and worries, there is a potential for personal transformation. These findings may indicate a self-reflexive, transformative process that promotes healthy psychological functioning through a shift in beliefs.

## TRANSFORMATIVE LEARNING

Transformative learning is another way to frame the process of shifting one's worldview. It occurs when one's values, beliefs, and assumptions are challenged, prompting critical reflection and leading to new understanding (Merriam, 2004). Burstow (2003) stated that people who are *not* traumatized live under an "illusion of safety" (p. 435). Therefore, it is suggested that this illusion can be challenged when therapists encounter a situation not previously experienced. TL has three stages: (a) a disorienting dilemma, or exposure to an unfamiliar situation that evokes intense emotions because one's framework for interpreting humanity offers no explanation (Mezirow, 2000); (b) critical reflection provoked by the intense emotions, through which one appraises assumptions, beliefs, and values and thus learns (Baumgartner, 2001; Merriam, 2004); and (c) transformation through acting on what one has learned (Bennett-Levy, 2006; Lee, 2007; Mezirow, 2000).

*Intimate Relationships*

In this article, *intimate relationship* means a committed, cohabiting relationship between the counsellor and her romantic partner. Aspects of this intimate relationship include three types of intimacy: cognitive, emotional, and behavioural (Prager, 1995). *Cognitive intimacy* includes validation, sharing of personal and private feelings, trust (Prager, 1995), and deep mutual understanding (Firestone et al., 2006). *Emotional intimacy* includes mutual feelings of appreciation, compassion, caring, warmth, pleasure, affection, love, closeness, and contentment (Firestone et al., 2006; Prager, 1995). It also includes respect and showing interest in another's life outside the relationship (Firestone et al., 2006). *Behavioural intimacy* comprises actions through which partners search for each other's touch (Prager, 1995) and includes sexual intimacy, which is feeling free to mutually express sexual wants and desires, and feeling comfortable being naked, looked at, and touched (Firestone et al., 2006). These aspects of intimacy are explored in this research report, as they were found by previous researchers to be areas most affected in therapists' relationships (Blair & Ramones, 1996; Clemans, 2004; Steed & Bicknell, 2001).

*Developing a Critical Political Consciousness of Sexual Violence*

One out of every four to five women is sexually assaulted in her lifetime (Campbell, 2002; Senn, Desmarais, Verberg, & Wood, 2000). Senn et al. (2000) also reported that 1 of every 13 men stated that their behaviour would be considered sexually assaultive. This violent behaviour oppresses women; therefore, issues connected to FSV are best explored using a feminist lens (hooks, 2000). A feminist perspective was used to guide this study as it explores the effects of working with survivors of sexual violence on female therapists' intimate relationships.

This article uses hooks' (2000) definition of *feminism*. Hooks, a prominent black feminist, activist, and writer, describes feminism as a "movement to end sexist oppression" (p. 18) that stresses political action. Adopting this definition of feminism forces one to acknowledge the roles that social and institutional struc-

tures have in perpetuating oppression of women through sexual violence. Hooks uses the term *critical political consciousness* to describe this level of understanding of sexual violence.

#### METHOD

Social constructivist and social constructionist approaches to research were used to answer the research question: *How does working with female sexual violence survivors affect female counsellors' intimate relationships?* Social constructivism is an educational theory with roots in experiential learning, while social constructionism focuses on the products of those social interactions. Both approaches stress the importance of social interactions in one's interpretation of the world. This research is a melding of both social constructionism and social constructivism, since transformative learning theory plays a central role in the development of not only therapists' understanding of FSV but also the effects on intimacy.

According to Burr (2003), a social constructionist research approach is not characterized through the use of specific theoretical perspectives. Social constructionist research is considered as such as long as methods are contrary to a positivist approach to research. The methods used in this research are discourse analysis and the constant comparative method. Discourse analysis and constant comparative methods are contrary to a positivist approach because, unlike positivist methods of research that begin with a testable hypothesis and then tested with a specific theory, these methods generate hypotheses and theories about a social phenomenon.

Both social constructionism and social constructivism acknowledge the individual as an active participant in building their understanding of the world. This knowledge, built through interactions with people and objects within their environment, is shared with others through the language used to describe their experiences (Gergen, 1985). With its strong focus on power and inequality, these approaches see knowledge constructed by social structures, social relations, and institutional practices (Burr, 2003). With these assumptions in mind, I posited in this research that changes in the intimate relationships of women who work with FSV survivors may be associated with critical reflection on their existing knowledge of sexual violence.

#### *Participants*

I interviewed 18 female trauma therapists involved in heterosexual and lesbian relationships who lived within the Greater Toronto Area. Involvement in an intimate relationship prior to the beginning of therapists' counselling work was required to identify changes in the relationship that may have resulted from working with trauma survivors. Since this was an exploratory study examining whether or not working with FSV survivors affected counsellors' experiences of intimacy, there were no criteria stating that participants needed to have ex-

perienced changes in intimacy because of their counselling work. Participants worked in community centres, hospitals, or private practices. They ranged in experience from novice to experienced practitioner and represented diverse racial and cultural backgrounds. One participant was in a lesbian relationship, and 2 participants identified as bisexual and were in committed relationships with men at the beginning of their therapy practices. Please see Table 1 for participant demographics.

Table 1  
*Participant Characteristics*

Characteristic	No. of participants ( $N = 17$ )
Age	
25–34	6
35–44	6
45–50+	5
Years working with survivors	
< 5	7
5–9	5
10–14	2
15–19	2
20+	1
Years in intimate relationship	
< 5	5
5–9	3
10–14	4
15+	4
Currently not in relationship <sup>a</sup>	1
History of personal trauma	
Sexual	1
Non-sexual	6
No history	8
Undisclosed	2
Race	
Caucasian	12
Visible minority	5
Type of counselling practice	
Private	6
Community-based organization <sup>b</sup>	11
Religion	
Christian	11
Jewish	2
Wiccan	2
Atheist	1
None	1

<sup>a</sup>University counselling centre, community centre, or sexual assault care centre. <sup>b</sup>Spoke about how counselling affected previous relationship.

Although 18 participants were interviewed for this research, this report focuses on 13 of these participants. The rationale for this focus is explained in the first paragraph of the results section.

Both convenience and networking sampling were used to recruit participants. For convenience sampling, I created a pool of self-identified practitioners by contacting agencies that provide services to female survivors of sexual violence, consulting agency websites, posting flyers at agencies and community centres, and advertising in community newspapers such as *Xtra*, which targets gay and lesbian individuals. I recruited 8 of the participants through word-of-mouth networking with colleagues and previously interviewed participants.

### *Data Generation*

Data collection was guided by feminist interviewing principles that include (a) reflexivity; (b) open-ended, semistructured interviews that highlight female gender; and (c) active listening. Interview questions explored how shifting worldviews, emotions, and intrusive imagery led to concerns within intimate relationships. See Appendix for the interview guide used in this research. Social and political factors, such as education and family upbringing, which may have influenced participants' understanding of FSV, were also explored. The interview process took place at either the participant's home or office or the researcher's office and lasted between 1.5 and 2 hours.

I decided not to include interview data from the sole lesbian participant in the data analysis primarily for ethical reasons: her quotes would have easily identified her. There was also a methodological concern: findings from the interview of only one lesbian participant would not allow comparisons of the changes in intimate relationships of other lesbian women who counsel FSV survivors.

In data analysis, I used the constant comparison method (i.e., collecting and analyzing data simultaneously; Strauss & Corbin, 1990) to search for recurring words, phrases, or themes in each interview transcript. I then generated broad categories from the coding process that were then explored in subsequent interviews. Memos about the emerging categories and their interrelationships were written to aid in the development and refinement of themes.

Discourse analysis was used to move beyond the thematic analysis achieved through constant comparison and to provide a more complex analysis of participants' accounts of change within their intimate relationships. I used Willig's (2001) six stages of discourse analysis: (a) identifying discursive constructions, such as participants' level of understanding of FSV; (b) locating discourse—situating the concept being discussed within broader discourses, such as how family upbringing influenced naivety about FSV; (c) action orientation; (d) positioning; (e) practice—in which I examined the effects of using a particular discourse on a person's actions or achievements; and (f) subjectivity, exploring the affective consequences of using particular discourses.

## RESULTS

*Developing a Critical Political Consciousness*

Data analysis revealed three themes within participants' narratives about changes within their intimate relationships. These three themes were labelled (a) *Developing a Critical Political Consciousness* (CPC), (b) *Emotions as Political Expressions*, and (c) *Experiencing Residual Imagery*. Opposed to using the phrase "intrusive imagery" not only because of its negative connotations but also because analysis suggests that experiencing this type of imagery is beneficial to participants' cognitive growth, I re-conceptualized this phenomenon as "residual imagery." Residual imagery describes images or thoughts of a survivor's traumatic experience that either remain with participants after the counselling session or come into their awareness unexpectedly.

Analysis showed that therapists' intimate relationships can be affected by the development of their CPC, their strong emotions experienced in relation to their clients' experiences, and residual imagery. Due to space constraints, only one theme, CPC, is discussed here, because it appeared to have the greatest influence on participants' intimate relationships. Data analysis indicated two groups of participants: those who began counselling with a critical understanding of FSV ( $n = 4$ ) and those who did not ( $n = 13$ ). This research focuses on the latter group, because only they experienced disruptions in their intimate relationships. This theme comprised four subthemes: (a) participants' lack of CPC about female sexual violence, (b) how participants became aware of FSV as a gendered issue, (c) experiencing anger in response to a new understanding of FSV, and (d) lessons learned through FSV survivors. These four subthemes describe a transformative learning process for participants who started their counselling practice with a naive understanding of sexual violence as a gendered issue.

## NAIVETY

The first subtheme describes the naive understanding of FSV that many participants had prior to beginning their counselling practice. The comments of Anne, a registered nurse in her early 30s who had worked with survivors for less than five years when interviewed, reflected this naivety:

I wasn't exposed to women telling me about their experiences of being raped or a survivor of incest. I grew up not being exposed to violence of that nature and [with] a mother who ignored anything involving sex, including rape. I guess I grew up with wool over my eyes.

Social factors influenced participants' naivety. They acted out the assumptions, values, and beliefs imposed on them by different social factors—in Anne's case, parental avoidance of talk about sexuality and possibly religion (Anne was raised as a Catholic).

Formal education also positioned participants with a naive understanding of FSV. Jackie, for example, had a master's degree in counselling, was in her early 50s,



and had been working with child-sexual-abuse survivors in a community agency for over 15 years when interviewed:

And I really didn't know when I got the job, didn't understand it [sexual violence]. I mean the reason I did the training here was because I didn't learn it in school. There was not a lot of awareness or talking about it.

Naivety about FSV positioned participants in a passive role in their intimate relationships. Tasha, in her late 30s when interviewed, a member of a visible minority, and counsellor at an ethnically diverse community centre, had been married for almost 15 years. She said before she began counselling FSV survivors that she “was more like the dependent, typical wife who was just waiting for the husband to give her flowers or something.” To her, dependence and passiveness were characteristics of a “typical wife.” Similarly, Anne described her role in intimate relationships before she began counselling FSV survivors: “I wanted the traditional heterosexual lifestyle—meet boy, get married, buy a house, have children, let him take care of the financial responsibilities.” She added, “Boy has that changed!”

It appears that family communication contributed not only to participants' naivety about FSV but to their understanding of what it meant to be in a heterosexual relationship. Tasha explained how being raised in a family where the mother was subordinate to the father contributed to her passivity:

He never hit her, but in every way he took all her rights, all her power. She had no financial power at all, like she had nothing. She was totally dependent on him. And sometimes we listen to those messages, and our role models are not always very positive anyways, and we think that this is the way we should be. And we get into relationships of power imbalance, and we find ourselves to be doing exactly the things our mothers used to do.

#### DEVELOPING AWARENESS

This subtheme describes how the exposure to women's stories of sexual violence shifted many participants' understanding of sexual violence as a gendered issue. Anne's exclamation, “Boy! Has that changed!” indicated that participants' discourse on women's dependence shifted as they became more aware that sexual violence is gendered through working with FSV survivors. Anne, for example, described her new awareness of inequalities between men and women:

It [listening to clients' stories of sexual abuse] seems to have played a huge role in my thoughts about men and women and relationships.... I was never so concerned with the power differences. I think I'm more aware of where women have been placed in society—lower than men. And I never was aware of that before I started my counselling placement.

Tasha, like Anne, described her new awareness of women's oppression and its relationship with sexual violence:

I think abuse [against women] is not necessarily an individual thing. It's a structural thing. It's what happens in society. It's what happens in the structures of society that allow for this or engender this kind of behaviour. It could be because of sexism. There's an issue in society that allows some people to have more power than other people.

#### ANGER

This subtheme describes how exposure to women's narratives of sexual violence led to intense anger. The new recognition of sexual violence as gendered (increased CPC) pushed many participants to anger. Annette, who was in her early 30s and had only worked with FSV survivors for a year when interviewed, said, "I would have to say that I'm angry at sexism. That women are not quite valued the same as men.... [And the] stereotypical expectations that it's OK to be [violent] ... I'm angry at sexual aggression. I'm angry at violence!" Patti, in her late 30s when interviewed, had been counselling FSV survivors for almost seven years:

Funny, it [counselling sexual violence survivors] doesn't make me feel more vulnerable. It makes me angry. Just frustration again with the amount of trauma, the hideousness of it, the insidiousness of it, the lack of assistance to these women, the waiting lists. Endlessly seeing women who get up the courage after years and years and years to bring people to court but, because there's something out of order, charges are thrown out.

This new CPC or new understanding of FSV recognizes that social and institutional structures perpetuate FSV and that it is a form of oppression against women. Participants' anger is a response to society's tolerance of FSV and women's oppression. Within the anger also appears to be judgement that women's subordination to men is immoral.

#### LEARNING FROM SURVIVORS

Through exposure to women's experiences of sexual violence, participants started to reflect on how their naivety about FSV positioned them as vulnerable and oppressed. This reflection resulted in personal changes for many participants, particularly in the area of dependency on intimate partners. As Tasha described,

I've learned a lot from women, abused women, survivors of abuse. I've learned that it doesn't pay to not think about the things that you need to do for yourself and society. What counselling other women does is make me aware of these dependencies that I have that are no good for me.

Anne described how she became more independent from men:

When I started to counsel women who are trauma survivors, and when I started to read more on traumatization and the effects and what it can do to you and the issue of control being very important, I became way more independent ...

what's the word I'm looking for, stable, financially stable without a man around. So, that's changed. I've become more independent.

Analysis suggested that increased assertiveness was another outcome that several participants experienced. Tasha described this assertiveness: "I used to do the listening before, without expecting him to listen to me. I want to do more talking and I want to bring it to a balance."

Not until they were exposed to clients' experiences of sexual oppression and violence did participants begin to develop a critical political consciousness of FSV. This developing consciousness led to personal reflection on participants' positions as women within their intimate relationships. This reflection, within the context of a feminist discourse, led many participants to actively change the balance of power in their intimate relationships.

Four participants who were themselves trauma survivors began their counselling practices with a naive understanding of FSV; their experiences of trauma did not foster critical understanding. One of the two survivors of nonsexual trauma, Eva, explained that "the nature of the trauma [was] kind of different." This suggests that the type of trauma experienced by participants may have influenced their level of consciousness related to sexual violence.

Shelly, one of the two FSV survivors, said that, despite her trauma, "There was a lightness, for lack of a better word, naivety ... a general trusting in the world." Shelly's comment suggests that she understood FSV as something outside the ordinary experience of women. This soon changed when she began counselling FSV survivors: "[the naivety] is definitely not there now. I have a jaundiced eye."

#### *Developing a Critical Political Consciousness of Female Sexual Violence: Implications for Intimate Partnerships*

As participants began to develop a CPC, the cognitive, behavioural, and emotional intimacy within their relationships began to change. The findings indicate that it was the development of a more critical understanding of sexual violence as gendered that influenced these changes.

#### TRUST

Trust was one disrupted aspect of *cognitive intimacy*. Jennifer, in her early 40s at the time of the interview, had been with her partner for 5 years when she started counselling survivors. She reflected on how her growing consciousness of women's sexual oppression affected trust in her intimate relationship, and consequently cognitive and behavioural intimacy:

Everything had to do with questions of power and relationships between men and women. And it was like ... it was undermining my trust in my partner.... All sexuality was a bit tinged with the annihilation of the other in one's own interest. And if I would have explored it in detail, I think maybe there would be that thing that being in a heterosexual relationship and questioning my partner. Sort of a mistrust. So, I pulled back from my sexual relationship.

## LACK OF UNDERSTANDING

Many participants described not feeling understood by their intimate male partners as they attempted to speak using CPC discourse. Carla, in her late 20s and married for almost 10 years at the time of interviewing, demonstrated this feeling:

He still really sees rape as an element of lust and men not being able to control their desire. I challenged him so many times. We have had many arguments about that. I would like him to understand ... it's been a struggle.

Discourse analysis suggests that this lack of understanding is rooted in a male-gendered discourse of sexual violence—particularly the view that men have a biological drive pushing them to satisfy a basic need for sex (Hollway, 1984)—that differs from the CPC viewpoint: FSV survivors' trauma comes from men's violence. For many participants, this gendered difference in understanding FSV pushed them to feel invalidated.

## RESPECT

Respect was another disrupted aspect of trauma therapists' intimate relationships. As they developed a CPC, many participants questioned whether their partners' demonstrations of attraction were respectful. Anne described the change in her experience of her partner's behavioural intimacy:

I couldn't care less when I first met him and he came up behind me and grabbed my breasts or whatever. I couldn't care. Now that I'm talking about this, I didn't give a shit whether he grabbed my ass ... Now it's like, "Don't touch me like that!" It's degrading, a lack of respect.

## ANGER

*Behavioural intimacy* was not only affected by a changing CPC but also by the accompanying anger. Shelly, who had been with her partner for 14 years and had practiced as a trauma therapist for 7 years at the time of interviewing, was also a FSV survivor and of African descent. She described how anger affected nonsexual touch between her and her husband:

It's my anger about what I hear and what's happened to people and it's awful, but he bears the brunt of it. I think that's where it goes. I don't want to be touched. He'll walk by me and just go to touch my shoulder, and I'm pulling away from him.

After Annette explained that she was "angry at sexism," she described how this anger disrupted *emotional intimacy*, particularly showing care, compassion, and interest in her partner:

When I'm with my clients, I'm really focused, but then, when I get home, I have no patience. It's more like, if my partner has needs ... if he's needy, I can't be bothered. I can't meet those needs. I just don't have it in me to do it.

*Buffering the Impact of a Shifting Critical Political Consciousness*

This section describes strategies that participants found helpful in working through their changing understanding of humanity, along with concerns they experienced in their intimate relationships. A lengthy discussion of these strategies is not necessary, as most of them are not unique to the literature on coping with changes associated with counselling survivors. It is important, however, to discuss the role of supervisors and participants' partners in helping participants manage change in their intimate relationships, as these were the most commonly described strategies in this research.

A number of participants identified supervision as an effective strategy. Jennifer, who stated that working with sexual violence survivors "made all desire seem suspect for a little while," identified supervision as a way of helping her better understand her experiences of trust:

I got some support in supervision for my dilemmas around that and my feelings reasserted themselves, then life takes over. And then I got back that clear sense of I can trust myself, what I want, and what I don't want, and what was acceptable.

It therefore appears that supervision helped Jennifer construct a more accurate perception of her experiences of trust and mistrust.

Several participants found their intimate partners to be helpful in shaping an understanding of the dynamics within their intimate relationships. These participants described how dialogue and time spent with their partner helped construct a clearer understanding of their experiences of intimacy. Jennifer, Eva, and Carla described how "talking it through" with their partners helped them make sense of aspects of their intimate relationships. The dialogue between participants and their partners appeared to focus on attributes of cognitive intimacy such as validation, trust, and communication. Jennifer described how talking it through helped her reconstruct her perception of cognitive intimacy related to support and trust:

I got much more overt about issues of trust. I feel like there is more trust now. . . . Like during that period of time and that confusion, I got more overt [with him] about needing support, the need to clarify things, needing to talk about things. I came through that with a sense of support and trust.

Jennifer's increased communication with her partner helped her to reconstruct her perspective of cognitive intimacy during a period of confusion. Jennifer added that she and her partner "ended up reconnecting strongly after that period of time." It appears that Jennifer's experience of validation by her partner enhanced her cognitive intimacy.

SUMMARY

Encounters with female sexual violence survivors prompted a critical reflection of participants' intimate relationships, and strengthened participants' feminist

consciousness of the role society plays in perpetuating sexual violence against women. As participants developed a critical political consciousness they critically reflected on their own intimate experiences. During this critical reflection, participants described experiencing disruptions in trust, understanding, respect, and sexual intimacy. These disruptions were found to be associated with the process of transformation, particularly a transformation in the way they understood sexual violence. The findings that were presented also explored how participants engaged in strategies that helped them reconnect to their intimate relationship, such as supervision and dialoguing with their intimate partner about experiences of change. Finally, as participants developed a CPC of female sexual violence, they described making changes in areas of their lives that had kept them in oppressed situations.

#### DISCUSSION

The findings presented in this report suggest that changes within participants' intimate relationships came from a shift in participants' understanding of FSV. This shift in understanding can be explained through transformative learning theory. The findings support two studies that go beyond viewing therapists as traumatized. Steed and Downing (1998) found that therapists' worldview changes with a new awareness of abuse. Brady et al. (1999) assert that those who work with trauma survivors experience belief transformation, which in turn promotes healthy psychological functioning.

In the research reported here, working with FSV survivors promoted participants' feminist consciousness of society's perpetuation of oppression against women through sexual violence. This consciousness prompted participants to reflect on their vulnerability to oppression in their own intimate relationships. As participants developed a critical political consciousness, it disrupted trust, understanding, respect, and sexual intimacy within their intimate relationships. Data indicated, however, that supervision and communication with intimate partners were strategies that helped re-establish an intimate connection.

Because most participants' fortunate family circumstances and formal education sheltered them from sexual violence, it is not surprising that they had a naive understanding of FSV when they began working with survivors. This illusion shattered when participants were exposed to the reality of female sexual violence through their work. This finding supports Burstow's (2003) claim that people who are not traumatized live under an "illusion of safety" (p. 435), which in the research reported here created a disorienting dilemma (Mezirow, 2000), the first stage of the transformational learning process. For most participants, it was unfamiliarity with the content of a survivor's narrative, as well as lack of awareness of the socio-political context of sexual violence, that led to development of a CPC.

Exposure to sexual violence survivors' experiences not only led participants to question their understanding of sexual violence against women, it also aroused anger in reaction to their new understanding of FSV. This research supports Wasco and Campbell's (2002) finding that anger among counsellors who worked

with survivors of sexual violence resulted from their developing awareness of various barriers faced by survivors, such as lack of services for FSV survivors and their unjust treatment in the legal system. Experiencing intense emotions such as anger is also indicative of a transformative learning experience (Mezirow, 2000). When participants began to realize how their naive understanding of sexual violence made them vulnerable to oppression in their intimate heterosexual relationships, some participants critically examined their expectations about roles in heterosexual relationships. This critical reflection may have negatively affected trust, validation, and respect within intimate relationships and disrupted sexual intimacy. This type of critical reflection through which one appraises assumptions, beliefs, and values (Baumgartner, 2001; Merriam, 2004) suggests a transformative learning process.

Participants' reflection on their transformative learning led them to acknowledge how their past awareness of sexual violence made them vulnerable to oppression within their intimate relationships. Acting on their learning, participants became more independent and assertive in their intimate relationships.

The findings of the research reported here offer an explanation of change in trauma therapists' intimate relationships that incorporates social factors such as culture and education. Additionally, the findings suggest that challenges to therapists' worldviews, and their intense emotions after working with FSV survivors, indicate transformative learning in progress.

### *Limitations of the Research*

The first limitation of this research is the small sample, particularly the number of lesbian participants (i.e., 1). Although generalizing findings is not the intent of qualitative research, this small sample makes it difficult to translate findings to the large body of diverse individuals who work with FSV survivors.

The second limitation is that partners of trauma therapists were not interviewed, due to lack of responses to recruitment strategies used in this study. Interviewing partners would have allowed for comparisons of experiences between partners in the couple.

The third limitation is that the impact of different types of training on shifts in therapists' understanding of sexual violence was not explored. Further research is needed to compare the experiences of individuals from different professions who work with FSV survivors, such as social workers, psychologists, pastoral counselors, and nurses.

A further limitation of this study is that the impact of different demographic factors was not explored. Further research is needed to explore how factors such as age and length of time in a relationship influenced changes in aspects of intimacy.

Excluding the data from the lesbian participant is also a limitation to this study. The inclusion of this data would have allowed for a more in-depth and comprehensive analysis of experiences of change within counsellors' intimate relationship.

### *Implications for Counselling*

Participants in this study belong to various professions, including nursing, psychology, and social work, all of which require postsecondary education. However, 13 of the 18 participants described beginning their counselling practice with a naive understanding of sexual violence. This naivety suggests that postsecondary curricula preparing professionals for therapeutic work with women either poorly integrates experiential learning opportunities associated with sexual violence into course design or completely ignores sexual violence.

The following recommendations arose out of this study. Counselling educators should increase experiential learning opportunities within curricula on sexual violence against women. For example, guest speakers who themselves were victims of violence could speak of their experiences and students could engage in a critical reflection exercise allowing them to explore the assumptions and beliefs of sexual violence. Educators should provide these opportunities within a safe learning environment that fosters exploration of students' assumptions, beliefs, and values concerning intimacy, power, and gender.

Finally, viewed through the lenses of social constructivism/constructionism and transformative learning theories, changes in the intimate relationships of therapists who work with FSV survivors arose from a transformative process through which therapists critically analyzed their assumptions about humanity. This process began with participants' interactions with their clients—FSV survivors, becoming aware of sexual violence as a gendered issue, reflecting on their learning, and transforming aspects of their personal lives, such as becoming more independent and assertive. Changes in participants' intimate relationships appeared to be influenced by their reflection on how their naive understanding of sexual violence could potentially place them in a vulnerable and oppressed position.

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## Appendix

### *Therapist Interview Guide*

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#### *Intimacy*

1. In your own words, what does intimacy mean to you?

#### *Nature of Trauma Work and Cognitive Schemas*

2. How do you think counselling trauma survivors have changed you?
3. How does listening to women talk about their sexually traumatic experiences make you feel about having a female body? (body image, role/expectations)
4. Do these feelings impact intimacy with your partner?
5. Sometimes trauma counsellors experience intrusive imagery of their client's narratives or have very strong feelings about what happened to their client. Do you experience troubling images, thoughts or feelings around what happened to your clients (can be dreams or memories of session)?
  - a. If yes, how does this affect your intimate behaviours with your partner? *OR*
  - b. If yes and history of personal trauma, is it the client's content or the therapist's?
  - c. If affects intimacy negatively, how does your partner respond?
6. Do you think counselling trauma survivors has impacted the quality of your intimate relationship? (excitement, attentiveness, in tune with your needs, affectionate, stroking, romance)
  - a. If yes and negative change, what do you think it is about counselling trauma survivors that contributed to this change?
  - b. Do you think your partner feels that your work as a trauma counsellor has changed your relationship? If yes, what makes you think this? If no, what makes you think this?
  - c. If history of personal trauma, has the change been because of listening to clients' experiences or has listening acted as a trigger for personal memories which has affected the quality of the relationship? Does partner know about the trauma?
  - d. If no, have there been changes caused by something else? (children, finances, etc.)
7. Working with trauma survivors has sometimes led to changes in the therapist's feelings of safety, trust, dependency, esteem, and control. Have you experienced changes in any of these areas?
8. How has this affected your intimate relationship?

*Intimate Behaviours and Experiences*

1. Are you able to share personal and private feelings about the nature of your work with your partner?
  - a. If yes, how do you feel when you are talking to your partner about work? (is it easy, do you find it difficult, are you hesitant, do you think s/he wants to listen, do you feels/he understands)
  - b. If no, what prevents you from talking to your partner? How do you feel about not talking to your partner about your work?
  - c. Do you think your ability/inability to share your personal and private feelings influences intimate interactions between you and your partner in any way?
2. How do you think your partner feels about your work?
  - a. Do your partner's feelings about your work ever affect your sharing of your personal client experiences?
  - b. Have participant elaborate on a. if affirmative answer is given.
  - c. Do your partner's feelings influence intimate interactions between the two of you?
3. Does your partner's understanding about the nature of your work affect the way you feel about him/her at times?
  - a. When are those times? Frequency? Do you think this is a problem in your relationship?
  - b. What is it about those times that change the way you feel about your partner (is it lack of knowledge about what you do, is it ignorance of the issues your clients' present with, is it lack of acknowledging the way your work affects you)?
4. During the times mentioned above, do you think the way you feel about your partner's understanding affects your:
  - a. willingness to initiate intimate behaviours (starting to touch, kiss, arouse partner)
  - b. willingness to engage in intimate behaviours (mutual reciprocal feelings and responses to partner's advances)

*About the Author*

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