9-11-2025

Counselors With a History of Sexual Abuse Who Work with Sexually Violent Offenders

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Walden University
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Abstract

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by

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MA, Webster University, 2012

BA, Benedict College, 2008

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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August 2025

Abstract

Research on counselors who treat sexually violent offenders has emphasized professional challenges, ethical dilemmas, and vicarious trauma, while less attention has been given to clinicians with personal histories of sexual abuse who may face added strain yet also bring unique empathy and resilience to their work. Addressing this gap is critical for the counseling profession, as it informs how training, supervision, and wellness practices can be structured to better support clinicians with lived trauma histories. This qualitative study explored the lived experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders. Grounded in interpretative phenomenological analysis (IPA) and hermeneutic phenomenology, the research question asked: What are the experiences of counselors with a personal history of sexual abuse while counseling sexually violent offenders? Seven participants were recruited via the Association for the Treatment and Prevention of Sexual Abuse (ATSA) listserv who were licensed counselors or master's-level professionals, had personal histories of sexual abuse, and worked with sexually violent offenders in the U.S. Data were collected via in-depth, semi-structured interviews and analyzed using IPA's inductive framework. Three superordinate themes emerged: humanizing and empathizing, understanding and enlightenment, and empowerment. Findings revealed that trauma informed supervision, peer support, and meaning-making practices may mitigate counselor countertransference and burnout as participants described a dynamic interplay of empathy and moral tension, while framing their histories as sources of growth, ethical clarity, and vocational empowerment. Implications for social change included strengthening counselor education and supervision practices, reflective supervision, and institutional supports.

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Dedication

I dedicate this work first and foremost to myself, a survivor of sexual abuse who has set across from those who have perpetrated harm…...not in silence or shame, but in purpose and healing. I honor the strength within me that carried this work forward and the deep personal courage it took to confront my own story along the way. This is a reclamation of my voice, my truth, and my professional identity. I am no longer ashamed of my story; I stand in it, and I grow from it.

I also dedicate this to all the participants in this study, who bravely and generously shared their experiences, your willingness to speak truth, to revisit pain, and to reflect on your journeys is the heart of this work. Your courage and vulnerability made this dissertation possible, and I am humbled by your trust. This is also for all survivors of sexual abuse, especially those who serve as counselors, who sit in discomfort, who show up in the healing work, who carry their wounds while holding space for others. You are not alone. You are seen. Your strength is immeasurable, and your story matters. This work is a testament to survival, to healing, to reclamation, and to the profound power of turning pain into purpose.

Acknowledgments

First and foremost, I give honor and thanks to God, who has made all of this possible. This journey has been long, challenging, and at times deeply unpredictable, but through it all, God's grace, provision, and steadfast presence have carried me. I stand in gratitude for the divine strength that sustained me when mine was not enough. As this chapter of my life comes to a close, I want to acknowledge my family and friends, thank you for your encouragement, patience, and unwavering belief in me. Your words, presence, and love sustained me in moments when I doubted myself. Whether near or far, your support was felt, and I could not have done this without you.

To my dissertation committee, thank you for walking this academic path with me. To Dr. Shelli Friess, my dissertation committee chair, thank you for your consistent support, invaluable feedback, and heartfelt encouragement. Your guidance and belief in the importance of this work has been insurmountable, and I am deeply grateful for your mentorship. To Dr. Geneva Gray, my methodologist, thank you for being part of this journey. Your expertise, perspective, and thoughtful support helped refine and strengthen this study. I truly appreciate your contribution to this process. Every step of this dissertation has been marked by learning, reflection, and growth. I extend my heartfelt thanks to everyone who stood by me, believed in me, and made this achievement possible.

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Chapter 1: Introduction to the Study

Introduction

Understanding the experiences of counselors with a history of sexual abuse who work with sexually violent offenders was crucial for addressing their unique professional challenges and support needs. Prior researchers examined the emotional toll of working with trauma survivors, highlighting issues such as vicarious trauma, compassion fatigue, and burnout (Da Silva, 2022; Shrim & Baum, 2022). However, limited attention had been given to the specific experiences of counselors whose personal trauma histories intersect with their professional roles. In this study, I explored how these counselors navigate their dual identities as survivors and therapists, focusing on the impact of their past trauma on their therapeutic approaches and well-being. By employing interpretative phenomenological analysis (IPA) and hermeneutic phenomenology, I sought to contribute to the development of targeted interventions and support systems to enhance counselor resilience and effectiveness in this challenging field.

In this chapter I provide a comprehensive foundation for understanding the critical components of this research. The chapter includes the background of the study, outlining the context and relevance of exploring the experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders. The problem statement highlights the specific gaps in existing literature and the purpose of the study is to articulate the goals of the research, emphasizing the need to explore the intersection of personal trauma and professional practice. In this chapter I present the research question that will guide the research followed by the conceptual and theoretical framework. The nature of the study is described, and the qualitative methodology used to delve into

participants' lived experiences is also described. Key terms are identified in the definition of terms, while the assumptions section addresses expectations about participant engagement and data reliability. The scope and delimitations define the boundaries of the study, and the limitations acknowledge potential challenges and constraints. Finally, the significance section of the study identifies the study's contribution to counselor education and supervision field, highlighting its practical and theoretical implications.

Background

As of 2022, the U.S. Department of Justice reported that approximately 1,230,100 individuals were incarcerated in state and federal prisons at year end 2022, a 2% increase from yearend 2021 (1,205,100). Around 15.7% were serving sentences for rape or sexual assault offenses, equating to roughly 160,322 individuals (DOJ, 2022). Research indicates that counselors working with individuals who have committed sexual offenses are at heightened risk for secondary traumatic stress, vicarious trauma, and burnout, which can be exacerbated when counselors have their own histories of trauma (Da Silva, 2022; Hardeberg Bach & Demuth, 2019).

Hardeberg Bach and Demuth (2018) explored therapist characteristics, with particular attention to personal histories of abuse and their possible relationship to working with individuals who have committed sexual offenses. Findings indicate that a considerable proportion of therapists in this field report childhood abuse experiences, which may contribute to heightened levels of occupational stress (Elias & Haj-Yahia, 2019; Jeglic et al., 2022). To further examine this assumption, researchers sought to determine whether a correlation exists between therapists' self-reported childhood abuse histories and their scores on a specified construct. Elias and Haj-Yahia (2019) identified

constructs such as intrapersonal consequences, including emotional distress, anxiety, and changes in worldview and trust, as well as interpersonal consequences, such as strained relationships, increased suspicion, and social withdrawal, with coping strategies like emotional distancing and professional support mitigating these effects. Shrim and Baum (2022) examined constructs including anxiety, suspicion, parental concerns, and feelings of isolation, with gender-specific responses, such as paranoid behaviors in men and protective behaviors in women, suggesting that childhood abuse may exacerbate these disturbances. The findings of this study revealed that therapists who had experienced personal abuse in their childhood had more disturbances in their test scores compared to those who had not encountered such abuse (Shrim & Baum, 2022).

In a grounded theory study, Chassman et al. (2010) also highlighted the therapists who had undergone some form of abuse and participated in the study, perceived their clients through a unique lens due to their own experiences. In some cases, this perspective allowed therapists to have a more accurate understanding of their clients. However, at other times, it resulted in a blurred perception. The accounts of these therapists suggest that personal abuse history can influence how sex offender clients are perceived, but it may not necessarily be negative (Chassman et al., 2010). A therapist who has experienced personal abuse may have a greater understanding of the emotional and psychological impact of abuse, which may allow them to provide more empathetic and compassionate care for their clients (Chassman et al., 2010). They may also be better able to identify and address the underlying issues that led to their clients' abusive behavior. On the other hand, a therapist's personal history of abuse may also lead to biases or countertransference that could potentially interfere with their ability to provide

effective care. For example, a therapist who has experienced abuse may feel triggered or overly protective of their clients, which could lead to a lack of objectivity or difficulty setting appropriate boundaries (Chassman et al., 2010).

In addition, Way et al. (2004) reported that 75% of the 252 sex offender therapists who responded to their questionnaire had reported some form of childhood abuse. These findings suggest that a significant percentage of sex offender therapists are themselves abuse survivors. However, there is currently no research that compares the incidence of child abuse across various specializations, which makes it challenging to make any definitive conclusions on this matter (Moulden & Firestone, 2007). Researchers have highlighted the potential for issues such as vicarious trauma, compassion fatigue, and countertransference in trauma-focused counseling (Amid & Bachar, 2022; Hardeberg Bach & Demuth, 2019).

Individuals with cumulative harm from adverse childhood experiences are often drawn to helping professions, driven by a desire to foster healing and resilience (Bryce et al., 2023). However, dual roles as both survivors and healers can expose them to structural and internalized barriers, including shame, fear of stigma, and challenges in seeking support, which can affect their professional effectiveness and well-being (Anderson & Overby, 2020). Although these hypotheses are intriguing, it is essential to note that there is insufficient evidence to make conclusive statements. While existing literature includes an exploration of issues such as vicarious trauma, compassion fatigue, and countertransference in trauma-focused counseling (Amid & Bachar, 2022; Hardeberg Bach & Demuth, 2019), there is limited understanding of how counselors' personal

history of sexual abuse influences their work with sexually violent offenders, as dealing with sex offenders may not necessarily be traumatic in and of itself.

Problem Statement

Counselors working with sexually violent offenders face unique professional and emotional challenges, particularly when they have a personal history of sexual abuse. Studies have shown that such personal trauma can impact counselors' professional practice, potentially influencing their therapeutic approaches, coping strategies, and emotional well-being (Hardeberg Bach & Demuth, 2019; Jeglic et al., 2022). While significant research has been conducted on issues related to vicarious trauma, burnout, and compassion fatigue among mental health professionals working with trauma survivors, limited attention has been given to how counselors' personal abuse histories intersect with their work in this highly specialized and emotionally charged field (Elias & Haj-Yahia, 2019; Shrim & Baum, 2022).

Within the few existing studies, researchers suggested that therapists with personal abuse histories may experience heightened empathy and a deeper understanding of their clients' experiences. However, these same histories can also lead to increased vulnerability to secondary traumatic stress and blurred professional boundaries (Anderson & Overby, 2020; Da Silva, 2022). Despite these findings, the specific ways in which personal abuse histories influence the therapeutic process with sexually violent offenders remain underexplored. This gap in research underscores the need for a deeper understanding of the lived experiences of counselors with personal trauma histories working in this field.

Outcomes from this research can significantly enhance the area of counselor education and supervision in several ways. First, the insights can support the creation of trauma-informed training programs tailored for counselors working with sexually violent offenders, addressing challenges such as countertransference, compassion fatigue, and secondary traumatic stress (Elias & Haj-Yahia, 2019; Hardeberg Bach & Demuth, 2019). Supervisors can use the findings to create supportive supervision practices that help counselor-survivors balance empathy with professional boundaries, manage emotional triggers, and develop effective coping strategies (Jeglic et al., 2022; Shrim & Baum, 2022). Additionally, the research highlighted the mental health needs of counselors with personal trauma histories, underscoring the significance of taking care of yourself and institutional support. Counselor education programs could integrate wellness strategies and the cultivation of resilience practices to support counselors' long-term well-being (Anderson & Overby, 2020; Da Silva, 2022). The study's findings may also be instrumental in shaping curriculum content by incorporating specialized training on working with challenging populations, ensuring future counselors are equipped to navigate complex therapeutic relationships (Bryce et al., 2023). Finally, the research can inform policy and advocacy efforts, promoting systemic changes such as trauma-informed supervision mandates and additional resources for counselor support, ultimately addressing stigma and promoting open discourse on the impact of personal trauma on professional practice (Amid & Bachar, 2022; Heidegger, 1962).

Purpose of the Study

The purpose of this study, grounded in IPA and hermeneutic phenomenology, was to explore how counselors with personal histories of sexual abuse navigate their

professional roles while working with sexually violent offenders. Previous research highlighted the significant emotional and psychological challenges faced by counselors working with high-risk populations, such as sex offenders, including compassion fatigue, vicarious trauma, secondary traumatic stress, burnout, and countertransference (Elias & Haj-Yahia, 2019; Frost & Scott, 2022; Ko & Memon, 2023). These challenges were often compounded for counselors with personal trauma histories, who may experience heightened emotional responses and professional strain (Amid & Bachar, 2022; Hardeberg Bach & Demuth, 2019; Newman et al., 2019).

Through this study, I attempted to close the gap in the current literature by examining how counselors' personal trauma histories influence their therapeutic practices, emotional well-being, and coping strategies (Anderson & Overby, 2020; Bryce et al., 2023; Jeglic et al., 2022). By focusing on the lived experiences of counselor-survivors, this study sought to contribute to the development of tailored interventions and support mechanisms to enhance counselor resilience and effectiveness in trauma-informed care (Bennett et al., 2021; Kavanagh & Levenson, 2022; Mivshek & Schriver, 2022b). Understanding these dynamics was crucial for informing best practices in supervision and professional development for counselors working in highly challenging environments (Frieiro Padín et al., 2021; Salmond et al., 2019).

Research Question

What are the experiences of counselors with a personal history of sexual abuse while counseling sexually violent offenders?

Conceptual Framework for the Study

The conceptual framework for this study is grounded in IPA, a qualitative research approach designed to explore how individuals make sense of their lived experiences. Rooted in phenomenological philosophy and interpretative frameworks, IPA focuses on understanding how participants perceive and interpret significant life events (Smith et al., 2009). This approach aligned with this study's objective of investigating the lived experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders. Central to IPA is the double hermeneutic process, where the researcher seeks to understand how participants themselves make sense of their experiences (Smith et al., 2009). The double hermeneutic process involved two levels of interpretation. First, the participants made sense of their own lived experience, interpreting events and emotions through their personal lens. Second, I interpreted how the participants made sense of these experiences, engaging with the participant's meaning while reflecting on their own interpretive stance. This dual-layered approach distinguished IPA from other qualitative methods by emphasizing both the participant's and the researcher's role in constructing meaning (Smith et al., 2009; Smith & Shinebourne, 2012). The double hermeneutic process allowed for an in-depth engagement with participants' narratives, exploring the interplay between their trauma histories and professional roles, and uncovering the nuanced meanings they ascribe to their experiences.

IPA is informed by the phenomenological traditions of Heidegger and Gadamer, which emphasize the interpretative nature of human experience. Heidegger's concept of *Being-in-the-world* (*Dasein*) underscores the situated and contextual nature of existence.

Heidegger's (1962) phenomenological philosophy emphasizes the concept of *Being-in-the-world* (Dasein) as central to understanding human experience. Dasein is a German word meaning "being" or "existence." For Heidegger, each person has a unique existence or way of being in the world. The self is constituted multiply – as a "factual self," a "normative self" and an "authentic self" (Crowell, 2007; Hoły-Łuczaj, 2022). The factual self or "thrown" self refers simply to the facts of a person's being or existence such as their biology, family or cultural context. He proposed the idea of the "they-self" as a way of understanding the normative self. They-self refers to the "dictatorship" of norms and conventions that people internalize, and which govern the way in which they present themselves to the world (Bubbio, 2024).

In Heidegger's philosophy the concept of care (*sorge*) is central, referring to the way in which the authentic self is not only concerned with its own existence but also with others and the world around it. The self is always conceived of as inherently social and involved with others even when alone as is suggested in the idea of "being-with" (*mitsein*; Henriksen, 2023). He uses the term thrownness (*geworfenheit*) to acknowledge the context of the self that is not chosen. The self is thrown into a context of time and place that shapes but does not determine its existence. He uses the term projection (*entwurf*) to this possibility of choice. The self is not just thrown into present circumstances but can project or imagine other possibilities and is therefore oriented not just to the present but also to what might be possible in the future even given the constraints of thrownness (Darwiche, 2021).

Temporality (*zeitlichkeit*) is central to Heidegger's conception of the self. The self cannot understand itself, and cannot be understood, without reference to past, present and

future. Moreover, these are interconnected, and their interconnectivity is central to understanding the self. The way in which a person engages the present is related both to how they understand the past and to how they project themselves into, or imagine future possibilities (Hughes, 2020). Temporality as it relates to understanding being is therefore not linear but to be understood as a constant toing and froing between past, present and future (Raia, 2020). So, in seeking to understand the self we are not just seeking to understand "a sum of momentary realities of experiences that succeed each other and then disappear" (Heidegger, 2010, p. 357). As people deal with their present circumstances both the past and the future are with them and are being engaged. Temporality therefore is to be understood as a "unity of future, past and present" (Heidegger, 1988, p. 266)

Heidegger's framework provides a lens for exploring the lived experiences of individuals within their specific contexts, emphasizing that human existence is always situated within a cultural, historical, and social world (Heidegger, 1962). Gadamer's (1975) hermeneutics further complements this framework by emphasizing the role of language and historical context in shaping human understanding. Drawing from these philosophical foundations, the present research focused on participants' subjective experiences while recognizing the influence of broader social and historical contexts, particularly in exploring how personal trauma informs work with a highly stigmatized client population.

Heidegger posited that understanding emerges through the hermeneutic circle, a process where the meaning of individual experiences is interpreted in relation to the whole context, and vice versa (Heidegger, 1962). This theoretical framework aligned with

the study's goal of exploring how counselors make sense of their dual roles as survivors and healers, acknowledging that their professional practices are deeply intertwined with their personal histories. This conceptual framework, grounded in IPA, provided a robust foundation for exploring the lived experiences of counselors with personal trauma histories, offering deep insights into how they navigate their professional roles and find meaning in their dual identities as survivors and healers. This approach is particularly relevant for examining how counselors with personal histories of sexual abuse navigate their professional roles, as it allowed for a nuanced understanding of how their past experiences shape their present professional identities and interactions with clients. By applying Heidegger's theoretical framework, this study sought to uncover the existential dimensions of counselors' experiences, exploring how their past trauma influences their professional practices and emotional well-being. The framework supported a holistic inquiry into the lived realities of these counselors, emphasizing the dynamic interplay between personal history and professional identity (Gadamer, 1975; Heidegger, 1962).

Nature of the Study

The nature of this study was grounded in Interpretative Phenomenological Analysis IPA and a hermeneutic approach, a qualitative research approach designed to explore and understand the lived experiences of counselors from their own perspectives. IPA focuses on uncovering the nuanced, subjective meanings participants ascribe to their experiences (Smith et al., 2022). Rooted in phenomenology and hermeneutics, IPA emphasizes the detailed examination of personal experiences and the interpretative process of making sense of participants' narratives (Smith, 2004). Central to IPA is the

double hermeneutic, where researchers aim to interpret how participants make sense of their experiences within personal, cultural, and social contexts.

This iterative process allowed me to uncover both explicit and implicit meanings embedded in participants' accounts, fostering a rich understanding of their emotional, cognitive, and social processes (Smith et al., 2022). The hermeneutic process within IPA involved the hermeneutic circle, which suggested that understanding emerges through an iterative movement between the whole and its parts. Practically, this means analyzing sections of participants' narratives in detail while situating findings within the broader context of their overall story and the research phenomenon. This interplay between the parts and the whole enabled me to remain sensitive to both individual and shared experiences, acknowledging their own reflexivity and preconceptions during the interpretative process (Smith et al., 2022). Such an approach ensured that IPA captured the complexity of participants' lived realities while maintaining the depth and richness of their perspectives.

Definitions

I will use the following terms throughout this study:

Association for the Treatment and Prevention of Sexual Abuse, (ATSA): is a professional organization dedicated to preventing sexual abuse through research, education, and treatment. ATSA provides guidelines, resources, and training for professionals who work with individuals who have committed sexual offenses, as well as those impacted by sexual abuse. It plays a pivotal role in promoting evidence-based practices and fostering a multidisciplinary approach to offender management and victim support (Association for the Treatment and Prevention of Sexual Abuse [ATSA], (2023).

Burnout: is a psychological syndrome characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, often resulting from prolonged exposure to occupational stressors. It is prevalent in mental health professionals working with high-risk populations, such as sex offenders (Frieiro Padín et al., 2021; Kotera et al., 2021; Maslach & Leiter, 2016).

Compassion Fatigue: Compassion fatigue is a state of emotional and physical exhaustion that reduces an individual's capacity to empathize with or feel compassion for others. It commonly occurs among professionals working in high-stress, trauma-exposed environments, such as correctional health and mental health services (Hardeberg Bach & Demuth, 2018; Muehlhausen, 2021; Newman et al., 2019).

Counselor: is a professional, with or without a license, trained to provide therapeutic and guidance services across various fields, such as mental health, trauma recovery, and forensic psychology, supporting individuals facing emotional, psychological, or behavioral challenges (Bryce et al., 2023; Elias & Haj-Yahia, 2019; Evans & Ward, 2019; Shrim & Baum, 2022).

*Countertransference: i*s a psychological phenomenon in which therapists project their own unresolved emotions, experiences, or conflicts onto their clients. This reaction can affect the therapeutic relationship and requires careful management to maintain professional boundaries and effectiveness (Amid & Bachar, 2022; Barros et al., 2020; Tanzilli & Lingiardi, 2022).

Interpretative Phenomenological Analysis (IPA): is a qualitative research approach that focuses on exploring how individuals make sense of their personal and

social worlds. It emphasizes the detailed examination of lived experiences and seeks to understand how participants interpret significant life events (Smith et al., 2009).

Secondary Traumatization: refers to the indirect trauma symptoms experienced by professionals due to indirect exposure to their clients' traumatic events. Symptoms can include hypervigilance, anxiety, emotional distress, changes in personal relationships, intrusive thoughts, and avoidance behaviors, mirroring those of primary trauma victims (Frost & Scott, 2022; Greinacher et al., 2019; Padmanabhanunni & Gqomfa, 2022).

Sexual Abuse: is defined as any sexual activity that occurs without consent, involving coercion, manipulation, or exploitation. It encompasses a wide range of behaviors, including sexual assault, molestation, and other forms of non-consensual sexual contact, often leading to significant physical, psychological, and emotional harm for the victim (Centers for Disease Control and Prevention [CDC], 2024; World Health Organization [WHO], 2024).

Sexually Violent Offenders (SVOs): are individuals who have committed acts of sexual violence, which may include sexual assault, rape, or other criminal sexual behaviors. These individuals are often assessed as posing a high risk of reoffending due to underlying psychological or behavioral issues (Elias & Haj-Yahia, 2019).

Vicarious Trauma (VT): refers to the cumulative transformative effect on therapists and other helping professionals exposed to their clients' traumatic narratives. It often manifests as emotional exhaustion, changes in worldview, and symptoms resembling post-traumatic stress disorder (Frost & Scott, 2022; Greinacher et al., 2019; Ko & Memon, 2023).

Assumptions

I made numerous assumptions related to this study. I assumed that the participants would provide honest and accurate accounts of their experiences during interviews, sharing their experience candidly. I also assumed that participants would have the capacity to reflect on and articulate their personal trauma histories and professional experiences. I assumed that participants' personal histories of sexual abuse had an impact on their therapeutic practices and emotional well-being. Finally, I assumed that all participants would participate in genuine interest to expand the body of literature and share their story.

Scope and Delimitations

The scope and delimitations of this study included the use of IPA and hermeneutic phenomenology as the methodological and theoretical approaches. While various qualitative methodologies, such as grounded theory or ethnography, could have been appropriate for exploring counselors' experiences, they were deemed less suitable for the in-depth examination of personal narratives central to this research (Heidegger, 1962; Smith et al., 2009). IPA was selected to focus specifically on how counselors with personal histories of sexual abuse interpret their professional roles and lived experiences, while hermeneutic phenomenology provides a philosophical foundation emphasizing the contextual and existential dimensions of these experiences. The study was further delimited by its concentration on counselors who work with sexually violent offenders, excluding other mental health professionals or those working with different client populations. The interview questions were designed to explore the intersection of

personal trauma and professional practice, and the study relied on semistructured interviews to capture rich, detailed narratives from participants.

Limitations

Limitations of this study included the potential for participant bias, cultural differences, and the influence of my own personal experiences. Although I sought to explore the lived experiences of counselors with personal histories of sexual abuse, participants may have varied in their willingness to disclose sensitive or deeply personal information due to concerns about confidentiality or emotional vulnerability (Smith et al., 2009). Additionally, cultural differences between me and participants did not impact the interpretation of data, cultural norms, and professional practices might influence the understanding of participants' narratives (Heidegger, 1962; Tummala-Narra & Kaschak, 2013).

Another limitation was the potential for researcher bias. As I have personal experiences or preconceptions related to the subject matter, there was a risk of these biases influencing the data analysis and interpretation process. While reflexivity and bracketing were employed to mitigate this issue, complete objectivity may not be achievable (Alase, 2017). Furthermore, the study's reliance on self-reported data through interviews could have resulted in social desirability bias, where participants presented their experiences in a way, they perceived to be more acceptable or favorable (Creswell & Poth, 2018).

Finally, the use of IPA may limit the study's transferability. The small sample size and focus on in-depth, subjective experiences meant that the findings were context-specific and may not be applicable to all counselors with similar backgrounds (Smith et

al., 2009). Despite these limitations, the study aimed to provide valuable insights into the nuanced experiences of this unique population.

Significance

This study is significant because I explored the lived experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders, addressing a critical gap in the existing literature. Understanding how personal trauma histories intersect with professional roles provided valuable insights into the unique challenges faced by these counselors. Specifically, the study contributed to the field of counselor education and supervision by identifying key areas for targeted support and intervention, including strategies to mitigate vicarious trauma, compassion fatigue, and countertransference (Elias & Haj-Yahia, 2019; Hardeberg Bach & Demuth, 2019; Jeglic et al., 2022).

The findings from this study have practical implications for the development of trauma-informed training and supervision practices. By examining the dual roles of counselors as both survivors and healers, the purpose of this research was to inform the creation of support systems designed to enhance counselor resilience and effectiveness in high-stress environments. This study also contributed to the broader discourse on the impact of personal trauma on professional identity, emphasizing the need for culturally sensitive and contextually relevant approaches to counselor training. The research highlighted the dynamic interplay between personal experiences and professional practices, offering insights that will enhance the quality of therapeutic care provided to sexually violent offenders while safeguarding the well-being of counselors. Ultimately, this research underscored the value of integrating trauma-informed and resilience-

building components into counselor education programs, promoting a holistic understanding of the complexities faced by counselors with personal trauma histories. By doing so, it aimed to foster a more supportive and effective counseling profession, advancing both practice and policy in the field.

Summary

With this this study I investigated the lived experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders, addressing a critical gap in the literature. Previous research highlighted the psychological challenges of working with trauma survivors, including vicarious trauma, countertransference, compassion fatigue, and burnout (Da Silva, 2022; Shrim & Baum, 2022). However, limited focus has been given to counselors whose professional roles intersect with their personal trauma histories. I employed IPA and hermeneutic phenomenology to explore how these counselors navigated their dual identities, emphasizing their therapeutic approaches and emotional well-being.

The background highlights the prevalence of sexually violent offenders in correctional settings, emphasizing the professional strain counselors face in these contexts (DOJ, 2022; UCLA School of Law Williams Institute, 2020). Prior studies indicate that counselors with personal trauma histories may experience both heightened empathy and increased susceptibility to secondary traumatic stress (Anderson & Overby, 2020; Shrim & Baum, 2022). I sought to understand these dynamics, aiming to inform the development of trauma-informed training, supervision, and support systems to bolster counselor resilience and effectiveness.

The contribution of this study is held in its potential to enhance counselor education and supervision by examining the specific challenges faced by counselors who work with this population who have a personal history of sexual abuse. The data underscores the significance of tailored interventions, self-care strategies, and institutional support to safeguard the well-being of counselors and improve therapeutic outcomes (Amid & Bachar, 2022; Bryce et al., 2023). By focusing on a highly specialized and emotionally demanding field, this research contributes to a more nuanced understanding of the interplay between personal trauma and professional practice, fostering advancements in policy, training, and counselor wellness initiatives. In Chapter 2, I discuss the existing body of literature related to this topic.

Chapter 2: Literature Review

Introduction

The importance of addressing both the immediate and cumulative impacts of working with sex offenders is widely recognized, as these effects can have long-term consequences for mental health professionals (Elias & Haj-Yahia, 2019). Working with sexually violent offenders presents distinct emotional and psychological challenges for counselors, particularly those with personal histories of sexual abuse. Exposure to clients' traumatic narratives can evoke strong emotional responses, leading to significant professional strain and mental health concerns (Amid & Bachar, 2022; Hayes et al., 2018). The literature on counselors' work with high-risk populations, including sex offenders, highlight issues such as compassion fatigue, vicarious trauma, burnout, and countertransference, all of which can impact therapeutic effectiveness and the well-being of the counselor (Bell et al., 2019; Frost & Scott, 2022; Hinds & Giardino, 2020). With this study I explored how counselors with a personal history of sexual abuse navigate their professional roles while working with sexually violent offenders. I focused on the intersection between counselor's trauma histories and professional experiences, examining how this dynamic affects their emotional well-being, therapeutic practices, and support needs.

Purpose

The purpose of this qualitative study, grounded in IPA and hermeneutic phenomenology was to explore how counselors with personal histories of sexual abuse navigate their professional roles and manage their experiences while working with sexually violent offenders. I examined the unique challenges these counselors face,

including key phenomena such as compassion fatigue (Bell et al., 2019; Cross, 2019), vicarious trauma (Frost & Scott, 2022; Ko & Memon, 2023), secondary traumatization (Molnar et al., 2020), burnout (Frieiro Padín et al., 2021; Mivshek & Schriver, 2022b), countertransference (Amid & Bachar, 2022; Barros et al., 2020), emotional distress (Da Silva, 2022; Shrim & Baum, 2022), and support needs (Elias & Haj-Yahia, 2019; Kavanagh & Levenson, 2022), while also exploring the specific challenges of working with sex offenders, which can exacerbate these issues due to the emotional toll, professional isolation, and societal stigma associated with this population (Elias & Haj-Yahia, 2019; Hardeberg Bach & Demuth, 2019; Jeglic et al., 2022). By focusing on counselors with personal trauma backgrounds, this study provided deeper insights into how their histories influence their therapeutic practices and emotional well-being—a perspective supported by prior research showing that service providers who are themselves survivors of sexual violence often navigate complex emotional dynamics, stigma, and boundary challenges in their professional roles (Anderson & Overby, 2020; Hardeberg Bach & Demuth, 2018). The research explored how these counselors balance professional boundaries, manage emotional responses, and utilize coping strategies, as Bennett et al. (2021) highlighted the ethical and relational complexities therapists face when disclosing their own survivorship, while Salmond et al. (2019) emphasized the emotional toll and coping challenges that arise from sustained exposure to trauma in caregiving roles. Recent research has offered a nuanced understanding of the specific support mechanisms required to maintain professional efficacy and personal well-being in challenging clinical environments. For example, Mivshek and Schriver (2022b) found that treatment providers who held more empathic and rehabilitative attitudes toward

individuals who sexually offend were less likely to experience burnout and demonstrated greater emotional resilience. Similarly, Jeglic et al. (2022) emphasized the emotional complexity of this work and underscored the importance of supervision, ongoing training, and institutional support in helping clinicians navigate moral conflict, secondary trauma, and emotional fatigue. Together, these findings highlight the critical role of structured support systems in sustaining the emotional and ethical engagement of professionals in this field.

In this chapter I discuss the literature search strategies and theoretical orientation of the study. Next, I address the existing literature on compassion fatigue, vicarious trauma, burnout, countertransference, and support needs as they pertain to counselors working with sexually violent offenders. The literature review highlights key variables such as emotional exhaustion, personal trauma history, and support systems while identifying gaps that underscore the need for my research. By situating the study within the broader scholarly context this chapter establishes the importance of examining the intersection between personal trauma history and the professional experiences of counselors in this field.

Literature Search Strategy

There was extensive literature across methodologies, variables, participants, and theoretical orientations regarding the experiences of clinicians who work with sex offenders (Elias & Haj-Yahia, 2019; Evans & Ward, 2019; Frost & Scott, 2022; Hardeberg Bach & Demuth, 2018; Jeglic et al., 2022; Kavanagh & Levenson, 2022; Ko & Memon, 2023; Mivshek & Schriver, 2022a). The current review of the literature was focused on studies related to compassion fatigue, vicarious trauma, counselors with

personal trauma backgrounds working with sexually offenders, secondary traumatization, burnout, support needs and countertransference among counselors/mental health professional who work with sexual violent offenders. Electronic databases were utilized through the Walden University library to establish a knowledge base and gain insight into current research.

Walden University's online databases were searched in the winter of 2024 using the following search parameters: Academic Search Complete, ERIC, Psych info, databases a-z, Library, Medline, and Socindex. After applying the search filters, the following terms were entered and explored: mental health professionals who have personal histories of sexual abuse, mental health professionals who work with sex offenders, counselors who work with sexually violent predators, counselling sex offenders, mental health professionals who have personal histories of abuse and work with sex offenders, professional and personal challenges of mental health professionals, support for mental health professionals, health professionals' mental health, enhancing the effectiveness and well-being of mental health professionals, treating sexually violent predators, vicarious trauma, countertransference, secondary traumatic stress, compassion fatigue, indirect trauma, re-traumatization, coping mechanisms for counselors, gender differences/gender-specific support strategies, counselor personal abuse histories, counselors with personal trauma backgrounds, counsellors' emotional well-being, counselors' support needs, counselor wellness, trauma informed care training and counselor resilience. The scope of the literature review on studies related to compassion fatigue, vicarious trauma, counselors with personal trauma backgrounds working with sexually violent offenders, secondary traumatization, burnout, support needs, and

countertransference among counselors and mental health professionals spans several decades. Research on these topics has evolved over time, encompassing works from as early as the 1950s through to the present day. Here the emphasis is on more recent studies from the 1990s to 2024.

Theoretical Orientation

The theoretical orientation for this research was grounded in Martin Heidegger's (1962) philosophical framework of *Being* as articulated in *Being and Time*. Heidegger's Phenomenology, particularly the concept of *Being-in-the-world* (*Dasein*), provides a nuanced lens through which the lived experiences of counselors with a history of sexual abuse working with sexually violent offenders could be explored. This approach emphasizes the subjective and existential nature of experience, moving beyond mere description to interpret how individuals exist and find meaning in their world (Heidegger, 1962). In the context of this research, I used hermeneutic phenomenology to illuminate how counselors' histories influence their professional roles and interactions with offenders (Smith et al., 2009). Through this lens I explored how counselors' subjective experiences of sexual trauma shape their work with sex offenders, offering an in-depth understanding of how these experiences manifest in therapeutic settings.

Using IPA, I uncovered the deeper meanings behind counselor interactions with offenders. Phenomenological methods are well-suited for capturing the complexity of lived experiences (Beck, 2021; Smith et al., 2009). Through this theoretical lens, it is possible to explore how counselors are shaped by their unique existential context (Frechette et al., 2020; Horrigan-Kelly et al., 2016). To begin, it was essential to examine

the concept of compassion fatigue, a critical phenomenon that significantly affects counselors who have personal trauma histories.

Compassion Fatigue

Compassion fatigue is recognized as a state of physical and emotional exhaustion that diminishes the ability to empathize or feel compassion. It is often experienced by individuals who work directly with trauma victims or in emotionally demanding environments (Hardeberg Bach & Demuth, 2018; Hinds & Giardino, 2020). It is commonly associated with frequent exposure to others' trauma, particularly among professionals working with challenging populations such as sex offenders, where the emotional challenges, stigmatization, and ethical dilemmas further exacerbate compassion fatigue (Hardeberg Bach & Demuth, 2018).

Themes in the Literature

The literature highlights several recurring themes, including the impact of traumatic exposure on mental health professionals, emotional strain in high-stress environments, and the significance of compassion satisfaction as a counterbalance to compassion fatigue (Bell et al., 2019; Frost & Scott, 2022; Harling et al., 2020). Studies indicate that exposure to trauma is a significant contributor to compassion fatigue across professional groups, including prison mental health staff, police officers, nurses, and those working with sex offenders (Bell et al., 2019; Grant et al., 2019). Other key themes include empathy imbalance, ethical stress, professional isolation, and secondary traumatization (Cross, 2019; Hinds & Giardino, 2020; Hunt et al., 2019; Seemann et al., 2019). Coping strategies, such as collegial support, self-care practices, and professional

supervision, are cited as protective factors that can mitigate compassion fatigue (Harling et al., 2020; Kavanagh & Levenson, 2022).

The effects of compassion fatigue are multifaceted. Symptoms such as emotional exhaustion, irritability, depersonalization, and professional isolation can negatively impact personal well-being and professional effectiveness (Hinds & Giardino, 2020; Mivshek & Schriver, 2022b). Compassion fatigue often leads to decreased job satisfaction, burnout, and an increased likelihood of mental health challenges like anxiety and depression, ultimately compromising patient outcomes and the delivery of quality care (Singh et al., 2020; Zhang et al., 2018).

Several predictors of compassion fatigue have been identified, including high job demands, frequent exposure to trauma, stigma, ethical dilemmas, and professional isolation (Frost & Scott, 2022; Hardeberg Bach & Demuth, 2018). Among professionals working with sex offenders, the nature of the work—characterized by interactions with offenders and exposure to their traumatic histories—plays a significant role. Organizational factors such as inadequate resources, insufficient training, and lack of support further exacerbate burnout and emotional exhaustion (Frost & Scott, 2022; Singh et al., 2020). Additional job-related variables such as peer and supervisor support, workplace trauma exposure, workload, and access to coping resources also contribute (Hinds & Giardino, 2020; Kavanagh & Levenson, 2022). Personal trauma histories and attitudes toward treatment are additional individual factors that can influence vulnerability to compassion fatigue (Hardeberg Bach & Demuth, 2018; Mivshek & Schriver, 2022b).

Directions for Future Research

Although significant research exists on compassion fatigue, gaps remain regarding the interplay between personal and professional factors (Harling et al., 2020). Limited research explores how personal trauma histories, especially among counselors working with sexually violent offenders, contribute to compassion fatigue vulnerability (Hardeberg Bach & Demuth, 2018). Further studies are needed to understand how prior trauma impacts professionals' emotional responses and whether it increases their risk of compassion fatigue. Additionally, future research should focus on resilience mechanisms, the role of compassion satisfaction, and systemic barriers like workload and cultural expectations that contribute to compassion fatigue (Salmond et al., 2019; Seemann et al., 2019).

The cultural expectations discussed by Salmond et al. (2019) and Seemann et al. (2019) refer to the societal and organizational norms that pressure healthcare and mental health professionals to manage emotions, remain resilient, and continue working despite the emotional toll of their jobs (Salmond et al., 2019; Seemann et al., 2019). These expectations often include suppressing emotional responses, overcommitment to patient care at the expense of self-care, and maintaining perfectionism in high-pressure environments, all of which contribute to compassion fatigue (Salmond et al., 2019). Additionally, there is a stigma around seeking help, as professionals are expected to be emotionally resilient, discouraging them from accessing necessary support (Seemann et al., 2019). These cultural norms exacerbate the systemic barriers, such as heavy workload and inadequate self-care, which further increase the risk of compassion fatigue (Salmond et al., 2019; Seemann et al., 2019).

Vicarious Trauma and Secondary Traumatization

Professionals working with trauma survivors often experience vicarious trauma (VT) and secondary traumatization (ST) because of their exposure to traumatic narratives (Greinacher et al., 2019; Ko & Memon, 2023). VT and ST refer to the emotional and psychological impacts on professionals exposed to others' trauma. These phenomena are particularly prevalent among professionals working in mental health, social services, and criminal justice fields (Frost & Scott, 2022). VT's effects extend beyond immediate emotional distress, leading to long-term psychological consequences that impair professional efficacy and personal well-being (Padmanabhanunni & Gqomfa, 2022). The literature extensively discusses the causes, effects, and protective factors associated with VT and ST, especially among mental health workers, first responders, and healthcare professionals (Ko & Memon, 2023).

Themes in the Literature

Several recurring themes emerge across the literature on VT and ST. Personal trauma history is consistently associated with higher vulnerability to VT and ST, particularly among female professionals (Leung et al., 2022). Organizational factors, such as supervision, peer support, and caseload management, are frequently cited as both risk and protective factors (Sutton et al., 2022). Social support and coping mechanisms, including spirituality, are also identified as key mitigators of VT (Muehlhausen, 2021). The consensus in the literature is that both personal and organizational factors contribute significantly to the development of VT and ST, especially for those with personal trauma histories (Molnar et al., 2020). Inadequate supervision and high caseloads exacerbate the risk of burnout and VT among mental health professionals (Sutton et al., 2022).

Key predictors of VT and ST include repeated exposure to traumatic material, high caseloads, and personal trauma histories (Ko & Memon, 2023). The effects of VT and ST are wide-ranging, including emotional distress, cognitive changes, and behavioral disengagement (Padmanabhanunni & Gqomfa, 2022). These impacts extend beyond the individual, affecting work performance and personal relationships, underscoring the need for organizational interventions. A systematic review by Leung et al. (2022) highlighted that mental health workers with personal trauma histories are particularly susceptible to VT, but only one of the 39 studies reviewed focused on professionals working with sex offenders (Way et al., 2004). This underscores the need for further research in this area.

Directions for Future Research

Although the literature highlights the vulnerability of professionals with personal trauma histories to VT and ST (Ko & Memon, 2023; Molnar et al., 2020), there is a significant gap in research specifically examining counselors with a history of sexual abuse who work with sexually violent offenders. While personal trauma history is known to increase the risk of VT and ST, the specific emotional and psychological challenges faced by counselors who are also survivors of sexual abuse are underexplored. Future research should investigate how these counselors manage their dual roles as survivors and professionals, their coping mechanisms, and the long-term effects on their mental health and professional efficacy (Frost & Scott, 2022; Padmanabhanunni & Gqomfa, 2022). Addressing this gap will provide valuable insights into creating tailored interventions and support systems for this unique population.

Research should prioritize understanding the coping mechanisms and support needs of counselors with personal trauma histories, particularly those working with

sexually violent offenders. Investigating how these counselors manage their own trauma while working in such challenging environments could inform the development of more effective intervention and support systems. This research would help enhance professional resilience, reduce VT risk, and improve overall mental health and professional efficacy (Frost & Scott, 2022; Padmanabhanunni & Gqomfa, 2022).

Burnout

Burnout, as defined by Maslach and Leiter (2016), is a psychological syndrome arising from prolonged exposure to emotional and interpersonal stressors in the workplace. It manifests primarily through three dimensions: emotional exhaustion, depersonalization, and diminished personal accomplishment. Burnout is a significant issue across various professions, particularly among mental health professionals due to the high emotional labor their roles demand (Frieiro Padín et al., 2021).

Themes in the Literature

Several recurring themes emerge in the literature regarding burnout's causes and effects and strategies for intervention. Work-related stressors, such as high caseloads, long working hours, emotional demands, and insufficient supervisory support, are consistently cited as primary contributors (Frieiro Padín et al., 2021; Ortiz Fune et al., 2020). Interpersonal factors, like professional isolation and lack of empathy, further exacerbate burnout, particularly in correctional settings where professionals manage complex and emotionally taxing cases (Mivshek & Schriver, 2022a).

Burnout affects both personal well-being and professional performance. Therapists experiencing burnout report reduced empathy, higher depersonalization, and lower job satisfaction (J. Johnson, et al., 2020). These factors can negatively impact the

quality of care provided to clients, leading to worse therapeutic outcomes (Yang & Hayes, 2020). Studies also emphasize the importance of self-care and organizational support as critical buffers against burnout (Posluns & Gall, 2020). For instance, high-quality supervisory relationships provide emotional and professional support, fostering a more resilient workforce (J. Johnson, et al., 2020). Psychological flexibility, self-compassion, and work-life balance are also emphasized as important strategies for reducing burnout (Kotera et al., 2021; Ortiz Fune et al., 2020).

Key findings across studies indicate that high emotional labor—particularly in roles requiring constant exposure to trauma—leads to higher burnout levels (Frieiro Padín et al., 2021; Kotera et al., 2021). Workplace factors such as role overload, lack of control, and poor supervisory support contribute to emotional exhaustion and depersonalization (Johnson, Corker et al., 2020; Lee et al., 2020). Conversely, personal resources, such as job satisfaction, a strong sense of professional identity, and feeling valued at work, are negatively associated with burnout (Park, 2021). Professionals with supportive work environments and strong connections to their roles are less likely to experience burnout.

Directions for Future Research

While burnout among mental health professionals is well-documented, particularly for those in emotionally demanding roles (Frieiro Padín et al., 2021; Maslach & Leiter, 2016; Ortiz Fune et al., 2020), there is a significant gap in understanding how personal trauma histories affect burnout when working with sexually violent offenders. Counselors with trauma histories may be more susceptible to empathy fatigue and emotional exhaustion, further increasing their risk of burnout (J. Johnson, et al., 2020;

Kotera et al., 2021). Limited research exists on how personal trauma intersects with professional burnout, especially in high-stress environments like correctional settings (Mivshek & Schriver, 2022a). Future research should address this gap and explore tailored interventions to support professionals with trauma histories.

Burnout is a critical concern for mental health professionals in emotionally demanding roles. Key symptoms include emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Maslach & Leiter, 2016). Counselors working with sexually violent offenders, especially those with personal trauma histories face an elevated risk of burnout due to the emotional strain and stigma associated with this work (Mivshek & Schriver, 2022b). This study seeks to explore how personal trauma shapes professional experiences and therapeutic practices, contributing to a deeper understanding of burnout in this challenging field.

Countertransference

Countertransference, a foundational concept in psychoanalysis and psychotherapy, refers to the emotional reactions and responses therapists experience when working with their clients (Amid & Bachar, 2022; Hayes et al., 2018). Initially understood as the therapist's unconscious emotional entanglement with the patient's material, countertransference has since evolved to encompass a broader range of emotional and cognitive responses (Barreto & Matos, 2024; Barros et al., 2020). The literature on countertransference emphasizes its clinical significance, particularly in therapeutic relationships involving complex dynamics, such as those with individuals who have experienced trauma or who present challenging behavioral patterns (Alfonso, 2023; Amid & Bachar, 2022).

There is general agreement that countertransference can significantly influence the therapeutic process. Effective management of countertransference, including self-awareness and self-reflection, is crucial for maintaining a productive therapeutic alliance and achieving positive outcomes (Aprilia et al., 2024; Hayes et al., 2018). Additionally, the literature recognizes that countertransference encompasses both conscious and unconscious reactions that may arise from the therapist's own unresolved conflicts, beliefs, and past experiences (Amid & Bachar, 2022; Baur & Kryzanoski, 2024). There is also consensus on the importance of addressing countertransference in supervision and clinical training, as it helps therapists to recognize and work through their responses (Barreto & Matos, 2024; Sant & Milton, 2023).

Themes in the Literature

Central themes in the literature include the impact of countertransference on therapeutic outcomes, the therapist's emotional regulation and self-awareness, and the influence of countertransference on various clinical settings, such as addiction treatment, suicide prevention, and work with forensic populations (Alfonso, 2023; Di Virgilio et al., 2021). Another recurring theme is the role of self-reflection and self-awareness in managing countertransference, with several studies indicating that these processes contribute positively to therapeutic efficacy (Aprilia et al., 2024; Hayes et al., 2018). Additionally, the concept of countertransference has been explored in diverse theoretical contexts, including psychodynamic, cognitive-behavioral, and intersubjective perspectives (Craig, 2020; Duncan & Elias, 2021).

Key variables studied in the context of countertransference include the therapist's self-awareness, emotional regulation, personal history, defense mechanisms, and

professional experience (Aprilia et al., 2024; Barros et al., 2020; Sant & Milton, 2023; Shrim & Baum, 2022). The therapist's gender, personal trauma history, and cultural background have also been explored as factors that may influence countertransference reactions (Gammon, 2021; Shrim & Baum, 2022). Patient-related variables, such as personality traits, motivation for treatment, and symptomatology, are also examined to understand their impact on therapists' countertransference experiences (Di Virgilio et al., 2021; Nissen-Lie et al., 2022).

For example, male therapists tended to exhibit paranoid behaviors in public spaces, often feeling hypervigilant and concerned about their safety or the perception of others due to the nature of their work (Shrim & Baum, 2022). In contrast, female therapists demonstrated more protective behaviors, particularly around their private spaces and children, expressing heightened concern for the safety of their families (Shrim & Baum, 2022). These differences suggest that personal histories of trauma and gender-specific societal roles significantly shape the emotional responses and coping strategies of therapists working with sexually violent offenders (Shrim & Baum, 2022).

Defense mechanisms were highlighted by Barros et al. (2020) as integral to therapists' responses to clients, particularly when working in high-stress environments like sexual offender treatment. They found that therapists frequently employed both conscious and unconscious defense mechanisms to mitigate emotional overwhelm. Conscious mechanisms included emotional distancing and compartmentalization, where therapists actively separated their personal emotions from their professional responsibilities to manage emotional overwhelm (Barros et al., 2020). Unconscious mechanisms involved denial and repression, where therapists unintentionally suppressed

or ignored distressing feelings related to their clients' offenses to maintain professional functioning (Barros et al., 2020).

Finally, professional experience was emphasized by Sant and Milton (2023), who explored psychodynamic supervisors' experiences with supervisory countertransference. Their research demonstrated that experienced therapists tend to have more refined strategies for managing countertransference, often shaped by their extensive work with diverse client populations. These strategies include self-reflection and mindful awareness, where therapists actively monitor their emotional responses to clients and take steps to prevent their personal feelings from interfering with the therapeutic process (Sant & Milton, 2023). They also employ regular supervision and peer consultation to gain insights and external perspectives on challenging cases (Sant & Milton, 2023). Additionally, emotional boundaries are reinforced through ongoing professional development, allowing therapists to better differentiate between their clients' emotions and their own (Sant & Milton, 2023). These findings underscore the complex interplay between professional experience and emotional regulation in countertransference management. The therapist's gender, personal trauma history, and cultural background have also been explored as factors that may influence countertransference reactions (Gammon, 2021; Shrim & Baum, 2022). Patient-related variables, such as personality traits, motivation for treatment, and symptomatology, are also examined to understand their impact on therapists' countertransference experiences (Di Virgilio et al., 2021; Nissen-Lie et al., 2022).

The literature suggests that countertransference arises from a complex interplay of the therapist's personal history, unresolved conflicts, and the dynamic nature of the

therapeutic relationship (Amid & Bachar, 2022; Weise, 2020). For instance, Alfonso (2023) identifies internalized societal attitudes and stigma as potential contributors to countertransference reactions in addiction treatment settings. In forensic contexts, countertransference may stem from therapists' exposure to patients' violent behaviors, psychopathic traits, and the associated emotional burden (Barros et al., 2020; Di Virgilio et al., 2021), highlighting the importance of self-awareness and professional supervision in managing countertransference.

The effects of countertransference are wide-ranging and can either enhance or hinder therapeutic outcomes. When managed effectively, countertransference can serve as a valuable tool for understanding clients' unconscious material and improving the therapeutic alliance (Hayes et al., 2018; Tanzilli & Lingiardi, 2022). However, unmanaged or negative countertransference can lead to therapeutic impasses, boundary violations, and emotional burnout in therapists (Barros et al., 2020; Little, 2020). In extreme cases, countertransference can result in avoidance, over-identification, or rescuing behaviors, which may compromise treatment efficacy and ethical boundaries (Alfonso, 2023; Shapiro et al., 2024).

Directions for Future Research

Despite the extensive research on countertransference, several gaps remain. There is a need for more empirical studies on the role of cultural and gender dynamics in shaping countertransference experiences (Gammon, 2021; Sant & Milton, 2023). Additionally, the mechanisms by which therapists' personal trauma histories impact their countertransference reactions and the effectiveness of interventions to address these influences are not yet fully understood (Shrim & Baum, 2022; Weise, 2020). Future

research should explore how countertransference management can be optimized across various therapeutic modalities and with culturally diverse therapists and clients (Hayes et al., 2018).

Countertransference, the emotional responses and unconscious reactions therapists have towards their clients, further complicates the therapeutic process, particularly for those with personal trauma backgrounds (Amid & Bachar, 2022; Barros et al., 2020). These professionals may struggle with maintaining professional boundaries, experience heightened emotional reactions, or feel overwhelmed by their clients' stories, impacting both their personal well-being and their effectiveness as therapists (Shrim & Baum, 2022). The countertransference literature findings emphasize the complex and multifaceted nature of the emotional responses therapists experience in challenging therapeutic contexts (Amid & Bachar, 2022; Hayes et al., 2018). Countertransference is not only central to understanding the emotional dynamics of therapy but is also particularly relevant when the therapist has a personal history that intersects with the issues being addressed in treatment, such as sexual abuse (Barros et al., 2020; Shrim & Baum, 2022). Current research acknowledges that personal trauma can shape therapists' unconscious responses, potentially leading to heightened emotional reactions, empathy challenges, or difficulties in maintaining professional boundaries (Amid & Bachar, 2022; Shrim & Baum, 2022). However, the literature still lacks a thorough exploration of how these personal histories specifically affect therapeutic dynamics when the therapist has also experienced sexual abuse.

This study aims to fill this gap by focusing on the unique countertransference challenges that arise for counselors who have a personal history of sexual abuse and work

with sexually violent offenders. This focus extends the current literature, which has mostly explored countertransference in broader contexts such as addiction treatment, suicide prevention, and general forensic settings (Alfonso, 2023; Di Virgilio et al., 2021). By specifically examining how personal trauma histories shape therapeutic responses and exploring the coping strategies counselors employ, my research contributes to a more nuanced understanding of countertransference.

In summary, I situated my study within the broader discourse on countertransference by delving into an underexplored area: the interplay between a counselor's personal history of sexual abuse and their work with sexually violent offenders. It aims to add to the existing knowledge by providing insights into how personal trauma influences countertransference reactions and what coping mechanisms may be most effective in this specific therapeutic context. This contribution is vital for shaping future training programs, supervision approaches, and institutional support systems designed to address the complex emotional needs of counselors with similar backgrounds.

Working with Sex Offenders

The literature about the experiences of professionals working with sex offenders reveals complex emotional, professional, and psychological challenges (Da Silva, 2022; Hardeberg Bach & Demuth, 2019; Jeglic et al., 2022). These challenges, including STS, VT, and burnout, are explored through various research methodologies, highlighting the profound impact this work has on individuals' personal lives and well-being (Elias & Haj-Yahia, 2019; Shrim & Baum, 2022). Elias and Haj-Yahia (2019) emphasize that prolonged exposure to the traumatic narratives of offenders often leads to emotional

exhaustion and diminished professional efficacy. These findings underscore the need for ongoing research to better understand and address the multifaceted challenges faced by professionals in this field.

Themes in the Literature

The literature on therapists working with individuals who commit sexual offenses reveals several recurring themes regarding the psychological, emotional, and professional challenges they face. One significant theme is the emotional and psychological impact of their work. Therapists consistently report symptoms such as anxiety, empathy fatigue, emotional exhaustion, and vicarious trauma (Da Silva, 2022; Shrim & Baum, 2022; Hardeberg Bach & Demuth, 2019). These challenges are often compounded by exposure to violent narratives and graphic content, which can lead to hypervigilance, depersonalization, and a diminished quality of life. Countertransference reactions such as anger, retributive fantasies, and emotional ambivalence are also common among therapists, as highlighted by Jeglic, Zulueta, and Katsman (2022).

Vicarious trauma and burnout are widely recognized as occupational hazards for professionals in this field. Studies have documented the prevalence of symptoms such as intrusive thoughts, avoidance behaviors, and emotional fatigue among therapists and correctional health staff (Da Silva, 2022; Newman, Eason, & Kinghorn, 2019). While some research shows significant levels of burnout among therapists, others suggest mixed findings, particularly regarding the severity of these symptoms and their long-term effects (Jeglic et al., 2022; Elias & Haj-Yahia, 2019). The cumulative impact of these experiences, as described by Elias and Haj-Yahia (2019), can alter therapists' worldview,

trust in others, and interpersonal relationships, often leading to social withdrawal and isolation.

Another major challenge is the societal stigma and professional isolation experienced by therapists. Working with sex offenders often leaves professionals feeling excluded and unsupported, as they struggle to share their experiences with colleagues and loved ones (Shrim & Baum, 2022; Hardeberg Bach & Demuth, 2019). The stigma surrounding this work can exacerbate emotional distress and heighten the difficulty of maintaining personal and professional relationships.

Despite these challenges, therapists often report positive outcomes and a sense of social responsibility from their work. They derive satisfaction from witnessing offenders' progress, contributing to community safety, and helping prevent reoffending (Da Silva, 2022; Elias & Haj-Yahia, 2019). Many professionals find their work meaningful, as it allows them to develop innovative strategies and adapt their therapeutic approaches (Hardeberg Bach & Demuth, 2019). These positive aspects help balance the negative emotional impacts and provide a sense of purpose.

Therapists employ a range of coping strategies to manage the challenges associated with their work. Personal strategies such as exercise, therapy, and humor, as well as professional support systems like supervision and training, are critical for maintaining emotional well-being (Da Silva, 2022; Jeglic et al., 2022). Problem-solving coping styles are associated with better psychological outcomes, whereas avoidant coping often exacerbates trauma symptoms (Jeglic et al., 2022). Additionally, distancing oneself from graphic content and separating offenders from their offenses are common techniques used to maintain emotional resilience (Hardeberg Bach & Demuth, 2019).

Institutional support also plays a vital role in helping therapists navigate the challenges of their work. Studies emphasize the need for structured supervision, ongoing training, and organizational policies that provide emotional support and address therapists' unique needs (Da Silva, 2022; Newman et al., 2019). Shrim and Baum (2022) suggest that therapy and supervision can mitigate feelings of burnout and isolation, while Newman et al. (2019) advocate for institutions to educate staff about vicarious trauma and provide management programs.

Finally, the cultural and organizational context in which therapists work significantly influences their experiences and coping strategies. While many studies share common findings, cultural differences and resource availability can shape the challenges therapists face and their ability to adapt (Da Silva, 2022; Shrim & Baum, 2022). Researchers, such as Hardeberg Bach and Demuth (2019), emphasize the need to explore cultural variations and organizational settings to better understand therapists' experiences. Da Silva (2022) particularly calls for more French research to complement international findings and address the specific challenges faced by therapists in justice-driven care systems.

Directions for Future Research

The articles collectively highlight several directions for future research to better understand and address the challenges faced by therapists working with individuals who commit sexual offenses. Understanding the long-term mental health consequences and how various coping strategies, such as supervision and therapy, impact therapists is essential (Elias & Haj-Yahia, 2019; Jeglic et al., 2022). Exploring cultural and contextual differences, such as challenges faced in justice-driven systems or differences between

voluntary and mandated clients, is also critical (Da Silva, 2022; Shrim & Baum, 2022; Hardeberg Bach & Demuth, 2019). Additionally, studies should investigate the positive aspects of this work, like professional growth and fulfillment, which are often overlooked (Shrim & Baum, 2022).

Institutional support mechanisms, including the effectiveness of supervision, training programs, and education on vicarious trauma, also require further exploration to better support therapists (Newman et al., 2019; Da Silva, 2022). Comparative studies between therapists working with sex offenders and those in other high-risk fields could identify unique factors contributing to trauma and burnout (Jeglic et al., 2022; Hardeberg Bach & Demuth, 2019). These research directions aim to improve support systems, resilience, and overall well-being for therapists in this demanding field.

Emotional Distress

In the literature identify multiple predictors of the emotional distress experienced by professionals working with sex offenders. The intense nature of their work, exposure to graphic and traumatic material, societal stigma, and the lack of sufficient support mechanisms are key contributors to STS and burnout (Da Silva, 2022; Hardeberg Bach & Demuth, 2019). Shrim and Baum (2022) introduce the concept of "personal risk maps," illustrating how therapists adjust their internal perceptions of risk based on their empathetic work with offenders. These root causes, when compounded by inadequate coping strategies and social support, lead to further professional isolation and emotional challenges.

The impact of working with sex offenders extend beyond professional boundaries, including personal well-being and relationships. Professionals report symptoms of

emotional exhaustion, increased caution, anxiety, and difficulty in maintaining empathy (Elias & Haj-Yahia, 2019; Hardeberg Bach & Demuth, 2019). This distress can result in changes to interpersonal relationships, including increased suspicion and social withdrawal, particularly among therapists who struggle with sharing their work experiences with loved ones (Shrim & Baum, 2022). Positive effects are also documented, with some therapists experiencing a heightened sense of social responsibility and professional growth, suggesting that the balance between negative impacts and rewards is influenced by coping strategies and institutional support systems (Da Silva, 2022).

Themes in the Literature

I identified several key themes in the literature regarding the emotional and professional challenges faced by therapists working with sex offenders. One significant theme is the predictors of emotional distress, which include the intense nature of their work, exposure to graphic and traumatic material, societal stigma, and insufficient support mechanisms. These factors contribute to secondary traumatic stress (STS) and burnout, as emphasized by Da Silva (2022) and Hardeberg Bach and Demuth (2019). Shrim and Baum (2022) further introduce the concept of "personal risk maps," highlighting how therapists recalibrate their perceptions of risk due to their empathetic engagement with offenders. Combined with inadequate coping strategies and lack of social support, these challenges can lead to professional isolation and emotional strain.

Another theme focuses on the broader impact of this work on personal well-being and relationships. Professionals often report emotional exhaustion, anxiety, increased caution, and difficulty maintaining empathy, which can extend to their interpersonal

relationships (Elias & Haj-Yahia, 2019; Hardeberg Bach & Demuth, 2019). This distress can manifest as increased suspicion and social withdrawal, particularly for those who feel unable to share their work experiences with loved ones (Shrim & Baum, 2022). However, the literature also identifies positive effects, such as a heightened sense of social responsibility and opportunities for professional growth. These benefits suggest that the balance between negative impacts and rewards is influenced by coping strategies and the availability of institutional support (Da Silva, 2022).

Directions for Future Research

Despite the insights gained, there remain gaps in understanding the full scope of the emotional and professional impacts of working with sex offenders. Research is limited in exploring how personal factors, such as therapists' marital and parental status, influence their experiences and coping mechanisms (Shrim & Baum, 2022). Additionally, there is a need for more cross-cultural studies to examine how societal attitudes and cultural contexts shape therapists' emotional responses and professional practices (Elias & Haj-Yahia, 2019; Hardeberg Bach & Demuth, 2019). The long-term mental health consequences of working with sex offenders, and the efficacy of different coping strategies over time, are also areas requiring further investigation.

The literature suggests several directions for future research. Studies should focus on developing additional support mechanisms, such as therapy and targeted interventions, beyond traditional supervision, to address the isolation and burnout experienced by therapists (Shrim & Baum, 2022). Further exploration into the long-term effects on therapists' mental health and the impact of various coping strategies, including individual therapy and supervision, is recommended (Elias & Haj-Yahia, 2019). Additionally,

research should examine the experiences of professionals from diverse cultural backgrounds and organizational settings to better understand how cultural and legal contexts influence their challenges and coping mechanisms (Hardeberg Bach & Demuth, 2019; Jeglic et al., 2022).

Support Needs

Support needs of mental health professionals, particularly those working in challenging environments, has been explored in various ways in the literature. This section reviews key studies focusing on caregivers, counselors, and therapists dealing with high-risk groups, such as sex offenders and patients with physical or mental illnesses (Elias & Haj-Yahia, 2019; Evans et al., 2019; Mento et al., 2020; Shahar et al., 2019). Support needs are generally defined as the strategies, emotional coping mechanisms, and self-care practices that professionals utilize to manage the personal and professional burdens of their work (Harling et al., 2020; Salmond et al., 2019; Singh et al., 2020).

These support needs include seeking psychological help, engaging in self-care, participating in supervision, and developing coping strategies to prevent burnout and maintain mental health (Elias & Haj-Yahia, 2019; Evans et al., 2019; Mento et al., 2020; Salmond et al., 2019; Singh et al., 2020). The research on support needs investigates how the nature of caregiving impacts professionals' well-being and the ways in which they can seek assistance to cope with the demands of their roles. Additionally, studies have highlighted the importance of organizational support, such as structured interventions and debriefing programs, in mitigating compassion fatigue and enhancing mental health professionals' capacity to manage their emotional responses (Harling et al., 2020; Shahar et al., 2019).

Themes in the Literature

The literature on support needs for those in caregiving roles, particularly those working with individuals with challenging behaviors or histories, reveals several recurring themes. One key theme is the emotional burden experienced by caregivers and therapists, including feelings of sadness, anger, and emotional exhaustion (Elias & Haj-Yahia, 2019; Mento et al., 2020). Additionally, gender and emotional processing have been identified as influential factors; research indicates that women are more likely than men to seek psychological support when caregiving becomes overwhelming, suggesting gender differences in how emotional processing and support-seeking behavior manifest (Mento et al., 2020). Another prominent theme in the literature is the emphasis on self-care and supervision. The use of self-care practices, regular supervision, and various coping strategies is seen as vital in managing VT, burnout, and emotional fatigue, particularly in the context of working with sex offenders (Evans et al., 2019).

The literature suggests that the root causes of the need for support are primarily associated with the emotional toll and trauma exposure inherent in caregiving roles, particularly when dealing with mentally or physically demanding cases (Mento et al., 2020). Counselors working with sex offenders face specific challenges, including exposure to clients' traumatic stories and emotional exhaustion, which can result in VT and burnout (Evans et al., 2019). The effects of inadequate support include disrupted personal relationships, anxiety, emotional overload, and difficulties separating professional experiences from personal life (Elias & Haj-Yahia, 2019). Conversely, effective coping strategies, supervision, and self-care can foster resilience and professional growth.

The literature also points to interpersonal consequences for therapists, particularly those working with sex offenders. These professionals often experience disruptions in their personal lives, such as difficulties in intimate relationships and increased anxiety and protective behaviors in their parenting roles (Elias & Haj-Yahia, 2019). Despite these challenges, some therapists report positive outcomes, including professional growth, enhanced self-respect, and increased compassion, highlighting the multifaceted and complex impact of this work (Elias & Haj-Yahia, 2019). These findings suggest that while the support needs of caregivers are essential in mitigating negative outcomes, there can also be personal and professional benefits to working in such challenging environments.

Directions for Future Research

There are gaps in understanding how specific factors, such as gender, age, and professional experience, influence therapists' coping strategies and the long-term effects of working in such demanding roles (Elias & Haj-Yahia, 2019). Additionally, the literature calls for more research into the impact of particular emotional states, especially anger, on caregivers' decision-making regarding seeking psychological support (Mento et al., 2020). There is also a need for further exploration of the specific impacts and support systems necessary to protect counselors working with sex offenders from burnout and VT (Evans et al., 2019).

Future research should focus on exploring the role of supervision and processing/debriefing in reducing VT among counselors (Evans et al., 2019). Further, studies need to investigate growth and resilience in therapists working with sex offenders, incorporating variables such as gender, age, and professional experience (Elias & Haj-

Yahia, 2019). Moreover, there is a need for in-depth analysis of subjective versus objective factors influencing caregivers' help-seeking behavior to inform tailored interventions effectively (Mento et al., 2020).

Research on support needs emphasizes the importance of self-care, supervision, and coping strategies in mitigating the negative impacts of working with high-risk populations (Elias & Haj-Yahia, 2019; Evans et al., 2019). For counselors with a history of sexual abuse, the need for tailored support mechanisms becomes even more critical. Existing literature acknowledges the influence of personal trauma on professional functioning, but there is limited research on how these counselors manage the specific emotional and professional challenges they face while working with sexually violent offenders (Mento et al., 2020; Shahar et al., 2019). This study addresses this gap by examining the unique support needs of these counselors, including how they seek psychological support, utilize self-care practices, and engage in supervision to manage their emotional responses and prevent burnout.

The existing literature identifies the coping mechanisms among caregivers and therapists (Elias & Haj-Yahia, 2019; Evans et al., 2019; Mento et al., 2020). My research aims to delve deeper into the unique support needs of counselors with personal histories of sexual abuse. The literature acknowledges that therapists working with sex offenders experience personal and interpersonal consequences, including disruptions in relationships and heightened anxiety (Elias & Haj-Yahia, 2019). My study extends this conversation by investigating how personal trauma history further impacts the emotional and professional experiences of counselors. Additionally, it will explore whether self-care practices, supervision, and coping strategies identified in the current literature are

effective or need to be adapted for therapists who have a history of sexual abuse themselves. By understanding how these counselors who have personal trauma histories cope with the emotional burden of working with sexually violent offenders the study aims to identify tailored support mechanisms and add valuable insights into how best to support these counselors' well-being and professional efficacy.

The literature underscores the importance of organizational support and protective factors in mitigating compassion fatigue (Harling et al., 2020; Singh et al., 2020). My study plans to investigate whether such support structures are adequately addressing the needs of counselors with a history of sexual abuse and how they perceive their work environment. It will propose targeted interventions that can be implemented within organizations to better support these counselors, thereby preventing burnout and enhancing their professional quality of life.

Counselors with Personal Trauma Backgrounds

The literature on counselors with personal trauma backgrounds primarily explores how their history of trauma, particularly adverse childhood experiences or sexual violence, influences their career choices, professional practices, and support needs. Studies examine themes such as career motivations, self-disclosure practices, barriers to seeking support, and the impact of trauma on therapeutic work (Anderson & Overby, 2020; Bennett et al., 2022; Bryce et al., 2023). The research often employs qualitative methods, such as interviews and systematic literature reviews, to explore these multifaceted experiences. Key variables explored include family dynamics, such as early family dysfunction and parentification, which influence career choices in the helping professions (Bryce et al., 2023). Other variables include internalized barriers (e.g., shame,

fear) and structural barriers (e.g., location, cost) that affect service providers' help-seeking behaviors (Anderson & Overby, 2020). Additionally, the effects of therapist self-disclosure are studied, focusing on how it impacts both the therapist's practice and client outcomes (Bennett et al., 2022).

Themes in the Literature

One key theme in this area is career motivation. The literature suggests that individuals with a history of trauma, such as adverse childhood experiences, are often drawn to helping professions as a means of addressing their past experiences and fostering a sense of altruism and empathy (Bryce et al., 2023). Another prominent theme is the unique barriers faced by service providers who have experienced trauma, particularly in seeking support for themselves. These barriers include both structural (e.g., cost, location, time) and internalized (e.g., shame, fear of not being believed) factors (Anderson & Overby, 2020). Additionally, there is a focus on therapist self-disclosure, where feminist therapists who are survivors of sexual violence explore self-disclosure as a way to foster solidarity and empowerment for their clients (Bennett et al., 2022).

There is a consensus in the literature that personal trauma experiences play a significant role in influencing career decisions and professional practices. For example, individuals who have experienced early family dysfunction, such as divorce, substance misuse, abuse, or neglect, often develop traits of altruism and empathy, which motivate them to pursue careers in the helping professions (Bryce et al., 2023). Similarly, the literature recognizes that service providers who are also trauma survivors encounter specific barriers when seeking support, affecting how they engage in their roles as caregivers (Anderson & Overby, 2020). Moreover, self-disclosure by therapist-survivors

can positively impact client relationships when managed effectively (Bennett et al., 2022). The literature identifies early family dysfunction and childhood experiences of caregiving (parentification) as predictors that shape individuals' propensity to enter helping professions (Bryce et al., 2023). For service providers who are survivors of sexual violence, internalized feelings of shame and societal stigma present significant barriers to seeking support, further compounded by structural challenges such as accessibility of services (Anderson & Overby, 2020).

The impact of personal trauma on counselors includes both negative and positive effects. On the negative side, service providers experience emotional distress and a heightened sense of protectiveness, which may lead to burnout or compassion fatigue (Anderson & Overby, 2020). On the positive side, some therapists report experiencing professional growth, enhanced self-respect, and an increased capacity for empathy as a result of their personal trauma history (Bennett et al., 2022; Bryce et al., 2023).

Directions for Future Research

Despite the insights provided by current research, there remain several gaps in our understanding. Future research should investigate the narratives of trauma and how they shape career decisions in the helping professions (Bryce et al., 2023). Additionally, studies are needed to explore organizational policies and support mechanisms that could address the barriers faced by service providers who are survivors of sexual violence (Anderson & Overby, 2020). Research into the best practices for therapist self-disclosure and the development of supervision models tailored to therapist-survivors is also warranted (Bennett et al., 2022).

Counselors with personal trauma backgrounds provides a critical context for my study. The reviewed literature reveals that personal trauma experiences, such as adverse childhood events and sexual violence, significantly influence individuals' career choices and professional practices within the helping professions (Anderson & Overby, 2020; Bryce et al., 2023). This connection between personal trauma and professional roles is directly relevant to my study, as it focuses on counselors with histories of sexual abuse and how these experiences affect their therapeutic work with sexually violent offenders.

The existing literature discusses how service providers with personal trauma, especially those who have survived sexual violence, face unique challenges, including emotional distress, internalized barriers to seeking support, and difficulties in managing professional boundaries (Anderson & Overby, 2020). My study extends this conversation by exploring how counselors with a specific trauma history – sexual abuse – navigate the complexities of working with a population that may trigger their own past traumas. The findings from Anderson and Overby (2020), which highlight the dual identity of being both a survivor and a service provider, serve as a foundation for examining how counselors' past experiences might influence their therapeutic approach, emotional well-being, and professional effectiveness when working with sexually violent offenders. While the literature acknowledges that some therapist-survivors may use self-disclosure as a means to foster solidarity and validation in therapy (Bennett et al., 2022), the current study will seek a deeper understanding of how such self-disclosures are managed in the specific context of working with offenders.

Gender Differences

Shrim and Baum (2022) highlight gender differences in responses to working with sex offenders, noting that men exhibited more paranoid behaviors in public spaces, while women demonstrated protective behaviors concerning their private space and children. Shrim and Baum (2022) highlight gender differences in responses to working with sex offenders, noting that men exhibited more paranoid behaviors in public spaces, often feeling hypervigilant and suspicious of others, as a reaction to their work with sex offenders. This paranoia was linked to fears of being perceived as vulnerable or associated with the stigmatized nature of their clients. Women, on the other hand, demonstrated protective behaviors concerning their private space and children, often becoming more cautious in their personal lives, particularly with increased anxiety about the safety of their family and the risk of potential harm to their children. The authors suggest that these protective behaviors stem from heightened emotional responses and a perceived need to shield their private lives from the dangers they encounter in their professional work.

In healthcare, Padmanabhanunni and Gqomfa (2022) emphasize vicarious trauma's (VT) influence on female psychologists treating survivors of sexual assault, showcasing how professionals' personal assumptions and coping strategies evolve in response to repeated trauma exposure. The results of the study found that female psychologists experienced a profound shift in their worldview and personal beliefs, with many reporting that their assumptions about safety, trust, and human nature were significantly altered after working with survivors. Due to continual exposure to their

clients' trauma narratives, these psychologists often struggled with emotional exhaustion and a sense of helplessness (Padmanabhanunni & Gqomfa, 2022).

Coping Strategies

Research has been conducted on therapists' self-reported countertransference reactions and the association between active versus avoidant coping strategies and psychological well-being (Jeglic et al., 2022). Jeglic et al. (2022) found that therapists who treated individuals who sexually offend experienced a range of intense countertransference reactions, including feelings of frustration, helplessness, and occasionally sympathy toward the offenders. These emotional reactions, if not properly managed, could hinder therapeutic effectiveness and contribute to emotional burnout. Therapists who employed active coping strategies such as participating in regular supervision, seeking peer support, and reflecting on their emotional responses, were better equipped to manage these countertransference feelings. These approaches helped therapists maintain professional objectivity and supported their psychological resilience (Jeglic et al., 2022). Conversely, therapists who utilized avoidant coping mechanisms, such as minimizing their emotional reactions or isolating themselves from supportive professional networks, experienced increased levels of distress. This avoidant behavior was associated with higher incidences of emotional exhaustion, depersonalization, and decreased job satisfaction (Jeglic et al., 2022).

Summary and Conclusions

The current research acknowledged the emotional, professional, and psychological challenges faced by therapists exposed to trauma. However, there was a notable gap in understanding how personal trauma histories, specifically a counselor's

own experiences of sexual abuse, intersect with their work with sexually violent offenders. The reviewed literature explored critical themes such as compassion fatigue, vicarious trauma (VT), burnout, and countertransference, all of which played pivotal roles in understanding the unique emotional and professional challenges faced by counselors in this field (Da Silva, 2022; Hardeberg Bach & Demuth, 2019).

The studies on compassion fatigue highlighted the emotional and physical exhaustion counselors experience due to repeated exposure to traumatic material (Hardeberg Bach & Demuth, 2018; Hinds & Giardino, 2020). This issue was compounded for counselors who had a personal history of trauma, as it may intensify their emotional reactions, leading to compassion fatigue more rapidly than in those without such histories (Cross, 2019; Harling et al., 2020). The literature emphasized that personal trauma increases vulnerability to compassion fatigue, especially when working with high-risk populations such as sex offenders (Ko & Memon, 2023; Padmanabhanunni & Gqomfa, 2022).

Similarly, vicarious trauma (VT) and secondary traumatization (ST) were frequently discussed in the context of professionals exposed to others' traumatic experiences, which can lead to emotional distress, cognitive changes, and behavioral disengagement (Greinacher et al., 2019; Ko & Memon, 2023). The literature acknowledged that counselors with personal trauma histories were more prone to experiencing VT due to their dual roles as survivors and mental health professionals (Frost & Scott, 2022; Padmanabhanunni & Gqomfa, 2022). Research indicated that factors such as inadequate supervision and high caseloads exacerbate the risk of VT among counselors (Sutton et al., 2022).

Burnout was another significant concern, particularly for counselors working with challenging populations like sex offenders. Defined by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout was prevalent among professionals in emotionally demanding roles (Frieiro Padín et al., 2021; Maslach & Leiter, 2016). For counselors with personal trauma histories, the risk of burnout was further compounded, with emotional labor playing a significant role in their experiences (Mivshek & Schriver, 2022a). The literature suggested that strong organizational support and professional supervision were critical in mitigating burnout (J. Johnson, et al., 2020; Ortiz-Fune et al., 2020).

Countertransference, the emotional reactions therapists experience when interacting with clients, was especially relevant in this context. The reviewed literature highlighted how personal trauma histories influence countertransference, particularly when working with clients who have committed sexual offenses (Amid & Bachar, 2022; Shrim & Baum, 2022). Studies found that therapists with personal trauma may struggle with maintaining professional boundaries and experience heightened emotional responses, which can affect their therapeutic efficacy (Barros et al., 2020; Hayes et al., 2018). Managing countertransference through self-awareness, supervision, and emotional regulation is essential to prevent negative outcomes (Aprilia et al., 2024; Sant & Milton, 2023).

The literature also emphasized the importance of support systems—including professional supervision, trauma-informed care, and self-care practices—in helping counselors manage the emotional toll of their work (Harling et al., 2020; Kavanagh & Levenson, 2022). Counselors with personal trauma histories required tailored support

mechanisms that address their dual identity as survivors and professionals (Anderson & Overby, 2020). Effective support systems were crucial in promoting resilience and reducing the emotional burden associated with working with sexually violent offenders (Elias & Haj-Yahia, 2019; Mento et al., 2020).

In summary, the literature provides a comprehensive understanding of the emotional and professional challenges faced by counselors with personal trauma histories who work with sexually violent offenders. These professionals may be at heightened risk of compassion fatigue, vicarious trauma, burnout, and countertransference, all of which are influenced by their personal trauma experiences. The research reviewed underscores the need for tailored interventions and support systems to address the unique emotional and professional needs of this population. By investigating these dynamics, my study contributes to the broader conversation on how personal trauma influences professional experiences and coping mechanisms.

Chapter 3: Research Method

Introduction

The purpose of this hermeneutic qualitative phenomenological study was to explore how counselors with a personal history of sexual abuse experience and navigate their work with sexually violent offenders. Prior research has extensively documented the impact of working with trauma survivors on mental health professionals, focusing on issues like as compassion fatigue, vicarious trauma, burnout, countertransference, and the need for structured support systems (Amid & Bachar, 2022; Hardeberg Bach & Demuth, 2019; Shrim & Baum, 2022). However, little was known about how counselors with personal trauma histories, specifically sexual abuse, manage these complex dynamics in the context of working with sexually violent offenders.

In this chapter I provide a comprehensive overview of the research design and methodology for this study, including a thorough discussion of the research design and rationale that guided my approach. I outline the role of the researcher, offering insights into my involvement and potential biases. Additionally, I will cover the methodology, including participant selection logic, which explains the criteria and rationale for selecting participants. Then I will describe the qualitative instruments used in the study, the procedures for the study, and the steps for recruitment, data collection and participation. A thorough explanation of the data analysis plan is included, along with a discussion of issues related to trustworthiness in qualitative research. Finally, I address ethical considerations and procedures to ensure the integrity of the study and concluded with a summary that encapsulates the key elements of the research methodology.

Research Design and Rationale

The research question for this study is: What are the experiences of counselors with a personal history of sexual abuse while counseling sexually violent offenders? This study adopts a qualitative, phenomenological approach, which is best suited for exploring how counselors with trauma histories make sense of their experiences working with sexually violent offenders. Existing literature on this topic is limited, emphasizing the importance of this research into a rarely discussed phenomenon.

I used IPA and hermeneutic phenomenology to collect and interpret data. IPA, rooted in phenomenology, hermeneutics, and idiography, focused on understanding specific individual experiences (Smith et al., 2009). Hermeneutic phenomenology, centered on the concept of Being-in-the-world, explores how individuals' experiences were shaped by their existential contexts, such as past trauma and therapeutic roles (Heidegger, 1962). This combined approach provided nuanced insights into the emotional and psychological challenges counselors face; a phenomenon insufficiently explored in current literature (Beck, 2021).

IPA aligned with the concept of the double hermeneutic process, where both the participant and the researcher engage in layers of interpretation. According to Bontekoe (1996), hermeneutic phenomenology emphasizes that meaning was constructed through interpretive acts rather than simply discovered. In IPA, the researcher interprets how participants make sense of their own lived experiences while also acknowledging their own interpretive framework. Bontekoe (1996) highlighted that the researcher's interpretation is not a passive reflection but an active, reflective process, involving a twofold interpretative task: understanding the participant's world and then reinterpreting

it through the researcher's lens. This dynamic interplay between subjective experience and objective analysis is fundamental to IPA and essential for uncovering both the personal meaning-making of participants and the researcher's engagement with the data.

This study involved semistructured in-depth interviews to elicit rich, detailed accounts of counselors' experiences. IPA's double hermeneutic process enabled me, as the researcher, to interpret how participants make sense of their experiences, while considering the broader existential meanings of these experiences, as emphasized by hermeneutic phenomenology. This methodological combination ensured a thorough exploration of both individual experiences and their broader existential significance (Beck, 2021).

In sum, in this study I investigated how counselors' personal histories of trauma influence their therapeutic relationships with offenders, capturing the dual identities of counselors as both survivors and healers. Using Heidegger's framework, I aimed to understand how counselors' past traumas shape their emotions, thoughts, and behaviors in therapeutic settings, with an emphasis on the ontological meaning of their experiences (Horrigan-Kelly et al., 2016). The implementation of IPA and hermeneutic phenomenology aligned with my goal of uncovering the lived realities of counselors working with sexually violent offenders.

Role of the Researcher

When completing an IPA using hermeneutic phenomenology, I engaged deeply with participants' lived experiences while remaining reflexive about my own perspectives. Drawing on Heidegger's (1962) concept of being-in-the-world, I used my professional background to build rapport and authentic connections with participants. My

aim was to understand how these counselors experience and make sense of their personal and professional worlds, especially when addressing sensitive issues such as sexual trauma.

I applied interpretative skills, as outlined by Smith et al. (2009), to explore the deeper meanings within the counselors' narratives. Through careful interpretation, I uncovered how the counselors' personal histories influence their therapeutic work. Reflexivity was critical, as I ensured that my own perspectives and personal history of sexual abuse did not bias the analysis, maintaining a focus on participants' experiences while acknowledging my own role in the interpretation (Heidegger, 1962; Smith et al., 2009). Finally, I systematically analyzed the data to reveal how personal trauma shaped professional practice, offering a richer understanding of the complex interplay between personal history and professional identity formation (Smith et al., 2009).

Positionality

As a counselor with a personal history of sexual abuse who worked with sexually violent offenders, I had experience with the phenomenon that was being studied. Using IPA with a hermeneutic phenomenology approach allowed me to deeply explore the lived experiences of other counselors who share similar backgrounds, while remaining mindful of my own perspective. Given Heidegger's focus on *being-in-the-world* (Heidegger, 1962), I recognized that my own experiences were intertwined with the research, and this awareness helped me engage reflexively throughout the study.

Due to my familiarity with the phenomena under investigation, I monitored potential researcher bias by continually reflecting on how my own history could shape my interpretation of participants' narratives. The interpretative aspect of IPA encouraged

me to acknowledge this connection while making conscious efforts to maintain an objective stance (Smith et al., 2009). I used my dissertation committee members throughout the length of this study to ensure that my personal history did not influence the data analysis. Additionally, I kept a reflective journal, consistent with the reflexivity required in IPA, to help with establishing triangulation of data and ensuring I remained attuned to how my perspective may impact the analysis (Smith et al., 2009). To further ensure objectivity, I monitored any bias by transcribing interviews verbatim and conducting member checking throughout the process to limit errors and support trustworthiness and accuracy. To overcome any potential biases, I relied on feedback from my dissertation committee members, incorporating their responses to ensure the rigor of the study.

Methodology

In this section, I outline the population targeted for the study, the sampling method and procedures to be used, the recruitment process for participants, and the steps for data collection. I also explained the instrumentation and how the constructs would be operationalized, followed by a detailed plan for data analysis. I discussed how this methodology would provide a solid foundation for understanding and interpreting the study's findings.

Participant Selection Logic

I used a purposive and snowball sampling strategy to ensure a homogeneous sample, as recommended by Smith et al. (2009). I selected participants who share the key characteristics relevant to the research question. The participants in this study were (a) either a licensed counselor or master's level professional in the role of a counselor; (b)

had a personal history of sexual abuse; and (c) worked with sexual violent offenders. Participants who did not speak English, who work with sexually violent offenders outside of the United States, and who have not had a personal history of specially sexually abuse were be excluded. To avoid bias and maintain the integrity of the study, I excluded anyone that I have supervised while working with this population. Participants were required to complete a brief demographic form consisting of relevant identifying questions to ensure they met these criteria. This ensured that the sample was both focused and meaningful, as participants would find the research question relevant to their lived experiences.

To recruit participants, I used the Association for the Treatment and Prevention of Sexual Abuse (ATSA) listserv. This professional network provided access to therapists who work with sexually violent offenders, making them an ideal platform for identifying potential participants. I also attempted to recruit participants via a Facebook flyer. By distributing flyers and study information through these channels, I was able to reach counselors who met the specific inclusion criteria. In keeping with Heidegger's (1962) concept of being-in-the-world, this homogenous sampling allowed me to understand how counselors' personal histories of sexual abuse intersect with their professional roles in working with SVPs.

Sample Size

In a hermeneutic phenomenological study, determining the appropriate sample size was guided by the principle of saturation, where data collection continues until no new themes or patterns emerge. The sample size in qualitative research should ensure sufficient depth to capture the richness of participants' lived experiences while

maintaining rigor (J. L. Johnson, et al., 2020). In hermeneutic phenomenology, the focus was on uncovering the meanings embedded in participants' experiences, rather than striving for broad generalizability. Therefore, the sample size should be large enough to allow for in-depth analysis and interpretation, yet small enough to manage the complexity of individual narratives (Heidegger, 1962).

In line with IPA guidelines for qualitative research, I aimed for a sample size of six to ten participants, which allowed for in-depth, interpretative analysis without overwhelming the data collection process (Smith et al., 2009)., officially recruiting seven participants. I monitored for data saturation, continuing recruitment until no new themes emerge. This approach ensured that I gathered rich, nuanced data about how counselors' personal trauma histories shape their therapeutic work with SVPs. In this study, using Heidegger's (1962) emphasis on being-in-the-world, I focused on the contextual and relational aspects of the counselors' experiences. Saturation was determined when the counselors' descriptions of their personal histories and professional work with sexually violent offenders revealed common themes, and further interviews no longer provide new understanding of the lived phenomenon (Guest et al., 2006). This approach ensured that I remained faithful to Hermeneutic hermeneutics, where depth of understanding and rich descriptions take precedence over quantity, and saturation becomes a marker of interpretive depth rather than the number of participants involved (J. L. Johnson, et al., 2020).

Recruitment

I recruited participants from the Association for the Treatment and Prevention of Sexual Abuse Listserv (ATSA). Because I am a student member of this association, there

was the potential for dual relationships. I may have interacted professionally with other members; however, I did not interview anyone that I have supervised. This relationship could affect participants' responses or their decision to participate. I clarified the boundaries of the research interaction and reminded participants of their rights to decline participation without any repercussions professionally or personally. Recruitment materials highlighted that specific information about their sexual abuse would not be discussed or asked.

When recruiting through a listserv, there was a risk that participants may not fully understand the study's purpose or what participation entails. To address this, my recruitment messages included a clear, concise description of the study, and informed consent procedures outlined study details explicitly. This approach helped ensure participants were well-informed before committing to the study and aware of how data privacy, especially regarding sensitive personal histories, are to be maintained.

Data Collection/Recording

This study's data recording process was aligned with Interpretative IPA and hermeneutic phenomenology principles, which emphasize capturing the depth of participants' lived experiences. A multi-method data recording strategy, including audio recording and reflexive journaling, supported a systematic and reflective approach to data collection. Semistructured interviews were audio-recorded to preserve verbal content, nuances such as tone, pauses, and emphasis, ensuring the accurate capture of participants' narratives, which was critical for meaningful phenomenological analysis (Smith et al., 2009). Verbatim transcriptions were created, with pseudonyms assigned to safeguard

participant identities and maintain confidentiality (Lincoln & Guba, 1985). These anonymized records formed the foundation for interpretative analysis.

The primary data collection instrument was semistructured interview protocol (see Appendix E), designed to explore participants' experiences and how counselors' personal histories of sexual abuse intersect with their professional roles. Semistructured interviews provided flexibility to explore unexpected yet relevant topics while maintaining focus on the research questions (Smith et al., 2009). Audio recordings of all interviews were made via Zoom to capture verbal communication, and I took observational notes to document contextual details that enhanced the interpretative process. This approach ensured a comprehensive understanding of the participants' narratives (Giorgi, 2009).

All audio files, transcriptions, and reflexive journals were securely stored in encrypted or password-protected formats. Access was restricted to me, my committee members, and Institutional Review Board (IRB) auditors. To ensure long-term confidentiality, files linking pseudonyms to real identities will be deleted after 5 years. This practice aligns with ethical guidelines in qualitative research (Denzin & Lincoln, 2011; Rose & Johnson, 2020). Following Walden's IRB guidelines, all data were securely retained for a minimum of 5 years for potential follow-up research, replication, or audits. After this period, data will be permanently destroyed through secure deletion of digital files and shredding of physical documents.

Data Analysis Plan

The data analysis process followed a rigorous and iterative approach rooted in IPA and hermeneutic phenomenology. These methodologies were used to explore the lived

experiences of counselors and interpreted how they made sense of their professional and personal realities. The first step involved familiarization with the data through deep immersion. This included repeatedly listening to audio recordings, reviewing notes from the interview and reading verbatim transcripts, ensuring a comprehensive understanding of participants' experiences and perspectives (Smith et al., 2009).

Transcribing

I interviewed the seven participants individually via Zoom. Transcription involved creating verbatim transcripts of audio recordings using Zoom transcription software followed by me editing to ensure precision. These transcripts served as the foundation for coding and analysis, capturing nuanced details of participants' narratives. Transcript summaries were developed and shared with participants post-interview to confirm that their experiences are accurately represented. This feedback mechanism functioned as a form of bracketing, helping to mitigate researcher bias and align interpretations with participants' intended meanings (Ravitch & Carl, 2016; Saldaña, 2016).

Coding

The coding process in IPA, informed by the hermeneutic circle, aligned closely with Smith et al.'s (2022) six-step process of data analysis. The first step, reading and re-reading, mirrored the initial engagement with the data in the hermeneutic circle, where I immersed myself in the transcripts to understand both the surface-level content and the underlying meanings, iterating between parts and the whole. During initial noting, I systematically coded specific segments of data, identifying significant patterns and deeper meanings, aligning with the hermeneutic circle's focus on revisiting the text to refine interpretations. As emergent themes were identified, I moved back and forth

between individual data points and broader themes, continuously refining my understanding through the cyclical nature of coding (Smith et al., 2022).

The step of searching for connections across emergent themes furthered connected with the hermeneutic circle by encouraging a constant reevaluation of how themes interrelate, ensuring that emerging themes were coherent within the participant's experience. Then moving to the next case step reflected IPA's idiographic approach, where I engaged deeply with each individual case before moving to the next, ensuring an iterative process in coding that preserved the uniqueness of each case (Smith et al., 2022). Finally, looking for patterns across cases involved identifying common themes across participants, again returning to the entire dataset (the "whole") after analyzing individual cases (the "parts"), in a process that was central to the hermeneutic circle. Through this iterative back-and-forth, both the IPA coding process and the hermeneutic circle ensured a comprehensive and nuanced understanding of participants' lived experiences (Smith et al., 2022).

To minimize researcher bias, bracketing was applied throughout the analysis. This involved actively setting aside preconceptions to concentrate on participants' narratives. Reflexive journaling documented my thoughts, decisions, and potential biases, enhancing transparency and methodological rigor (Hays & Singh, 2012; Moustakas, 2010). Themes developed during coding further interpreted within the participants' broader existential and professional contexts, consistent with hermeneutic phenomenology (Van Manen, 2014).

Issues of Trustworthiness

Trustworthiness in qualitative research is characterized by four key components: credibility, transferability, dependability, and confirmability (Creswell, 2013; Patton, 2015). Credibility ensures that the research findings accurately reflect reality, thereby strengthening the study's outcomes (Patton, 2015; Sutton & Austin, 2015). Transferability referrs to the extent to which the findings of a qualitative study can be applied to a broader population (Creswell, 2013; Mabuza et al., 2014; Patton, 2015). Dependability involves assessing whether the study's findings can be consistently replicated under similar conditions (Creswell, 2013). Lastly, confirmability relates to the extent to which the research findings can be validated or corroborated by other researchers (Patton, 2015; Sutton & Austin, 2015).

Credibility

To ensure credibility in my study, I utilized various methods to align my findings closely with reality. Credibility in this study was established through triangulation and member checking. According to Mabuza et al. (2014), triangulation enhances credibility by using multiple data sources to cross-reference and validate findings. Member checking involved participants reviewing transcript summaries to confirm the accuracy of the data and ensure their experiences are accurately represented (Sutton & Austin, 2015). Committee debriefing was used collaboratively to review of the collected data and its interpretation by research advisors, ensuring the accuracy of data interpretation and verbatim transcription.

Dependability/Bracketing

In a phenomenological study, bracketing procedures are used to enhance the dependability of the interpretations that are offered. Bracketing in phenomenology is rooted in Husserl's assertion of the need for researchers to suspend their preconceived ideas about participants and the phenomenon under investigation to allow the intrinsic characteristics of the phenomenon to be foregrounded (Billups, 2019). As Creswell and Poth (2018) note, bracketing refers to processes that afford researchers mechanisms to put aside their own biases and to emphasize instead the viewpoints of their participants. Bracketing included making known my own background, and the basis of my interest in the research topic and any knowledge and experience of the phenomenon being investigated (Denzin, 2001). The objective was to become more aware of assumptions (LeVasseur, 2003), presuppositions (Ashworth, 1996), prior ideas, experiences and feelings (Giorgi, 2009), theoretical commitments (Van Manen, 2014) and personal beliefs, culture norms, values, and the like (Greenberg et al., 2019; Thomas & Sohn, 2023).

In phenomenology, the purpose of the interview encounter is to obtain rich descriptive details of the participants' experiences. Data from multiple participants was obtained in order to develop an interpretation that took me beyond my pre-existing assumptions about what I might already have thought I knew (Roulston, 2012). Bracketing, far from being about the achievement of objectivity was about embracing and centering subjectivity (Dörfler & Stierand, 2021). By becoming conscious of and acknowledging my own preunderstandings I sought to become more able both to engage with the participants and to look at the data with what (Giorgi, 1994, p. 212) referred to

as an “attitude of relative openness.” Rather than suspending my existing beliefs, following Finlay (2008), I understood bracketing as the need to become aware of those beliefs and to move dialectically between using those preunderstandings as a source of insight and understanding how they may have been barriers to new understanding (Eden & Ackermann, 2018).

Bracketing is not about navel gazing but is, rather, striving to achieve a phenomenological attitude which I understood as the readiness to listen and learn from my participants with humility (Finlay, 2008; Tufford & Newman, 2010). A first step in bracketing is for me was to be interviewed by my committee chair who is an experienced researcher in preparation for my own interviews with participants (Thomas, 2021). In addition to add to my own awareness of my preconceptions about the topic, this kind of interview had the value of generating empathy for my study participants (Thomas & Pollio, 2002). During the interviews with participants, bracketing meant keeping an open mind and listening to participants. After the interview, listening back to the interview and writing notes in the form of a reflexive journal helped to further surface awareness of ways in which open-minded listening could be improved (Finlay, 2008). This process of reflexive journaling was repeated during the data analysis phase.

Member Checking

Member checking occurred during and after the interviews, allowing participants to clarify or correct any potential misinterpretations or inaccuracies in real time. This involved repeating verbatim statements or summarizing participants' responses to validate the captured information. This collaborative process allowed participants to verify the accuracy of their experiences, ensuring the findings authentically represent their

perspectives and reassured participants that their voices were being heard and respected (Harvey, 2014; Hays & Singh, 2012).

Confirmability

To ensure confirmability in my study, I incorporated several strategies that enhance transparency and accountability in my research process. I maintained a detailed audit trail that documents each step of the research process, including coding and thematic development, so that an external reviewer could follow my methodological decisions and confirm that they align with the data (Olmos-Vega et al., 2022; Unger, 2021).To further demonstrate that my findings were grounded in participants' experiences and not influenced by my own biases, I kept a reflexive journal throughout the study. This journal allowed me to continually examine and record my thoughts, personal investments, and decision-making process, providing a clear record that shows my findings are based on participants' perspectives (Rose & Johnson, 2020).

Transferability

To support transferability in my study I provided thorough, thick descriptions to enable readers to assess the applicability of my findings to other contexts. I detailed the context in which my study took place, including specific information about the settings in which counselors work, their roles, and relevant demographic details. I also included comprehensive descriptions of my participants, outlining their backgrounds, experiences, and the unique aspects they bring to the study. Purposive sampling, guided by consistent criteria for participant selection, served as a key strategy for ensuring transferability in qualitative research. For this study, purposive sampling was utilized to identify eligible participants based on specific criteria. Participants self-identify as counselors with a

personal history of sexual abuse who work or have worked with sexually violent offenders. Participants who did not meet these criteria were excluded to ensure the study remained focused and aligned with its research objectives.

Ethical Considerations

Following ethical guidelines was particularly critical in my study due to the sensitive nature of the topic and the participants' personal histories. A core ethical procedure was obtaining informed consent, where participants received detailed information on the study's purpose, procedures, potential risks, and their rights to voluntary participation. This process aimed to ensure that participants fully understood their involvement and have given consent (Billups, 2019; Denzin, 2001). To protect participant privacy, confidentiality was prioritized by anonymizing all data through pseudonyms and de-identifying information during transcription and analysis, a critical component of ethical data protection standards (Creswell & Poth, 2018; Olmos-Vega et al., 2022). Access to the data were granted to me and my committee and data were securely stored in password-protected files and secure physical locations, adhering to secure data protocols to protect sensitive research data (Churchill, 2022). Following (IRB) guidelines, the data will be retained for 5 years and then destroyed. Destruction will be conducted with IRB-approved practices to maintain the privacy and trust of participants.

Recognizing the emotional sensitivity of the study's focus, resource referrals were established to support participants if the interview process evokes emotional distress. Participants were provided with access to counseling resources as needed, acknowledging the emotional risk involved in discussing traumatic experiences (Rose & Johnson, 2020;

Thomas & Pollio, 2002). The study also incorporated reflexivity and bracketing throughout the research process to reduce any biases I may have, which was a key ethical responsibility in phenomenological research (Dörfler & Stierand, 2021; Finlay, 2008). By actively reflecting on and setting aside personal preconceptions, I ensured that the study findings reflected participants' lived experiences rather than my preconceived ideas.

Treatment of Data

The data were gathered primarily through in-depth, semistructured zoom interviews, a method well-suited to IPA and hermeneutic phenomenology, as these approaches sought to capture the rich, nuanced experiences of participants (Giorgi, 2009; Smith et al., 2009). Each interview was recorded with the participant's consent to ensure verbatim transcription accuracy. Given the sensitivity of the topic, strict confidentiality was upheld by anonymizing data to protect participants' identities. This involved replacing identifiable information, such as names with pseudonyms or generalized descriptors in transcripts, notes, and any published findings (Denzin & Lincoln, 2011). Anonymization was a crucial step in preventing unintended consequences that might arise from public association with the study's topic (Lincoln & Guba, 1985). All identifiable data were securely stored separately from the interview transcripts and accessible only to me.

Digital data, including recordings and transcripts, was securely stored on encrypted, password-protected devices or cloud services compliant with data protection regulations. The data underwent a rigorous IPA, during which themes were identified inductively and examined considering the theoretical framework (Smith et al., 2009). Reflexivity played a central role in this analytical process, with I maintained a reflexive

journal to track personal biases and insights that arise throughout data analysis (Rose & Johnson, 2020). This journal contributed to the study's confirmability, providing a record of my engagement with the data and enhancing the transparency and trustworthiness of the analysis (Lincoln & Guba, 1985; Olmos-Vega et al., 2022).

Pseudonyms

I assigned pseudonyms to participants to safeguard their identities and maintain confidentiality, particularly with sensitive data. Protecting the anonymity of participants aligned with the ethical standards emphasized across qualitative methodologies (Denzin & Lincoln, 2011; Lincoln & Guba, 1985). Each participant received a unique, non-identifiable pseudonym. To preserve confidentiality at every research stage, pseudonyms were consistently applied across all documentation, including transcripts, notes, analysis files, and the final report. This consistent approach reinforced participant anonymity, a cornerstone of ethical qualitative research practice (Rose & Johnson, 2020; Yin, 2016).

A secure, separate document linking pseudonyms to real names was created, with access restricted solely to me, the researcher. This document securely stored and will be destroyed five years after the study's conclusion, ensuring long-term confidentiality and ethical rigor (Lincoln & Guba, 1985; Olmos-Vega et al., 2022). Assigning pseudonyms not only adhered to best practices in data protection within qualitative research but also fosters participant trust, allowing them to share experiences openly and without fear of exposure (Denzin & Lincoln, 2011; Smith et al., 2009).

Informed Consent

Informed consent was an essential ethical principle in qualitative research, ensuring participants fully understand the study's purpose, methods, risks, and benefits

before agreeing to participate (see Appendix C). It emphasized voluntary participation, the right to withdraw at any time without penalty, and safeguards for participants' autonomy and comfort (Denzin & Lincoln, 2011). Given the sensitivity of this research topic, a comprehensive consent form outlined the study's objectives, data collection methods (e.g., interviews), confidentiality protocols such as pseudonyms, and secure data storage. Participants were informed of potential emotional risks, provided with support resources and emailed the consent form, with their written consent retained for the study.

Summary

In this chapter, I outlined the research methodology for this study. The purpose of this study was to explore the lived experiences of counselors with personal histories of sexual abuse as they navigate their professional roles with sexually violent offenders. To achieve this, I employed a qualitative design combining IPA and hermeneutic phenomenology, both of which prioritized understanding the depth and meaning of participants' lived experiences. The hermeneutic circle guided the data analysis, enabled an iterative process of interpretation where each cycle deepened my understanding of the data (Heidegger, 1962; Smith et al., 2009).

I discussed the role of the researcher, methodology, trustworthiness, and ethical considerations in detail. As the primary instrument of data collection, my role included conducting semistructured interviews, safeguarding participants' confidentiality, and mitigating bias through bracketing and reflexive journaling. Participants were selected through purposive sampling, ensuring they met specific criteria, including having a personal history of sexual abuse and professional experience working with sexually

violent offenders. Data collection was conducted via Zoom, with audio recordings transcribed verbatim for analysis via Zoom as well.

Data analysis incorporated a rigorous three-cycle coding process, member checking, and triangulation to ensure credibility and trustworthiness (Saldaña, 2016). Ethical considerations were prioritized, including obtaining informed consent, protecting confidentiality through pseudonyms, and adhering to (IRB) guidelines. Data is securely stored and will be destroyed after the designated retention period, in compliance with ethical standards (Lincoln & Guba, 1985; Yin, 2016). In chapter 4, I present the results of this study in detail, including participant quotes, emerging themes, and a comprehensive discussion of the findings, setting, and participant demographics. Data analysis and trustworthiness are also revisited to support the study's conclusions.

Chapter 4: Results

Introduction

The purpose of this study, grounded in IPA and hermeneutic phenomenology, was to explore how counselors with personal histories of sexual abuse navigate their professional roles while working with sexually violent offenders. The research question was: What are the experiences of counselors with a personal history of sexual abuse while counseling sexually violent offenders? This chapter presents the research setting, participant demographics, procedures for data collection and analysis, strategies to ensure trustworthiness, and the study's results. No individual or organizational factors had any impact on the participants or the way the study results were interpreted.

Setting

The participant pool included seven diverse counselors. For this study, interviews were conducted using the Zoom video conferencing platform. To maintain confidentiality during each video interview, I conducted them from my private residence with the doors securely locked. I live alone so this also further ensured that each interview remained private and free from any interruptions. Each participant joined from a private setting and no other individuals were present during the interviews. In summary, all interviews were conducted as planned and described in the IRB documents approved by Walden's IRB in February 2025.

Demographics

The participants included six women and one man; four were Caucasian, and three were African Americans. Participants ranged from 42 to 56 years of age. Years as a counselor working with sex offenders ranged from 4 to 10 years. Participants were from 6

different states across the United States. Pseudonyms were assigned to all participants to ensure confidentiality. Three of the participants were licensed professional counselor supervisors, two were licensed professional counselors, and two were licensed social workers (see Table 1).

Table 1

Participant Demographics

Participants	Age	Sex	Ethnicity	Personal History of Sexual Abuse	Years of Experience Working with Sex Offenders	License
Rachel	43	Female	White	Yes	5.5 yrs	LCSW
Monica	42	Female	African American	Yes	4 yrs	LPC-S
Dana	56	Female	White	Yes	11 yrs	LPC-S
Marisol	49	Female	African American	Yes	4 yrs	LMSW
Camille	52	Female	White	Yes	7 yrs	LPC
Jasmine	47	Female	African American	Yes	10 yrs	LPC-S
David	53	Male	White	Yes	5 yrs	LPC

Data Collection

I recruited and interviewed seven participants for this study. I assigned a pseudonym for each of the participants to protect their identity. I interviewed each participant via Zoom from an office in my home. The interviews were conducted in privacy and all participant's information was kept confidential. I conducted these interviews using the Zoom platform and transcribed them using Zoom transcription services. The Association for the Treatment and Prevention of Sexual Abuse (ATSA) gave me permission to place the study recruitment information on their listserv, however,

I found it difficult to recruit participants who solely worked in the sexually violent predator treatment programs. I asked IRB for permission to include participants outside of SVP programs and to interview participants who worked with male sex offenders, excluding the SVP designation. Approval was granted by IRB. This adjustment allowed me to recruit participants from ATSA's list serv.

I ensured that each interview was digitally recorded during the Zoom call for later transcription by Zoom. I then assigned each interviewee a pseudonym to protect their confidentiality and privacy. During the interviews, I documented notes, however I made sure to focus on each participants' stories and nonverbal communication while they shared rich and at times volunteered sensitive information related to their sexual abuse. The field notes included the captured nonverbal communication through observation. Additionally, documents linking participants' real names to their pseudonyms were stored on a password-protected USB drive, which was kept in a locked cabinet along with the transcribed interviews. There were no unexpected circumstances or deviations during the data collection process.

Participants

Seven professional counselors volunteered and agreed to share their lived experiences as survivors of sexual abuse for this research. Coming from both diverse educational and personal backgrounds, each participant discussed their professional experience in working with sex offenders, specifically in the context of being a clinician with a personal history of sexual abuse. Although each counselor's story and perspective were unique, they all expressed common themes, including how they began working with sex offenders, the empathy they felt toward the offenders despite their own histories of

sexual abuse, and the challenges they faced in this line of work. To protect their identities, I assigned each participant a pseudonym to replace their real names.

- Rachel: Rachel was a 43-year-old Licensed Clinical Social Worker. She had 5 ½ years of experience as a clinician working with sex offenders in Maine.
- Monica: Monica was a 42-year-old Licensed Professional Counselor Supervisor and Licensed Professional Counselor who had 4 years of experience as a clinician working with sex offenders, 2 years in Delaware and 2 years in South Carolina.
- Dana: Dana was a 56-year-old Licensed Professional Counselor Supervisor who had 11 years of experience as a clinician with sex offenders in Alaska.
- Marisol: Marisol was a 49-year-old Licensed Master Social Worker who had 4 years of experience as a clinician with sex offenders in South Carolina.
- Camille: Camille was a 52-year-old Licensed Professional Counselor who had 7 years of experience as a clinician working with sex offenders in Colorado.
- Jasmine: Jasmine was a 47-year-old Licensed Professional Counselor Supervisor who had 10 years of experience as a clinician working with Sex offenders in South Carolina.
- David: David was a 53-year-old Licensed Professional Counselor who had 5 years of experience as a clinician working with sex offenders in Pennsylvania.

Data Analysis

To explore the lived experiences of counselors with a personal history of sexual abuse who work with sexually violent offenders, I employed a rigorous and iterative approach rooted in IPA and hermeneutic phenomenology. This methodological

framework emphasized meaning-making, subjective interpretation, and the reflexive nature of experience (Smith et al., 2022; Van Manen, 2014). Data were derived from semistructured interviews and analyzed through multiple immersive and interpretive stages to ensure both depth and fidelity to participants' voices. I conducted all interviews via Zoom and transcribed verbatim using Zoom transcription software. I personally reviewed and edited each transcript for accuracy and completeness. Following this, participants were sent transcript summaries as a member-checking process to verify that their experiences were accurately represented. This process also functioned as an initial bracketing mechanism to ensure that my interpretive lens did not override the participants' intended meanings (Ravitch & Carl, 2016).

The analytic process began with deep familiarization. I reviewed each transcript multiple times and revisited the audio and video recordings to note affective shifts, and nonverbal cues. In this phase, I engaged in what van Manen (1997) calls selective highlighting—identifying statements and phrases that appeared especially revealing of how participants understood and navigated their dual roles as survivors and professionals. Through close listening and immersive re-reading, I began to identify moments of emotional intensity, narrative contradiction, and ethical reflection. These moments became the foundation of interpretive coding.

I recorded initial noted in the margins of the transcripts. Initial notes were recorded in the margins of transcripts, capturing both descriptive content and my early interpretive thoughts. This stage paralleled the first three steps of Smith et al.'s (2022) IPA framework: reading and re-reading, initial noting, and identifying emergent themes. As I worked through each transcript, I moved back and forth—between participants'

particular expressions and the broader existential meanings they seemed to suggest—consistent with the hermeneutic circle (Smith et al., 2009).

After completing an idiographic analysis for each participant, I began identifying patterns of meaning across cases. I clustered interpretive codes and noted where participants shared similar perspectives or diverged in how they made sense of their histories and professional roles. This process was recursive, requiring continual return to the transcripts to ensure that emerging themes were grounded in the participants' words and not driven by my preconceptions. I maintained a reflexive journal throughout data collection and analysis, documenting my reactions, questions, and evolving interpretations. This practice helped to surface any assumptions I carried and allowed me to practice ongoing bracketing, in line with phenomenological principles (Hays & Singh, 2012; Moustakas, 2010).

Themes were not merely derived based on repetition, but rather from how participants made meaning of their experiences. I asked not just what they experienced, but how they came to understand their own positioning, emotional responses, ethical dilemmas, and professional identities. Themes emerged through free imaginative variation, testing which concepts appeared essential to the phenomenon versus those that were incidental.

As themes solidified, I revisited each transcript to ensure the interpretive structure was coherent, valid, and contextually anchored. Each participant's data were represented with a pseudonym, and direct quotes were used extensively to preserve narrative richness and ensure analytic transparency. Though the narratives were unique, the meaning-making processes showed remarkable convergence in how participants experienced role

tension, emotional resilience, relational boundaries, and professional purpose. Finally, I synthesized themes into a narrative that respects the interpretive depth of each participant's lived experience, while also acknowledging shared structures of meaning across participants. This chapter presents those structures as a phenomenological account of how counselors with a personal history of sexual abuse experience, interpret, and sustain their work with sexually violent offenders.

Evidence of Trustworthiness

Establishing trustworthiness in qualitative inquiry is essential to affirming the rigor, credibility, and analytic integrity of the study's findings. In alignment with IPA and hermeneutic phenomenology guiding this research, trustworthiness was upheld through careful attention to credibility, dependability, confirmability, and transferability (Amin et al., 2020).

Credibility

Credibility, the extent to which the findings accurately reflect participants' lived experiences, was supported by multiple strategies. Member checking was employed after interviews, transcript summaries were returned to participants for review, enabling them to confirm the accuracy of their narratives and clarify potential misinterpretations. Most participants affirmed their summaries without revision, reinforcing the trustworthiness of the interpretations.

Triangulation occurred through multiple modes of engagement with the data listening to audio recordings, reviewing annotated transcripts, observing nonverbal cues during Zoom interviews, and reflecting in a research journal. These multiple lenses helped deepen interpretative insight and prevent premature thematic closure (Smith et al.,

2022). Credibility was further strengthened through committee debriefings, in which my methodologist and chair reviewed emerging thematic structures. Their feedback helped refine the interpretative framework and align findings more closely with participants' intentions.

Dependability (Bracketing and Reflexivity)

Dependability in phenomenological research is tightly interwoven with reflexive practice. Bracketing was implemented not as the suspension of subjectivity, but as a deliberate, iterative process of acknowledging and managing my positionality and preunderstandings (Finlay, 2008; Van Manen, 2014). In preparation for data collection, I participated in a bracketing interview with my dissertation chair, during which I articulated my own experiences and assumptions related to the phenomenon under investigation. This exercise fostered deeper self-awareness and cultivated empathy for participants' disclosures (Thomas & Pollio, 2002).

I kept a reflexive journal (Microsoft Word documentation) that was maintained throughout the research process to capture evolving thoughts, reactions, biases, and methodological decisions. This record was particularly useful during the coding process, where it helped separate personal insights from participants' accounts and served as a mirror for maintaining interpretive openness (Giorgi, 2009). I further supported dependability through the idiographic commitment of IPA and each case was analyzed independently before cross-case synthesis, preserving the integrity and uniqueness of individual narratives while honoring broader existential structures (Smith et al., 2022).

Confirmability

I supported confirmability through rigorous documentation and transparency. I created a detailed audit trail that includes recruitment processes, transcription protocols, coding memos, and theme development notes. These records offer a replicable map of the analytic journey from data to interpretation (Rose & Johnson, 2020). Direct quotations from participants are embedded throughout the findings to demonstrate how interpretations are anchored in the text. Additionally, the reflexive journal functioned as an internal accountability tool, helping to distinguish researcher voice from participant voice and allowing insight into the influence of my own worldview during analytic sense-making (Olmos-Vega et al., 2022; Unger, 2021).

Transferability

Transferability, while not a goal of phenomenological generalization, was supported through thick description and purposive sampling. Each participant's demographic, clinical, and contextual background is described in detail, allowing readers to assess the relevance of the findings to other similar settings (Creswell & Poth, 2018; Patton, 2015). The use of purposive and snowball sampling ensured alignment with the phenomenon, participants were selected based on their dual identity as individuals with a history of sexual abuse and professionals who treat sexually violent offenders. The richness of their narratives and the depth of phenomenological engagement support analytic resonance, allowing other clinicians, educators, and supervisors to consider how these lived experiences might illuminate their own contexts. Together, these strategies established resulted in a methodologically sound, ethically grounded, and interpretively rich foundation for trustworthiness in this study.

Results

Through this interpretive approach three themes emerged from participants lived experiences: humanizing and empathizing, understanding and enlightenment and empowerment. The presentation of findings in this chapter are grounded in the principles of IPA and hermeneutic phenomenology. Consistent with IPA's idiographic commitment, themes were derived from in-depth exploration of each participant's unique lived experience, followed by a careful interpretive synthesis across cases. The analysis reflects the double hermeneutic process in which participants made sense of their therapeutic work in relation to their own trauma histories, while I, as the researcher, engaged in meaning-making of their sense-making. Hermeneutic engagement with the data involved moving between the parts and the whole, attending to how individual expressions of empathy, rupture, and insight emerged within the broader existential context of being both survivor and clinician. This interpretive process was designed not only to document experience but to illuminate how participants continuously reinterpreted their trauma, identity, and professional role considering their encounters with sexually violent offenders.

Theme 1: Humanizing and Empathizing

At the heart of participants' experiences was the ethically charged and emotionally complex task of engaging with clients who had committed sexually violent offenses. As clinicians who were themselves survivors of sexual abuse, participants found that forming therapeutic alliances with this population presented unique challenges. The work required not only technical competence and ethical rigor but a deep

reckoning with the boundaries of empathy, the meaning of forgiveness, and the ongoing interpretation of one's own trauma history.

This superordinate theme reflects how participants navigated the paradox of extending empathy to those who embodied characteristics of past harm. While therapeutic objectivity is a professional ideal, participants in this study described a lived reality in which objectivity was constantly under strain. Two distinct but interrelated subthemes emerged: (a) the emotional and ethical difficulty of empathizing with sex offenders, and (b) the deepening of empathy through participants' own survivor lens.

Subtheme 1.1: Empathy Challenges with Sex Offenders

Many participants described moments where empathy was not only difficult but felt ethically or emotionally impossible. Although all participants demonstrated clinical sophistication and strong boundaries, they recounted moments in which client behaviors, particularly arrogance, lack of remorse, or overt misogyny disrupted their ability to remain neutral. Dana shared a visceral moment in her office with a client whose demeanor crossed a threshold:

> There was a moment that he was in my office… and he said something degrading about his victims. I can't handle injustices like that. Triggers me. Hooks my button… I literally stood up, opened the door, and said, 'You and I are done.' I had to—because I was angry. I could feel my fists balling up.

In this moment, empathy was not withheld by choice but ruptured by the embodied memory of her own trauma. Her physical response speaks to the limits of professional detachment when deeply personal trauma is echoed in the therapeutic encounter. Rachel similarly described difficulty engaging certain clients, especially those whose demeanor

conveyed entitlement, control, or aggression, “It’s more the domestic violence… or guys who are very narcissistic. Those are the ones I have the hardest time with. Those guys eat at me.” Here, the challenge was not with the offense itself, but with characterological traits that mirrored aspects of her own abuser, indicating the deeply intersubjective terrain of trauma-informed therapy. The difficulty was less about technical treatment and more about emotional survivorship in the face of perceived threat.

Monica described a case involving a client with no remorse for childhood sexual abuse he had committed. His attitude—dismissive, even proud—left her emotionally unsettled, “He had no remorse… and his thing was, ‘Well, it was done to me, and I turned out just fine.’ And I just remember thinking: but did you, though? I had to seek supervision because I was so angry.” In this case, the absence of client remorse undermined the relational space needed for empathy. Monica’s reaction was not simply to the content of the disclosure, but to the moral stance the client had taken, which she experienced as profoundly invalidating to her own healing journey.

Jasmine, by contrast, described a different but equally complex emotional pattern, gradual desensitization through long-term exposure. She shared “I guess I got used to it… I don’t even know if ‘numb’ is the right word… but it was the same story from one person to the next.” Her response suggests that repeated contact with offenders’ narratives produced an empathic erosion, not from apathy, but from emotional saturation. This aligns with hermeneutic understandings of emotional distancing as an interpretive defense, used not to avoid care but to remain professionally functional in the face of ongoing moral complexity. David described a delayed emotional response to a client whose history mirrored his own, “A few hours later I just burst into tears… I was like,

‘What the fuck is going on?” His delayed reaction suggests the depth of emotional tone that can remain dormant during sessions but emerge later as embodied knowing. These moments represent more than countertransference, they illustrate how trauma-informed work can penetrate the clinician’s inner world, threatening the boundary between past and present, self and other. Across participants, empathy was not static. It shifted in response to context, demeanor, and the degree to which clients reflected back unresolved aspects of the clinician’s own history. These moments of emotional rupture were not signs of therapeutic failure, but revelations of the profound ethical and emotional labor required to sit with both suffering and perpetration.

Subtheme 1.2: Empathy as a Victim

While many participants described empathy as a struggle, others articulated how their own trauma histories unexpectedly enhanced their capacity for compassion and ethical presence. For these individuals, survivorhood was not an obstacle to empathy, it was an interpretive resource. Having once been victims, they were able to recognize the relational, systemic, and psychological contexts in which harm occurred. David shared how his ability to empathize was rooted in recognition, “For most of them, I really saw their humanity… What they did was bad, but they’re still human. It was easy to sit with them… I think I had more compassion than just being neutral.” His empathy did not excuse the behavior but made space for the offender’s complexity.

Camille echoed this reframing when reflecting on how her worldview shifted through years of clinical practice, “They’re not monsters… anyone can make a bad decision. It doesn’t make what they did okay. But they’re not broken. They’re just humans.” This statement reflects a phenomenological shift, from categorical judgment

to humanization through shared imperfections. Her empathy was grounded not in forgiveness but in existential recognition. Marisol described her clinical stance as rooted in acceptance and hope, “I loved going in there and just listening. Pulling out their strengths, but also their weaknesses… You should be open to help anybody, regardless of what they’ve done.” Her posture reflects what IPA identifies as reflexive compassion, empathy that has been earned through the difficult process of reconciling one’s own pain with the belief that others, too, are redeemable.

Monica described how her assumptions about sex offenders were challenged and humanized through her work, “Law & Order SVU was my reference—this gave me a different side… it humanized it some.” In her reflection, I saw the disruption media portrayals by lived clinical engagement. Empathy emerged not through ideology, but through sustained exposure to the nuance of offender experience. Rachel stated it most succinctly, “They’re just people… they’re not monsters.” For these clinicians, empathy was a conscious ethical act, one made possible by their own experiences of pain and healing. Rather than seeing offenders as "other," participants recognized continuities of suffering, often shaped by generational trauma, silence, and unmet needs. This subtheme illustrated that empathy, when rooted in survivorhood, is not naïve. It is deliberate, informed, and hard-won. In hermeneutic terms, it reflects a combination between lived pain and professional purpose, a way of making meaning through the act of holding space for others, even those who have done harm.

Theme 2: Understanding and Enlightenment

A recurrent thread across participant narratives was the way therapeutic work with sexually violent offenders triggered a process of deep personal insight. While this

work often presented significant ethical and emotional challenges, participants also described it as an unexpected site of self-understanding, cognitive reframing, and narrative repair. Through their professional engagement, participants came to revisit, reframe, and re-signify their own histories of trauma, often in ways that altered how they saw themselves, their perpetrators, and the meaning of the work itself. This theme reflects a dynamic, iterative meaning-making process, one in which participants moved beyond survival and toward new levels of insight into their own pasts, the complexity of their clients' histories, and the importance of reflective support structures like supervision. The theme is organized into three interrelated subthemes: insight into one's own trauma, recognition that offenders are also victims, and the interpretive function of supervision.

Subtheme 2.1: Personal Trauma Insight

Participants frequently described moments when clinical interactions prompted them to revisit previously unresolved or unrecognized elements of their own trauma narratives. For many, being in proximity to clients' disclosures served as a mirror, one that revealed aspects of their personal histories they had long minimized, compartmentalized, or dismissed. This unexpected self-reflection often stirred unresolved emotions, challenging their sense of professional distance and prompting a deeper reckoning with their own trauma narratives.

Marisol reflected on this process explicitly:

> I didn't see myself as a survivor for a long time… I would look at what other people went through and think, mine wasn't as bad. But just working with this

> population showed me that what happened to me should not have happened to anyone. The touch itself should not have happened.

This statement reveals an interpretive shift from invalidation rooted in comparison to affirmation grounded in ethical clarity. The clinical work, rather than retraumatizing her, served as a form of re-education teaching her that violation is not contingent on severity, but on harm itself. Monica described a parallel experience of belated recognition, "I used to think, because my abuse didn't look like everybody else's it wasn't as bad. But this still happened to me. It still had some residual impacts. It's something I dealt with, and it's okay to acknowledge that."

For her, working with offenders initiated a process of self-permission, to claim and narrate her experience without needing it to conform to stereotypical abuse scripts. In IPA terms, this marks a re-authoring of the self through relational encounter. Monica also described this as a process of connecting past behavior to present insight:

> For a long time, I was like, 'Well, it's not that bad.' But understanding how things can show up—even when you don't have PTSD—helped me trace some things back and understand my behaviors a little bit more. Honestly, I tried to therapize myself for years before I realized I had to talk to someone.

These reflections are not framed as sudden epiphanies, but as slow iterative realizations shaped by long-term proximity to clients' trauma narratives. Hermeneutically, the participants were engaged in a recursive dialogue between their past and present reinterpreting their own pain through the lens of the therapeutic encounter.

Subtheme 2.2: The Offender is Also a Victim

A more morally ambiguous dimension of participants' insight came from the realization that many of their clients were not only perpetrators, but also survivors of sexual abuse themselves. It compelled them to grapple with complex feelings of compassion, anger, and sorrow, often unsettling their previously held assumptions about justice, accountability, and the nature of trauma. This recognition challenged participants to hold multiple truths at once: that harm can be done by someone who has also been harmed; that the categories of "victim" and "offender" often blur.

Monica articulated the interpretive challenge of this realization:

> That was my biggest epiphany—some people weren't doing it to be cruel. They were literally living what they learned. And when you say, 'That was molestation, not affection,' it's like… they genuinely didn't know. That's not easy to wrap your head around.

This reflection illustrates a hermeneutic rupture, a moment when previously held assumptions (e.g., that sexual violence is always about power and control) are disrupted by new meaning emerging from close listening. Monica described a case that profoundly shifted her perception. "There was a guy in Delaware… he had started abusing his cousin when they were kids because someone had been abusing him. Working with him helped me understand what could've been going on for me as a child." Her interpretive lens is not just on the client, but on herself. The offender's history became a relational echo, prompting new hypotheses about her own experience.

Dana also described how this insight extended to her perception of her own perpetrator, "Obviously, he was a kid too. Knowing that allowed me to see him through a

lens of compassion. I mean, 90% of my guys have their own history of sexual abuse." The recognition of shared victimhood does not remove accountability, but it layers moral complexity onto the clinician's internal narrative. As Gadamer (1975) argued, true understanding often requires the suspension of binary categories, offender/victim, good/bad—in favor of lived individuality.

Subtheme 2.3: Role of Supervision

Throughout participants' accounts, the interpretive function of supervision emerged as essential to sustaining insight and emotional balance. Supervision was described not only as a technical necessity, but as an existential space in which clinicians could reflect, disentangle, and locate themselves within the work. Camille offered a compelling example of using supervision to process a trigger that reactivated her own courtroom trauma:

> A client said something about the way his victim was dressing, and I just—I felt it. That was my courtroom moment… But talking to Sherry helped. She was like, 'That was your response.' So then, next session, I could go back in differently.

Here, supervision served as a re-grounding mechanism, not to erase the emotional response, but to integrate it through recognition and reflection. The distinction between response and reaction becomes clinically and ethically vital. Monica spoke to the importance of supervision early in her career, "My supervisor taught me how to separate things. You don't bring all of you into the room. You have to have a ritual when you leave the gate—how do you leave things there? That's what she taught me." This echoes van Manen's (1997) emphasis on intentional phenomenological bracketing, the deliberate act of putting some meanings aside to ethically attend to others. Dana added,

"One of my mentors used to say, 'Don't worry alone.' And so, I didn't. I'd sit with people, check myself: Am I out of line? Am I on track?"

Supervision, whether formal or peer-based was described as essential not just for case management, but for moral anchoring. It was a place to question, to confess, and to interpret in community. Participants did not enter the work expecting to gain insight into themselves. And yet, across interviews, the clinical encounter repeatedly served as a site of personal revelation. These insights ranged from clarifying one's own trauma history, to holding space for the dual identity of client-as-victim, to the essential need for supervision as a container for meaning-making. What emerged was a layered portrait of professional life as a mirror for personal understanding, in which the trauma of others became the raw material through which participants could continue re-authoring their own stories.

Theme 3: Empowerment

While participants' work with sexually violent offenders often activated deeply personal material and posed significant emotional and ethical challenges, it also became a site of transformation. The lived experience of engaging with this stigmatized population catalyzed processes of empowerment personally, clinically, and ethically. This empowerment was not framed as triumph over adversity in a simplistic sense, but rather as a process of existential and narrative redirection. Participants described reclaiming narratives, forming new professional identities, and finding purpose in making a difference in the lives of those most reviled and misunderstood by society. This theme is grounded in four interwoven subthemes: (a) moving from victim identity, (b) claiming professional identity, (c) making a difference and (d) from circumstance to calling.

Subtheme 3.1: Moving from Victim Identity

Several participants described how their work allowed them to let go of the label of "victim" and adopt a more integrated sense of self. This movement was less about denial or distancing from trauma, and more about re-situating it within a broader life narrative. Camille articulated this shift in identity directly. It's funny. I don't call myself a survivor anymore. And that's directly from the work. I used to say, oh, I survived this.' That felt good. But now, it's just a piece of my history. It's not an identifier."

For Camille, the professional space facilitated a symbolic reframing, from survivor as central identity to survivor as historical context. This echoes the hermeneutic phenomenological process of re-authoring one's life story with new emphases and meanings. Rachel shared a similar perspective, though she linked it to therapy rather than clinical work alone, "Therapy has kind of changed how I view myself. I feel like much less of a victim through therapy.*"* This statement highlights how reflective spaces, whether clinical or personal, serve as vessels for transformation. The reduction in "victim" identification did not erase the reality of harm but altered the narrative center of gravity. Jasmine also noted how her work signaled a shift toward resilience and strength, "I think it has helped me. I feel like I am strong in that I'm able to still be able to navigate through life, and it does not impact me in such a negative way. I've shown resilience." What emerged across these narratives was not a rejection of past trauma, but a recalibration of meaning. Participants began to perceive themselves less through the lens of what had been done to them, and more through how they had responded and grown.

Subtheme 3.2: Claiming Professional Identity

For many participants, the experience of working with this population served to deepen their sense of clinical identity and professional capability. Their capacity to "sit with" those others could not and to do so ethically and effectively, was seen as a sign of both strength and calling. This work not only affirmed their resilience but also reinforced a sense of purpose, as they came to view their role as both a personal mission and a unique contribution to a field often marked by avoidance and stigma.

Rachel reflected on this shift:

> People are always like, 'Oh wow! That's hard. That's intense.' So, I guess I can see myself as being able to tolerate and put up with a lot. I feel that I am… I can empathize with so many people that a lot of people can't. That makes me feel good.

Here, Rachel's narrative reflects a move from passive endurance to active self-recognition. Her ability to manage complexity and discomfort became a source of professional pride, what might be considered a strength-based re-significance of her past and present.

Jasmine offered a similar reflection:

> I think that I am able to maintain my professionalism working with this particular population… I feel like, wow, this was a calling for me in a sense. I'm able to work with them while trying to be nonjudgmental, even considering my own stuff.

Her use of the word "calling" reveals a deeply existential layer of meaning. The work is not just a job, but a vocation, emerging out of personal history but not defined by it.

David noted the nuance he brings to clinical judgment as a marker of expertise "As a professional, I think it allows me to have a much clearer understanding of the nuance… than what many other people might." Here, I saw a deepening of clinical insight as authority, a kind of knowing that is experiential, situated, and informed by proximity to pain.

Subtheme 3.3: Making a Difference

A significant source of empowerment for participants came from the belief that their work made a meaningful contribution, not only to the lives of their clients, but to society at large. This sense of impact was particularly salient given the social stigma surrounding the population they served. Camille addressed this disparity explicitly:

> There needs to be more of us. There needs to be more transparency on how much of a difference it really, truly makes to give that treatment… And I don't know how many times I've heard, 'Oh, well, I was a victim, so I could never work in that field.' But it's so empowering to be part of the solution.

This testimony centers the countercultural nature of the work. To treat sexual offenders as redeemable is itself a radical stance, one that allowed participants to position themselves as agents of social and psychological repair. Marisol captured this sense of professional pride in her ability to face what others may avoid, "If I can sit across the table… around a whole room full of individuals who have committed some kind of sexual crime… that shows you that I'm competent and confident that help can be given to these individuals." David reflected similarly, "I am a survivor, and I am tenacious. I don't know how much of that has been influenced by my work, but I've always been tenacious." While David does not directly attribute his tenacity to the work, his inclusion of this trait in a

discussion of his professional identity suggests an implicit connection one that underscores resilience as both trait and practice.

Subtheme 3.4: From Circumstance to Calling

For all seven participants, entry into the work of treating sexually violent offenders was not the result of a strategic career goal or intentional vocational pursuit. Instead, their paths unfolded unpredictably, shaped more by circumstance or immediate professional need and were later infused with meaning through personal reflection on their own histories of sexual abuse. This subtheme explored how unintentional entry into the field evolved into a deeper sense of purpose—one intimately tied to participants' trauma histories and their desire to prevent harm, seek understanding, and facilitate repair. Participants consistently noted that working with this population was not part of their original career plans. Rachel stated simply, "I had never really considered it," while Monica shared, "It just happened to be during my grad program. Somebody was like, 'Oh, we have an anger management group working with sex offenders,' and I was like, okay." These offhand opportunities taken up with little forethought later became pivotal points in their professional identity. Dana echoed this same pattern of unintentional entry:

> I had no idea what I was getting into. I thought I was going to work with people with intellectual developmental disabilities that had problematic sexual behaviors. I was like, 'I'll never work with this kind of population,' and here I am 10 years later, the executive director… of this agency that serves sex offenders.

Similarly, Jasmine recalled how her application was based on limited knowledge about the client population:

> To be honest, I did not realize that it was a job working with the sex offender population. I was just looking for a job... Not until the actual interview process was when I was informed... If I had noticed that in the job description, I probably would not have applied.

Camille added, with even more stark surprise, “I didn’t even know that was a thing.” For David, too, the work emerged unexpectedly and as a function of practical need:

> It kind of fell in my lap. I needed a job. I was a teacher. I felt burnt out... My therapist worked in a residential treatment program for men with compulsive sexual behaviors… and they needed someone to do night shift… 40% of the men there had forensic issues… and then eventually I became a therapist and was like, oh, I could do this for a living.

These accounts illustrate what IPA refers to as the pre-reflective nature of lived experience (Smith et al., 2022), in which meaning is not always consciously known at the moment but is instead made intelligible with hindsight through ongoing reflection. What at first seemed coincidental or utilitarian later took on weight and purpose.

While initial entry into the field was often unintentional, participants later came to reinterpret their professional trajectory through the lens of their personal trauma histories. This act of retrospective meaning-making, central to hermeneutic inquiry (Van Manen, 2014) allowed them to reframe their work as a form of healing, purpose, or even redemption.

David acknowledged the unconscious logic behind his entry into the field:

> There was nothing about this that resembles an overt decision… but I think there was a part of me that probably thought maybe there'd be like some sort of healing that came with it. Maybe I'll find some peace, some healing.

For Monica, working with offenders served to seek insight into her own experience, "I think sometimes people come into the work to understand themselves… because I'll be honest, there was a part of me that was trying to get some understanding a little bit." Camille spoke of her perpetrator and the imagined possibilities had he received help:

> I think about him a lot… he ended up spending 20 years in prison. What if somebody had been able to help me? Not only would there not have been myself and the other people as victims, but he could have had a wife.

Here, the clinical encounter becomes more than treatment, it becomes retrospective healing, a reimagining of the past as a means of shaping the future. Marisol shared a similar sentiment, "I knew there was something that I could give back to this population." Her framing suggests a shift from woundedness to intervention, transforming the past into a source for present ethical work. Dana articulated this duality clearly, "I tell them all the time I have two jobs. Keep them out of jail and keep them from reoffending."

As participants continued in their roles, what once appeared as vocational happenstance evolved into a calling, a professional mission shaped by empathy, purpose, and lived experience. Jasmine captured this transformation when she said, "Again, I feel like, wow, you know, this was a calling for me in a sense. Because I'm able to work with them while trying to be non-judgmental, even considering my own stuff." Monica similarly stated, "It gave me a side of them that I didn't really see… it humanized it some." This capacity to see humanity in offenders and perhaps in themselves became a

hallmark of vocational emergence through trauma. Their clinical engagement allowed them to reconstruct meaning from previously painful events, offering both containment for their past and coherence for their present. Camille articulated this process of transformation succinctly:

> I used to be like, 'oh, I survived this,' and that felt good. Now I feel like it's just a piece of my history… I've come to a place now where I'm able to make a difference and help other people without it being about me.

This move, from survivorship as identity to survivorship as resource, marked a central thread in the participants' evolving sense of professional self. From an IPA and hermeneutic standpoint, this subtheme illustrates how counselors re-narrate their vocational journey through ongoing engagement with their clients and themselves. Their stories reveal a form of ethical becoming, a reorientation of identity that draws its strength from pain, reflection, and service. What began as unintentional labor becomes, through reflection and relational work, a deeply embodied vocation.

Summary

This chapter presented a comprehensive and interpretively layered analysis of the lived experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders. Through in-depth, idiographic analysis and a hermeneutic engagement with the interview data, three overarching themes were illuminated. Those themes were the emergence of humanizing therapeutic relationships, the transformative power of insight and understanding, and the reconstruction of identity through empowerment and ethical vocation.

The findings point to a dynamic interplay between personal trauma and professional development. Participants did not merely adapt to difficult work environments, they transformed their histories into sources of empathy, ethical clarity, and vocational purpose. Their narratives were rich with irony: empathy for those who harmed others, insight born from pain, and resilience forged through proximity to trauma. By highlighting the voices of counselors whose work is both deeply personal and professionally complex, this chapter contributes to the growing literature on trauma-informed practice, vicarious resilience, and the lived ethics of care. The next chapter will synthesize these findings in conversation with the existing research and theoretical frameworks, offering implications for counselor education, supervision, and future research.

Chapter 5

Introduction

The purpose of this phenomenological qualitative study was to explore how counselors with a personal history of sexual abuse experience and make meaning of their work with sexually violent offenders. Using IPA and hermeneutic inquiry, I investigated the individual, emotional, and ethical dimensions of counselors' lived experiences, with attention to how personal trauma histories shaped their therapeutic practices, their emotional engagement with clients, and their evolving professional identities. I conducted this research in response to significant gaps in the literature concerning how trauma-surviving counselors navigate highly stigmatized clinical work. While existing research has examined constructs such as burnout, vicarious trauma, and countertransference in forensic and correctional settings, few studies have directly focused on counselors who are themselves survivors of sexual abuse. Fewer still have used IPA to center their meaning-making processes. In this study, I addressed that gap, while also attending to the relational, ethical, and gendered textures of their clinical encounters.

Importantly, emerging insights also shed light on gender differences in how trauma, empathy, and boundary management are experienced, extending findings from prior literature that suggest men and women process clinical exposure and vulnerability in distinct ways (Padmanabhanunni & Gqomfa, 2022; Shrim & Baum, 2022). This critical layer added depth to the interpretation, revealing how meaning is shaped not only by personal history but also by social identity and structural context. The findings revealed a multidimensional and morally complex picture of what it means to be both a sexual trauma survivor and a clinician working with individuals who have perpetrated

sexual violence. Participants' narratives illuminated tensions between empathy and revulsion, professional role and personal history, vulnerability and strength. These were interpreted through three superordinate themes: Humanizing and empathizing, understanding and enlightenment and empowerment.

In this chapter, these themes are re-examined in light of the theoretical frameworks and empirical literature discussed in Chapter 2. The interpretive discussion highlights how participants' reflective processes align with, extend, or challenge existing research on trauma-informed care, therapist development, gendered emotional labor, and hermeneutic identity formation. The analysis remains grounded in IPA's idiographic commitment to lived experience and the hermeneutic tradition's focus on meaning as dialogically and historically situated (Gadamer, 1975; Smith et al., 2009; Van Manen, 2014).

Interpretation of the Findings

Theme 1: Humanizing and Empathizing

The theme of tension between empathy and therapeutic neutrality, particularly in the emotionally fraught context of working with sexually violent offenders was identified. Participants described the emotional labor involved in humanizing clients while managing internal conflicts and countertransference. Subthemes revealed that empathy was often complicated by participants' personal trauma, particularly when the nature of offenders' crimes triggered unresolved emotions or mirrored participants' own abuse histories.

This finding confirms prior literature that highlights empathy fatigue and emotional dissonance in forensic counseling work (Jeglic et al., 2022; Shrim & Baum,

2022). However, this study also extends existing knowledge by exploring these experiences from the unique vantage point of therapists who are themselves survivors of sexual abuse, an underexplored population in the literature. Moreover, the study's IPA framework allowed for an idiographic, nuanced exploration of how each participant interpreted and reinterpreted their empathy struggles over time. The hermeneutic circle, moving between part and whole was evident in how participants navigated dual perspectives, that of therapist and survivor. For example, when a participant noted feeling both disgust and compassion toward a client, it revealed not only emotional ambivalence but also an evolving moral position. This aligns with Heideggerian notions of being-in-the-world, where individuals are always interpreting and reinterpreting their experiences considering their histories (Heidegger, 1962). While existing literature has documented the challenges of therapeutic engagement with stigmatized populations (Da Silva, 2022; Elias & Haj-Yahia, 2019), this study adds nuance to the discourse by showing how counselors must construct an internal ethical framework that reconciles victimhood with the therapeutic mandate to treat even those who have harmed others.

Theme 2: Understanding and Enlightenment

Participants in this study frequently described gaining insight into their own trauma through their clinical work, a phenomenon that extends the literature by illustrating a form of therapeutic self-reflection not commonly foregrounded in studies of vicarious trauma or compassion fatigue. As they encountered offenders' histories, participants also revisited their own narratives, often reframing their understanding of victimhood, agency, and healing.

This theme resonates with the literature on posttraumatic growth and reflexivity in caregiving professions (Bennett et al., 2021; Bryce et al., 2023). However, this study adds nuance by demonstrating that such growth is not linear or unidirectional. Insight into one's trauma often coexists with emotional turmoil and unresolved grief. Participants spoke of supervision as a critical site for metabolizing these insights, supporting prior research on the protective function of supervision (Evans & Ward, 2019; Jeglic et al., 2022).

From a hermeneutic standpoint, the findings reflect the process of interpretive re-narration, wherein participants made sense of their pasts considering their professional roles. The act of encountering the offender's humanity forced a reexamination of their own identities, not as passive victims but as relational beings in ongoing processes of understanding. This reflects Gadamer's (1975) concept of horizon fusion, wherein meaning is formed through interaction with others and with the self. Outcomes from this study add an exploration of how that fusion occurs not in formal dialogue, but through therapeutic presence and clinical witnessing. As participants attested, working with trauma narratives brought their own stories into sharper relief. This provides new ground for understanding trauma-informed care as a two-way interpretive process, not only aiding clients but reshaping the clinician's relationship to their own history.

As participants began reinterpreting their own trauma in light of their work with sexually violent offenders, gendered nuances in how they made sense of their experiences also became apparent. While this study was not explicitly designed to analyze gender differences, the narratives revealed different patterns in how male and female participants perceived safety, trust, and emotional exposure. This finding aligns with Shrim and Baum

(2022), who documented that men working with sex offenders often adopt hypervigilant or paranoid behaviors in public spaces, while women tend to display heightened protectiveness over private domains, particularly family and children**.** In this study, female participants such as Jasmine and Camille spoke of managing "gut reactions" and having to constantly monitor their emotional states during client interactions, especially when those interactions echoed their own trauma. Their narratives reflected a heightened sense of boundary management not just professional, but personal and maternal.

This gendered dynamic was echoed in the broader literature by Padmanabhanunni and Gqomfa (2022), who found that female psychologists treating sexual trauma survivors often experienced a transformation in core assumptions about safety, trust, and human nature—a transformation that mirrored the lived realities described by this study's participants. For these clinicians, empathy was not only cognitive or clinical, but also gendered and embodied. These findings suggest that trauma-informed supervision and support structures must be attuned not only to clinical role but also to gendered experience. A hermeneutic understanding of the data thus requires recognizing how meaning is constructed at the intersection of identity, trauma history, and the moral weight of clinical work.

Theme 3: Empowerment

The third theme represents perhaps the most transformative insight generated by the study, participants' narratives moved toward a redefinition of self that integrated, rather than avoided, their trauma. They shifted from victim to survivor and then to advocate or healer. Prior studies have identified burnout and distress (Frieiro Padín et al., 2021; Maslach & Leiter, 2016), fewer have explored the existential resilience and agency

that can emerge specifically from trauma-informed therapeutic practice. Outcomes from this study align with findings by Bryce et al. (2023) and Anderson and Overby (2020) that trauma survivors often enter the helping professions out of a sense of altruism or identity continuity. However, the participants here demonstrated that their calling was not static, rather, it was reinterpreted over time. Initially shaped by circumstance, their professional roles evolved into something more integrated and chosen. This is particularly evident in Subtheme 3.4: from circumstance to calling, which offers a meaningful contribution to understanding how clinicians re-author their professional identities through sustained exposure to clinical and existential complexity.

This transformation reflects a hermeneutic understanding of self as always becoming interpreting the past through the lens of the present and future. Participants were not only surviving but thriving, precisely because their trauma was neither ignored nor allowed to dominate their professional roles. Instead, it became a resource for insight, empathy, and ethical clarity. A reframing of therapeutic labor not as emotionally draining, but as potentially productive, when accompanied by adequate support and self-reflection was reflected in this theme. This insight challenges deficit-based models of burnout and compassion fatigue by showing how meaning-making, supervision, and professional identity formation can protect against emotional exhaustion.

In their movement from victim identity toward empowered self-concept, female participants in this study often narrated a parallel shift in how they managed their relationships to fear and protection, both personally and professionally. Camille's description of feeling "more in control" and "less afraid" as her career progressed reflects more than clinical growth; it reflects a reshaping of emotional and existential boundaries

in ways that may be uniquely gendered. Participants in this study who had initially felt unsafe or disempowered, especially in their family or private spaces began, through reflective engagement, to reclaim authority over those domains. In sum, the interplay between gender, trauma, and professional empowerment is a subtle but powerful force in shaping how counselors not only survive but transform through their work. Future researchers should explore these dynamics more explicitly, but their presence in the current study adds nuance to our understanding of how lived experience and gender identity co-construct therapeutic meaning.

Limitations

I designed this study to explore the lived experiences of counselors with personal histories of sexual abuse who work with sexually violent offenders. While the findings offer rich, idiographic insights into this unique intersection of personal and professional identity, several limitations must be acknowledged. First, participant bias may have influenced the data collection process. Given the sensitive and stigmatized nature of both sexual abuse and working with sexual offenders, participants may have varied in their willingness to disclose personal information fully or authentically. Concerns about confidentiality, judgment, or emotional vulnerability may have led some individuals to withhold aspects of their experiences or present them in a more socially desirable light (Creswell & Poth, 2018). Although measures such as rapport-building, informed consent, and member checking were implemented to support openness, this limitation is inherent in qualitative research involving deeply personal narratives.

Second, the potential for cultural differences between myself and participants represents an interpretive challenge. IPA and hermeneutic phenomenology are dialogical

methodologies that depend heavily on the researcher's ability to interpret meaning in context. However, variations in race, gender, cultural background, and worldview could have influenced both the telling and interpretation of participants' stories (Heidegger, 1962; Tummala-Narra & Kaschak, 2013). While reflexivity and bracketing practices were employed to attend to these dynamics, complete neutrality is not possible, particularly in research that embraces subjectivity as part of meaning-making.

Researcher bias is another important consideration. As the principal investigator, I hold my own history as a counselor with a history of sexual abuse who worked with sexually violent offenders and emotional investments in the phenomenon under study. While these experiences informed my empathy and attunement to participants, they also posed a risk of interpretive over-identification or projection. Efforts to mitigate this bias included reflexive journaling, bracketing interviews, peer debriefing, and iterative thematic validation through the IPA process (Alase, 2017; Finlay, 2008). However, in a hermeneutic tradition where the researcher is considered a co-creator of meaning, complete detachment is neither expected nor achievable. Instead, the integrity of the analysis lies in transparency, consistency, and depth of reflection.

Finally, the use of IPA inherently limits the generalizability of the findings. The study's small, purposive sample and idiographic focus mean the results are not meant to represent all counselors with trauma histories. Rather, they offer insight into how meaning is constructed within a specific group under particular conditions (Smith et al., 2009). While the findings cannot be universally applied, they may resonate with or inform others who share similar experiential, emotional, or professional landscapes. As

such, the value of the study lies in its depth rather than breadth, and its contributions are intended to enrich theory, inform practice, and open avenues for future research.

Recommendations

Future research should consider expanding the sample to include a more diverse population of counselors across geographic, cultural, racial, and clinical backgrounds. Comparative studies using mixed methods may also offer a broader understanding of how personal trauma histories intersect with clinical work in varied therapeutic contexts. Further inquiry could also explore the role of gender in greater detail, particularly in light of the differences identified by Shrim and Baum (2022) and Padmanabhanunni and Gqomfa (2022), which suggest distinct patterns of emotional response and protective behaviors between male and female clinicians. Additionally, longitudinal studies that trace how counselors' meaning-making processes evolve over time, especially as they continue working in high-stress or ethically complex fields, could offer valuable insight into resilience, burnout, and professional identity development.

Future research should explore the emotional regulation strategies employed by survivor-clinicians who work with sexually violent offenders, particularly focusing on why some participants reported not being emotionally triggered by the work. Investigating the therapeutic, supervisory, or personal practices that contribute to this resilience could offer valuable insights into protective factors and coping mechanisms. Such studies may help inform training, supervision models, and clinician wellness programs for trauma-exposed professionals in high-risk clinical settings.

The findings in this study confirmed the value of IPA and hermeneutic phenomenology for exploring emotionally complex and ethically ambiguous clinical

phenomena. Future research should continue using these methods, particularly for exploring the lived experiences of marginalized or underrepresented clinical populations. The findings point to the need for trauma-informed supervision and continuing education for clinicians who work with stigmatized or triggering populations. Leaders of clinical organizations should prioritize regular, structured supervision that includes space for countertransference, moral distress, and lived experience processing. Supervisors should be trained to recognize the unique vulnerabilities of clinicians with trauma histories and to create environments that foster psychological safety, ethical reflection, and self-awareness. Furthermore, the creation of professional support groups outside the clinical setting may provide critical holding environments for counselors with shared lived experiences. These groups could reduce isolation, validate complex emotional reactions, and serve as sources of mutual accountability and compassion resilience.

On a systemic level, professional training program developers should address the intersection of personal trauma and professional development, both to prepare students who are survivors and to normalize ethical conversations about lived experience in clinical spaces. Incorporating discussions of vicarious resilience, lived empathy, and posttraumatic growth can enrich clinicians' understanding of themselves and their clients. Training programs in counseling and psychology should create safe spaces for students and early-career professionals to reflect on their lived experiences and how these shape their professional identity. This includes courses or modules on trauma-informed identity formation, training on ethical use of self in therapy, and mentorship for navigating countertransference from a survivor lens. Finally, there is a growing body of literature on posttraumatic growth, but little that focuses specifically on clinicians working in

stigmatized fields like sex offender treatment. Future researchers should examine how clinicians transform personal trauma into professional empowerment, what conditions promote vicarious resilience vs. burnout and how calling and meaning evolve across a clinician's career.

Implications

The findings of this study have significant implications for clinical training, supervision, and the broader culture of trauma-informed practice, especially within forensic and high-risk therapeutic contexts. Counselors with a history of sexual abuse working with sexually violent offenders represent a uniquely vulnerable and insightful subpopulation of clinicians. Their dual positionality requires ethical and institutional support that goes beyond standard procedural safeguards.

First, clinical training programs should create structured opportunities for self-reflection and identity exploration, especially for trauma survivors. As participants demonstrated, personal trauma histories inevitably shape clinical engagement. When these histories are not acknowledged or integrated, they risk becoming sources of reactivity or burnout. Conversely, when they are understood and supported, they can become assets for deep empathic connection and insight (Anderson & Overby, 2020; Bennett et al., 2021). Second, supervision must be framed not only as case consultation, but as an existential holding space, a place where emotional labor, moral ambiguity, and identity work are allowed and supported. Supervisors should be trained to recognize and respond to the nuanced dynamics of trauma-informed countertransference, and to help clinicians navigate the intersubjective tensions that arise when personal history mirrors professional content.

Third, agencies employing clinicians with known trauma histories, especially those working with high-risk populations, should consider providing access to peer support groups, reflective consultation, and personal therapy as standard components of ethical care for the caregiver. Participants in this study repeatedly emphasized the need for safe, nonjudgmental spaces in which to process their experiences. Such interventions can reduce emotional isolation, reinforce ethical decision-making, and promote long-term sustainability in the profession (Harling et al., 2020; Salmond et al., 2019).

Finally, the stigma associated with both surviving sexual abuse and treating sex offenders must be more openly addressed within the field. Many participants described a sense of invisibility, shame, or moral scrutiny from colleagues. Normalizing these dual identities and creating structured pathways for growth and support can reduce burnout and enhance counselor well-being.

Conclusion

I explored the lived experiences of counselors with a history of sexual abuse who work with sexually violent offenders. Through a hermeneutic-phenomenological lens, participants' narratives revealed profound ethical, emotional, and professional complexities and profound opportunities for growth. What emerged was not a story of pathology or fragility, but of meaning-making, integration, and vocational transformation. Three core themes: Humanizing and empathizing, understanding and enlightenment, and empowerment, illustrated how participants navigated the tensions between their personal pain and professional responsibilities. Their work was not easy, nor was it always comfortable. But it was deeply human, richly reflective, and undeniably courageous.

Consistent with the interpretative tradition, this study affirms that the self is both the instrument and the site of inquiry. The participants' ability to integrate their histories, reframe their wounds, and reimagine their roles challenges dominant discourses about trauma, risk, and professional boundaries. It invites the field to consider not only how we protect clinicians with trauma histories, but how we learn from them. This study has attempted to honor the complexity, the pain, and the profound insight that emerges when trauma and therapy meet not as oppositional forces, but as partners in the ongoing act of human understanding.

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Appendix A: Email Invitation

Subject line:

Interviewing Counselors with a History of Sexual Abuse who Work with Sexually Violent Offenders in January

Email message:

There is a new study about the experiences of counselors with a history of sexual abuse who work with sexually violent offenders that could help improve understanding and support for professionals in this field. For this study, you are invited to share your experiences navigating this unique and challenging work.

About the study:

- Each participant will complete a brief demographic questionnaire (5 minutes).
- One 60-minute semistructured interview via Zoom that will be audio recorded (no videorecording)
- To protect your privacy, pseudonyms will be used to ensure confidentiality and the published study.
- (Optional) Speak with the researcher one more time after the interview to hear the researcher's interpretations and share your feedback (this is called member checking, and it takes 20-30 minutes; phone option available).

Volunteers must meet these requirements:

- 18 years old or older
- A licensed counselor or a master's level professional in the role of a counselor
- Have a personal history of sexual abuse.
- Have worked at or are currently working with Sex Offenders

This interview is part of the doctoral study for Chanda Goodwin, LPCS, LPC, LCMHC, LMHC, LAC a Ph.D. student at Walden University. Interviews will take place during January.

Appendix B: ATSA Listserv - Research Participation Process

Hello Chandra,

Thank you for reaching out and for your membership with ATSA. Please see the following for information about research solicitation.

Thank you,
Christy

Posting Research Solicitations to the ATSA List:

Requests should be directed to the Aniss Benelmouffok (aniss@atsa.com) and include the following information:

- Project overview:
- Research questions and summary of the supporting literature.
- Detailed data collection method and accompanying instruments.
- Copy of consent form and details about procedure to obtain informed consent from the participants.
- An argument that the research will expand the understanding of sexual abuse.
- All inclusion/exclusion criteria (e.g., whether the authors intend to collect data from US or international participants only)
- Intended target audience (e.g., clinicians only, specific professional qualifications, etc.)
- Certification of approval by a bono fide Institutional Review Board (IRB),
- Letter of support from your supervisor if it is student project.
- The ATSA List-serve announcement proposed to recruit participants.

All requests are vetted by the Research Committee and can take 2-4 weeks for a full review.

The criteria used to vet requests are as follows:

- The topic is of interest and relevance to ATSA membership.

- This includes research that examines effective practice, informs public policy, or addresses prevention strategies that identify effective assessment, treatment, and management of those who have sexually harmed others/are at risk of sexually harming others.
- The list-serve is an appropriate method of recruiting participants.
- The intended participant pool consists of ATSA members (e.g., clinicians, evaluators, researchers, agents, students).
- The project has been approved by a bono fide IRB.
- The official IRB approval letter should be included with the listserv request. The approving IRB can be the one at the institution where the study is conducted, or it can be an external IRB responsible for overseeing the research.
- The project is of significant academic rigor.
- The proposed study must either have preregistered hypotheses, or provide all the following: specific hypotheses, detailed data analytic plan, survey/instrument questions, dissemination plan.

The reviewers will evaluate the contribution of the proposed study aims to the field, the appropriateness of the proposed research plan, the suitability of the instruments/measures and their psychometric soundness, and the suitability of the proposed statistical analyses.

Given the large number of requests received, it is possible the reviewers may need to consider the novelty of the proposal, in order to prevent burnout of the participant pool. For example, a request may not be approved if the research questions are too similar to recent approved requests.

If feasible, reviewers may give feedback on options for more novel research questions or advancements on previous proposals.

Approved projects will be required to provide a short (600-800 words) piece for the ATSA Catalyst that describes the project and the findings once the work is complete and report back to the Research Committee how many participants were recruited through the listserv.

Approved projects must also include the following paragraph in their recruitment announcement:

This study has been reviewed by the ATSA Research Committee who determined that it is of interest and relevance to ATSA membership, and that it has been approved by a recognized research ethics review board. Permission to use the ATSA list-serve to recruit participants does not imply that ATSA endorses or approves of the theory, hypotheses, or methods of this study.

Appendix C : Demographic Questions

Table D1

Demographic Question Table

Participant #	Pseudonym
Age	
Race/Ethnicity	
Gender Identification	
Highest level of Education	
Employment status	
Work History with Sex Offenders	

Appendix D: Interview Questions

1. What motivated you to work specifically with sexually violent offenders (how did you end up here)?
    a. How do you feel about your work now?
    b. How do you believe your history impacted the decision to work with this population. If so, please tell me more.
2. Describe how your work with sexually violent offenders influenced the way you view your own experiences of sexual abuse?
3. Are there specific triggers or emotional responses you've encountered in your work with sexually violent offenders, and how do you manage them?
4. Explain your experience of working with offenders that have perpetrated offenses in which you are a survivor?
    a. What type of personal or emotional difficulties in maintaining professional objectivity or separating your own feelings from your work with clients?
5. Describe instances where your past experiences impact your ability to stay neutral or objective in sessions?
        i. Have there been other ethical or professional challenges you have faced in balancing your personal history with the demands of your work, and how have you addressed them?
6. What types of support (e.g., supervision, peer support, personal therapy) have been most beneficial for you in this line of work?
    a. Thinking of the intersection of survivor and counselor has supervision or training helped? If so, how?

7. Looking back on your journey, what would you say has been the most significant lesson or insight gained from your work, and how do you see this shaping your future in the field?
8. How do you think your personal history contributes to or challenges your ability to help clients?
9. Has your work influenced the way you see yourself as a survivor, as a professional, and as a person?
    a. If so, how?
10. What changes do you hope to see in the way counselors with similar histories are supported in their professional roles?
11. How has your decision to disclose (or not disclose) your personal history to colleagues or supervisors affected your experience in this field?
12. What else would you like to share that I have not asked, covered or you feel would be important to know?