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Research Article

Mental Health Counselors' Experiences with Intrafamilial Childhood Sexual Abuse (ICSA)Victims: An Application of Transcendental Phenomenology Reduction Model

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Abstract

The complexity of prevalent Intrafamilial Childhood Sexual Abuse (ICSA) in society often induces its victims to seek counseling to manage the abreactions that may have rooted in their earlier abuse. Professional counselors listen to stories of abuse to assist those victims in reasoning their personal violence. The study participants included 12 Licensed Professional Counselors (LPC's) in the State of Georgia ranging in ages from 25 to 55 years. Utilizing the data triangulation method: (1) face-to-face interviews were conducted with all participants via a semi-structured questionnaire; (2) a focus group interview was held; and (3) the collection of artifacts was employed. Once the interview data were transcribed and coded, five emerging themes and twelve subthemes were derived—(1) Professional Reflections with subthemes of challenges, successes, emotions, and self- care; (2) Professional Development with subthemes of training and supervision; (3) Trauma with subthemes of multiple definitions, intergenerational abuse, and re-victimization; (4) Presenting Problems with a subtheme of cooccurring disorder; and, (5) Counseling Interventions with subthemes of theoretical orientation, creative arts therapy, mindfulness, EMDR (Eye, Movement, Desensitization and Reprocessing), group therapy—as mental health counselors' lived experiences within the context of working with victims of ICSA. Suggestions for counseling practice; counselor education and supervision; and recommendations for future research in the area of ICSA for the benefit of those working with this population are provided.

Keywords: Intrafamilial Childhood Sexual Abuse; Focus Groups; Social Artifacts; Mental Health; Phenomenological Study

Introduction

Children impacted by Intrafamilial Childhood Sexual Abuse (ICSA) grow into adulthood with many different emotions that may influence the rest of their lives, including self-doubt, guilt and mistrust of other people [27]. Burnside [8] differentiated intrafamilial sexual abuse from extrafamilial abuse by the degree of the relationship between the child and the perpetrator. Typically, intrafamilial definitions include biological and legal relationships between members of a family; extrafamilial classifications refer to relationships with friends, acquaintances, and others external to the family, including instances where no prior relationship exists between the child and the offender [22,24,42].

ICSA may occur in the forms of father-to-child [22,38,46], mother-to-child [1,15,33,35,38], sibling-to-sibling [2,9,33,47], or even grandparent-to-grandchild [28,48]. Regardless of the form of occurrence, ICSA victims undergo a wide range of short- and long-term psychological and emotional consequences that are traceable well into adulthood [2,15,45]; e.g., shame and guilt, depression, post-traumatic stress disorder (PTSD), anxiety, suicidal ideation, marital conflict, parenting issues, substance abuse, sexual dysfunction, self-injurious behavior, low self-esteem, and eating disorders and sleep disturbances, etc. [3,8,21,23,37,45]. Many different treatment modalities (e.g., Trauma-Focused-Cognitive Behavior Therapy; Play Therapy and Excessive Art Therapy; Eye Movement and

Desensitization; Reprocessing Therapy; Acceptance and Commitment Therapy; Motivational Interviewing; Family Systems Approach; Group Therapy; etc.) are used by counselors when working with ICSA victims in combination or stand-alone method [14,40,41,43].

Impact of counseling on counselors

Counselors working continuously with adult ICSA victims may subject themselves to a variety of symptoms that in some ways may impair their clinical judgment, especially in cases of blurred lines relating to boundary issues [19, 39]. Some such impairments are: empathy fatigue, vicarious trauma, counter transference, and burnout-all due to lack of self-care [19,41,42,44]. The term "burnout" gained prominence around 1974 [25]. Historically, burnout has been defined in various ways; but in counseling field, it is defined as a state of physical and emotional depletion at work [25]. Burnout for professional mental health counselors comes from pressures in two career-oriented areas: research-related pressures in academic world, and practice-related pressures in civilian and military workplace environments [25,30]. Needless to say, that burnout is a multidimensional stress disorder that (if ignored) may lead to serious physical and psychological problems [23,25]. And counselors are not immuned from it either. Research implications are available for burnout treatment through intervention strategies for affected counselors, e.g., peer supervision as a short-term strategy; and self-care and overall wellness by integrating a holistic approach to mind body and spirit as a long-term strategy [19]. The indivisible-self-model of wellness for counselors addresses self-care to maintain an overall wellbeing through adherence to certain principles: taking necessary medical care; avoiding drugs and tobacco; drinking (if necessary) in moderation; and, maintaining adequate sleep [19]. Clients evidently benefit from receiving wellness-focused therapy. Maintaining quality self-care of counselors not only benefit themselves to discharge professional obligations effectively for a longer period but also benefit their dependent clientele to receive appropriate interventions [19,39].

Studies also show that exposed counselors themselves may develop vicarious traumatization (a form of secondary trauma). For example, Bober and Regehr [5] detected that counselors responding to catastrophes, such as Hurricane Katrina and 911 by working with trauma victims experienced statistically significant levels of cognitive disturbance as evidenced by intrusive, unpleasant thoughts and depressive symptoms. Thus, counselors who are involved in emotional and intense counseling may become empathetically engaged in the pain that the client is experiencing [5].

This study sought to explore the lived experiences of counselors who work with ICSA victims. Through this exploration, the study attempted to gain an understanding of how counselors balance their ability to provide effective treatment for clients and self-care for themselves. The study also sought to gain an insight into counselors' theoretical perspectives and professional best practices for working with ICSA victims.

Methodology and Analysis

A formal assessment was completed to obtain the institutional review board (IRB) approval prior to the beginning of the study. The assessment ascertained that ethical procedure to conduct research was in order [12,17]. Specifically, the ethical considerations involved voluntary participation, protection of participants, anonymity and confidentiality [17]. After receiving appropriate IRB approval, LPCs listed under Central Georgia Region in the Licensed Professional Counseling Association (LPCA) of Georgia (a public electronic database listing) were contacted via electronic email. The email carried a recruitment letter for the purpose of inviting potential participants on a voluntary basis. Specifically, the letter explained the rationale for the study, provided contact information, and outlined the criteria for participation (i.e. a qualified participant should be: (1) an LPC in Central Georgia Region; (2) in the age group of 25-55 years; and (3) experienced in working with adult victims of ICSA). Any qualified LPC could indicate his/her consent to participate with the help of the contact information provided in the letter. Using this criterion purposive sample, a second email with the same information was sent to solicit additional participants for the study. Upon receiving replies, 12 counselors (varied in ethnic background, age, and sexual orientations to represent study population) were invited via emails to participate in the project by signing the attached consent form as a first step. Potential respondents were asked to read the consent form and ask any questions they may have prior to the beginning of the study. The second step began with a phone contact to agreed participants to confirm the receipt of the informed consent document and to gain verbal consent to participate, and for scheduling tentative dates and times to conduct the semi-structured interviews and the focus group. Of the 12, who agreed to participate, eight agreed to participate in in-depth individual interviews that lasted about 60 minutes, while the other four participants were invited to participate in an hour-long focus group interview. Both groups were invited to discuss their current practices of ICSA.

All participants read, reviewed, and signed the consent form prior to getting involved in the research study. As mentioned earlier, the informed consent form identified the researcher(s), the participant selection process, purpose of the research, benefits of participating, extent of participation, risks, guaranteed confidentiality, voluntary statement, contact information, steps in obtaining the results of the study and resources available for potential emotional distress [12]. All participants signed consent forms that were archived along with study data collected in a locked filing cabinet to ensure confidentiality of data. Only the designated persons had access to the files. Any electronic data stored on computer was password protected. For description purposes, data were de-identified using pseudonyms as an additional insurance of confidentiality.

A demographic questionnaire was used to obtain age, gender, ethnicity, education, theoretical orientation, professional work setting, average number of clients treated, and years of experience working with ICSA victims. The questionnaire was used to organize the statistical description of the criterion purposive sample obtained in order to complete this study. Each participant was asked to complete a questionnaire upon consenting to participating in the study. Required data to answer the research question were obtained through personal face-to-face interviews.

Interview questions: Seven work-related open-ended questions were asked:

- Describe your experience working with victims of interfamily childhood sexual abuse.
- Tell me about your training around working with this population.
- Describe an intervention you feel has been effective in working with this population.
- Tell me about a challenging counseling situation you have encountered when working with this population.
- Tell me about a successful counseling situation you have encountered when working with this population.
- Tell me about the primary theoretical orientation that you use in working with this population.
- Explain any suggestions you would offer other licensed counselor's when working with ICSA victims.

The same interview protocol and questions were used for all participants involved. Each face-to-face interview was video/audio-taped with participant's knowledge and approval to ensure accurate interpretation and for completion of verbatim transcription for data analysis. A different set of questions was asked for the focus group participants to solicit additional perspectives. A focus group of four participants was assembled at a convenient, private location. Participants were advised of the issues of confidentiality for focus group anonymity and were honored by each member of the group. The following questions were asked during the focus group.

Focus group questions: Focus group discussions centered around the following six questions:

- What were the factors responsible for your decision to work for victims of ICSA?
- Tell me about the nature and length of your training to work with this population.
- Describe an intervention in your experience that you feel has been effective in working with this population.
- Which treatment strategy have you found to be the least effective in working with this population?
- What are your thoughts surrounding receiving clinical supervision when working with ICSA population?
- Explain any suggestions you would offer to other licensed counselors when working with ICSA victims.

The impact of a focus group is equally as important; the questions are posed an interactive process between an identified number of professionals focusing on a range of views regarding the research topic [17]. Focus groups typically uncover unique perspectives in a comfortable environment in order to allow for unbiased responses. The interactive nature of the data collection often found that group discussions typically enables researcher to generate additional insight on research issues rather than on a series of in-depth interviews using the same or fewer number of participants [17].

Researcher bias and interference during data collection phase were kept at minimum by avoiding value-oriented probing in interviews when a clarification was solicited; and, by allowing the par-

ticipant to take an active speaker role and researchers assuming an empathetic listener role throughout conversation. Such mechanics of inquiry also helped to gain participant confidence, an important contributing factor to validity and reliability of data under study [4,17].

The in-depth, one-on-one interviews and focus groups were conducted indoors at mutually agreed upon locations in either the office of either the participant or of the researcher to ensure the location was quiet, private, comfortable, free of distractions, and easy for participants to locate. Each location provided an optimal environment for video/recording devices, disclosing participants' experiences, and reasonably ensured confidentiality and anonymity. Researcher facilitated focus group involved active participant involvement that ensured all their input was considered as a significant part of the study. Additionally, each participant was instructed via informed consent to bring and share any artifacts that expressed how they feel about working with ICSA victims. Artifacts included, but not limited to, poetry, songs, books, and certificates. During each interview, participants were asked to explain each artifact presented. Following the completion of all interviews, audiotapes of face-to-face interviews and of the group interview were manually transcribed, which formed the basis for qualitative analysis. Each transcription included line numbering for uncomplicated identification of emergent themes rooted in the data and for points of reference. As a measure of ascertaining accuracy of transcriptions, each participant electronically received the transcription of what he/she said in the interview process to ensure clarity and authenticity of each individual response (self-validation). After the review, any information that was deemed to be incorrect or non-reflective of participant's view was corrected, modified, or omitted.

The first step of the data analysis was coding the transcriptions and identifying emerging themes. Then the identified themes were grouped into clusters to describe the participant counselors' experiences in the context of working with adult victims of ICSA. The data analysis process assists in narrating each participant's lived experiences, while discussing central themes or phenomena that ultimately answers the research question. Typically, in a qualitative study, data collected may be quite voluminous spanning over hundreds of pages of text; therefore, coding of emergent themes is ideal in focusing the analysis of data [13]. Rigor is reinforced by the phenomenological shift accomplished through this process [36]. The concept behind the phenomenological shift, as it relates to rigor in qualitative research, involves individuals descriptively explaining the unique meaning of their lived experiences to establish credibility for the construction of knowledge gained by the researcher [36]. On the other hand, the axiological assumption that the underlying truth in this process rests with roles and shared values of both the researcher and the participant.

Transcendental phenomenology reduction model

The transcendental phenomenology reduction model, pioneered by Moustakas [34] was used to analyze the data in this study. This model is useful for analyzing patterns of themes; and, to assess significant emergent themes from lived experiences of counselors within the context of working with victims of intrafamily childhood sexual abuse. This model consists of four primary steps: (i) epoche; (ii) phenomenological reduction; (iii) imaginative variation; and (iv) synthesis of texture or structure.

- **Epoche:** The epoche process is an attempt to document, set aside biases, and remain as unbiased as possible throughout the research process [34].
- **Phenomenological reduction:** This process is also known as transcendental reduction or "bracketing" as Husserl called it in 1913 [cited in 36]. It allows researcher to take a closer look at and interpret the meanings of the phenomenon by dissecting the personal experiences of others and identifying key terms and phrases that speak directly to phenomenon in question [36]. Once the data is bracketed, all data is "horizonalized", by setting each statement at an equal value of another because of the emerging common themes. Another task in this process is to identify meaningful units within the horizonalized statements; and, then cluster them into categories or themes that stand out. These are then combined with any overlapping and repetitive statements, and any unrelated themes are omitted [34].
- **Imaginative variation:** The third step, imaginative variation is a reflective process allowing for enhanced versions of the identified themes from different views [34,36]. This step strives to achieve a textural or structural description of the participants' experiences.
- **Textural descriptions:** Textural descriptions are gathered during the phenomenological reduction and are an abstraction of the experience that provides content and illustration, but not yet the essence [36].

- **Structural descriptions:** Structural descriptions are the conditions or contexts in which the phenomenon was experienced [11].
- **Synthesis:** The last step is synthesis, which is achieved when textural and structural descriptions are combined to convey the essence of the experience [11]. This process of data analysis is appropriate for the lived experiences of counselors working with victims of intrafamily childhood sexual abuse and helps to develop a full in-depth lens of the LPCs' multifaceted experiences.

Coding

Hennick., *et al*. [17] indicate that code refers to an issue, topic, idea or opinion that is typically described in the data collected from each participant in the study. Identified codes are based on the data collected from participants that require a complete analysis. Codes that are identified in qualitative research are known as inductive codes because they are arrived at inductively. The inductive approach to data analysis allows themes and subthemes to emerge from the data [17]. The purpose of identifying codes is twofold. First, it allows the researcher to identify the multitude of issues identified in the data collected, and to gain insight into the meanings identified by the participants. Second, codes are used as markers to identify the entire data set so the researcher can locate every place in the data where a specific issue is discussed. The process of coding also allows to identify common emergent themes and categorize responses while at the same time attempting to make sense of the variations in responses [17]. For this study, numeric coding was used to identify and determine emergent themes within the data collected.

Open coding, including triangulation, was used when analyzing the data collected from the participants. Saturation was achieved in the data analysis process when there were no new issues or themes could be identified in the data, which is somewhat similar to the concept of crystallization [13]. The process of seeking saturation continued until all meaningful data had been examined for patterns and emergent themes which was then articulated and substantiated [7].

Description of participants

Ten of the 12 counselors, who participated in this study were female; and, all were African Americans, who ranged in ages from 39 to 55 years. Ten participants were master's level LPC's and three of the participants were doctoral level LPC's (Jeff, Taylor, and Mia). Five of the participants were in private practice (Grace, Jeff, Mia, Savannah and Taylor), two of the participants worked in a community-based counseling setting (Lauren and Lindsay), two others worked in the department of corrections (Carmen and Chassity), one worked primarily with males (Chassity) and one counselor worked directly with females (Carmen), two participants worked in an outpatient community mental health agency setting (Brandon and Sheila), while one participant worked in a psychiatric hospital setting (Gabriel).

On an average, the study participants were licensed for nine years as professional counselors. The duration of their experience in the context of counseling ICSA victims ranged from a novice level of 1-2 years to a veteran level of 20+ years, with an average of 11 years of experience in ICSA area. Average caseload of these counselors was seven (Table 1).

Participant pseudonyms	Sex	Age	LPC years	# Years working with ICSA victims	# victims on current caseload	Professional practice setting
Carmen	F	54	10	15	13	Women's Correctional Facility
Lauren	F	43	II	6	4	Community Based Counseling
Gabriel	F	45	10	17	6	Psychiatric Hospital
Brandon	M	49	14	IS	16	Community Mental Health
Jeff	M	55	15	20	9	Private Practice
Grace	F	53	8	7	S	Private Practice
Taylor	F	42	12	16	2	Private Practice
Savannah	F	42	4	12	7	Primate Practice
Mia	F	55	5	I	2	Private Practice
Lindsay	F	49	4	3	5	Community Based Counseling
Chassity	F	42	2	IS	10	Men's Correctional Facility
Sheila	F	39	2	5	6	Non Profit Commonly Mental Health

Table 1: Participant Profile.

Findings

The results of the study showed that there were mixed emotions regarding working with victims of intrafamily childhood sexual abuse. Three out of the 12 participants admitted that initially they did not have any interest in working with this population, and that they only began working with this population after assuming clients who presented initially with substance abuse issues. This is common and fully supported by the research literature. In addition to internalizing emotions that manifest with symptoms of depression, scholars in this area have concluded that both male and female victims also externalize their symptoms by using drugs and alcohol as coping mechanisms to mask their emotions regarding unresolved childhood issues particularly sexual abuse [40].

Lauren (Interview) stated: Before she came to me she had experienced an array of drugs used as a coping mechanism. Some people disclose a little sooner, particularly if they are engaging in risky behaviors like drugs and alcohol, so when you take away the substance abuse, which I am also trained in. Then you can begin to explore the underlying issues and begin to help the client heal, because often times they are using the substances to cover up their pain from the abuse.

Some authors in the literature reported co-occurring disorders of ICSA victims upon their initial contact with victims, and at times the co-occurring disorder was the only identified treatment issue presented. Some of the co-occurring disorders include but are not limited to, substance abuse, anxiety disorder, and depression that are as equally as important as ICSA, which may take longer to address in treatment due to other issues that are acute in nature [6,24,31]. However, two out of the three participants admit to embracing the current population after hearing many stories of sexual abuse that impacted the victims despite their initial presenting problems.

Jeff (Interview) said: I think the impact has been that the person who is the victim has grown up and acquired other issues such as substance abuse, sexual promiscuousness and other kinds of conditions and I think that by getting to the bottom of the incest that happened to them when they were younger, we are able to move forward in dealing with other issues that seemed less important once the incest was identified or resolved in some kind of way.

Most the other participants reported some of the same emotions of their experience from working with victims of ICSA. Such emotions included feelings of empathy, satisfaction, joy, and fulfillment when knowing that they have made a positive impact in the lives of victims, as well as feelings of being overwhelmed and burned-out at times when dealing with the complexity of the challenges faced while working with this population. For example, at least six participants noted that some adult victims under their treatment were still being victimized by their perpetrators. There were additional personal reflections of these participants, who regarded their work as rewarding and satisfying, and felt that they were a part of a calling from God to help others heal.

Although self-care was at the forefront for all of the participants, only three participants admitted to incorporating a plan for self-care on a consistent basis, but all had great ideas on the things to include in the development of a self-care plan, such as journaling, yoga, hot baths, walking, painting, massages and mini vacations. However, one subtheme of personal reflection involved challenges, such as the issue of self-disclosure. One of the participants identified herself as being a victim of ICSA and admitted to self-disclosure during one of her sessions, reportedly using it as a treatment intervention and motivation to help a client with disclosure of her own victimization. Self-disclosure by the therapist to the client is questionable because of the potential contradictory outcome it has on the client's overall treatment progress [18]. Some potential problems of counselor self-disclosure, as noted in research studies are: (a) resistance becomes harder to overcome; (b) transference becomes more difficult to resolve; (c) clients find analyzing their analyst more interesting than analyzing themselves; and, (d) in severe cases, clients may become insatiable in the pursuit of knowledge about the counselor [18]. However, Henretty., *et al*. [18] also admitted that self-disclosure could turn out to be favorable if counselors practice the use of it in an ethical manner. The use of self-disclosure should be strategic and planned by the counselor, taking the client needs and potential responses into consideration. Emphasis should also be placed on beneficence rather than malfeasance with regards to doing no harm to the client, particularly when using self-disclosure as a treatment intervention [29].

The second prominent theme involved professional development, with subthemes that included trainings and supervision. All participants spoke of having no formal training using a specific treatment module directly surrounding working with victims of ICSA. In fact, most of the participants reported only having continuing education trainings in different areas with or without a

trauma component; however, the extent of the training for all participants was mostly on-the-job, practicum/internship experiences and supervision. As for the theme of counseling interventions, all the participants noted their theoretical approaches in accounts of their experiences. The primary theoretical orientation is Cognitive Behavior Therapy (CBT) for all except for three participants: Brandon, Savannah, and Sheila. Thus, there appears to be a shift in perception regarding therapeutic approaches for this population. This was primarily because of the participants' perceived utility of treatment approaches. The participants, who did not subscribe to CBT in its entirety used such innovative approaches as EMDR, motivational interviewing, art therapy, and psychodrama. As one participant pointed out.

Sheila (Focus Group) said: Well, CBT, is not always the way to go because you may have a person that does not verbalize what is going on and you have to have another avenue to reach out to the victim, something like art therapy, collages, paintings, drawings, because sometimes it is not something you are able to verbalize. For me, it is almost a saving grace not only for the counselor, but for the client, because when you are in a tensed emotional state, sometimes the victim just can't put things into words. As an intervention, I often say here is some material, have your way with it. I Explain to them that it is not a right or wrong way of doing things with the material, just allow the person to flow. This intervention is non-scripted, but you get the most information without the victim saying a word, but their art work speaks volumes.

Discussion and Conclusion

In this study, participants discussed their awareness in drawing upon their own personal histories and experiences, beliefs, education and training, and counseling theories proved to be beneficial in their work with the victims of ICSA. For some, it was a matter of making a connection with clients and building a rapport, having compassion and meeting them where they are in the continuum of identified psychological issues. For other participants, it was about being effective and lessening the challenges presented. In various accounts of the LPC experiences, it was evident that the participants invested in their professionalism to work with this population. At least for participants in this study, their experiences of counseling ICSA victims were filled with a sense of duty to provide quality care. Awareness of their own personal reflections and emotions including multiple, and at times, compelling challenges apparently influenced treatment outcomes with the victims.

Participants regarded training, peer consultation and supervision as opportunities to grow professionally and gain alternative perspectives about working with victims of ICSA. Training and supervision were often believed to serve as resources for gaining additional ethical insight and knowledge through the direction and guidance of others within the counseling profession. In addition to the educational component, participants expressed the idea of the opportunity to vent about their work and learn more effective innovation treatment approaches.

Participants in this study demonstrated credentials of specialized educational and training background, professional license, and relevant experiences in the field of trauma, as it related to child sexual abuse. Their personal commitment coupled with empathy to the victim situations of intrafamily childhood sexual abuse also made an impact on the lives of the participants. Understanding the levels of client awareness, perspectives, thoughts, feelings, and other ways of being, seemed to be beneficial in the professional role of an LPC while working with victims of ICSA. The awareness of thoughts, feelings and ways of being were evident in the textural descriptions of the participants within the context of trauma.

Counselors in the field of ICSA, specifically the participants in the study, gained an understanding that for some victims, it is a matter of meeting them where they are. Meeting the victims where they are often involved acknowledging and accepting the clients presenting problems that may involve co-occurring disorders. Counselors maintained that co-occurring disorders frequently include a mental health and substance abuse diagnosis. In addition to the clinical diagnosis, having an insight into unresolved childhood issues is equally important in the treatment outcome of ICSA victims.

The LPCs often addressed the dyad systematically with the intention of laying the groundwork for potential outcomes for ICSA victims. Participants discussed their awareness in drawing upon their own personal history, philosophical beliefs, education and training, techniques, tools, and counseling theories they learned in their experiences with victims of ICSA. Despite the preferred intervention of choice, understanding and being open to using other

treatment modalities is an integral part of growth within the counseling profession.

Recommendations

The primary and most significant recommendation emerging from this study is the need for training modules specific to ICSA. The research findings in this study showed the need for the development of specific training modules for working with the ICSA population. The initial training module should include definitions of pertinent terms surrounding intrafamilial childhood sexual abuse and an explanation of its dynamics. The module should also include a detailed understanding and identification of physical, mental, and emotional impacts of ICSA on victims. An introduction of treatment approaches with an emphasis on an ethical component should also be implemented, as it would be the most beneficial to those beginning their work with victims of ICSA. This initial training module could provide exposure to theoretical frameworks currently in use when working with ICSA victims. The module could also provide a vivid insight for counselors interested in working with victims of ICSA.

A second module, an advanced training module, should be developed for mature counselors to help them with continued to improvement in their professional practice. Such a module aids them in understanding how to manage and cope with the initial disclosure and barriers to disclosure for victims of ICSA. The advanced module should also include understanding the impact on the non-offending family member(s), and trainings of evidence-based techniques and interventions.

Based on the literature review, interventions that had been proven effective thus far in working with victims of ICSA were Cognitive Behavior Therapy (CBT), Mindfulness, Acceptance and Commitment Therapy (ACT), EMDR, Motivational Interviewing, Family Systems Approach, and Group Therapy with Music, Art, and Psychodrama. Additional modules on the topic of self-care and ethical obligations in supervision should also be developed as these were the two significant themes that emerged from the study.

Due to the efficacy of group therapy with the ICSA population, group therapy is highly recommended with the inclusion of both verbal (e.g., writing) and non-verbal expressive (e.g., art, music and psychodrama) strategies. Artistic experiential therapies may provide means to symbolize and communicate what may at times difficult for victims to express verbally. The use of art, narrative, and music therapies were not only supported by experiences of participants in this study who gave detailed accounts of their experiences, but also a comparative between the groups of traditional talk therapy and art therapy for incest survivors [20]. The study found that working with victims of incest over a long term yielded significant reduction in trauma symptoms after art therapy, and it is through their drawings and paintings that victims tell their stories of abuse—stories that they otherwise would not be able to tell [16,20,26].

Another finding was the need to build a professional alliance with other LPC's within their local catchment area. Although professional learning communities have been used extensively in education, they have not been involved as frequently in the counseling profession. A professional learning community for LPC's is different from professional supervision in that they provide a safe space for the participants to discuss their personal issues, such as burnout. The professional supervision may provide a platform for professional development as determined by the group; but in addition, the professional learning community may provide benefits of consultation with colleagues and opportunities to debrief and express their personal reactions to their experiences of counseling difficult populations. Further, self-care is recommended for maintaining an essential balance of work, play and rest for counselors. Such a balance enables these professionals to utilize the strengths and resources to prevent chances of vicarious trauma and increase best practices in counseling [10,32]. Current best practices include counselors' ability to a keen understanding of psychological wounds associated with ICSA and its healing process. Equally important to counselors is to realize that it may be the first-time disclosure of abuse for many adult victims. In such cases, the disclosure may have a profound effect on both the novice and experienced counselors [9,21,32].

Most participants expressed a hope that the findings of this research could lead to a broader understanding of the importance of having substantial knowledge of this population in achieving the overall effectiveness of their treatment, while promoting best practices, and encouraging ongoing supervision. Training was recommended not only for novice and seasoned licensed professional counselors, but also for families of victims to succeed in community educational outreach efforts. Obviously, no single professional discipline knows all the answers to the problem of intrafamilial

childhood sexual abuse; but, the increased levels of ICSA education among the members of families and of communities may prove to be a step forward in the right direction to achieve the common goal of eliminating these horrific incidences of intrafamilial childhood sexual abuse. In other words, self-knowledge at micro-level regulates one's behavior while interacting with others in his/her social and/or cultural milieu—intimately or otherwise—while, at macro-level, empowering families and communities to safeguard their children from the potential victimization of sexual abuse.

Finally, it is widely understood that every study has its own merits and limitations concerning methodological design and approach. For example, Patton [36] discussed limitations in qualitative research design that involves interview data and process. Interview data could be limited when humans tend to be sentient because such responses may solely dependent on their emotional mindset at the time the interview. This study may be subjected to this limitation, because ICSA is an emotional experience, traumatic in extreme cases, and the LPCs may at times internalize the feelings of their clients. Another limitation of the study could be the smaller sample size or limited number of participants and the method of selecting them through purposive sampling. Nonetheless, Patton [36] recognized that the actual sample size depends on the researcher and what the researcher desires to know or understand from the participants. We reasoned that a modest number of participants (n = 12) is appropriate (given the difficulty to find a large size of sample subjects meeting specific criteria for the study) for this phenomenological study because the ultimate goal of the research was to explore the in-depth data elicited from the interviews [11,12] and to achieve transferability rather than generalizability.

Bibliography

1. Alaggia R. "Balancing acts: Re-conceptualizing support in maternal response to intra-familial child sexual abuse". *Clinical Social Work Journal* 30.1 (2002): 41-56.
2. Ballantine MW. "Sibling incest dynamics: Therapeutic themes and clinical challenges". *Journal of Clinical Social Work* 40.1 (2012): 56-65.
3. Bass E and Davis L. "The courage to heal". New York, NY: Harper Collins Publishing (2008).
4. Bernard J M and Goodyear RK. "Fundamentals of clinical supervision (4th Ed.)". Upper Saddle River, NJ: Pearson Education (2009).
5. Bober T and Regehr C. "Strategies for reducing secondary or vicarious trauma: Do they work?" Brief Treatment and Crisis Intervention 6.1 (2006): 1-9.
6. Bohus M., *et al*. "Dialectical behaviour therapy for post-traumatic stress disorder after childhood sexual abuse in patients with and without borderline personality disorder: A randomized controlled trial". *Psychotherapy and Pscychomatics* 82.4 (2012): 221-233.
7. Borkan J. "Immersion/crystallization". In B. F. Crabtree and W. L. Miller (Eds.) Doing qualitative research (2nd Ed.). Thousand Oaks, CA: Sage Publications (1999): 179-194.
8. Burnside L. "Child welfare decision making in intrafamilial child sexual abuse: The effected of maternal support, (Doctoral Dissertation)". Argosy University Library Database (2007).
9. Button D M and Gealt R. "High risk behaviors among victims of sibling violence". *Journal on Family Violence* 25.2 (2010): 131-140.
10. Carlson BE., *et al*. "Sibling incest: Reports from forty-one survivors". *Journal of Child Sexual Abuse* 15.4 (2006): 19-34.
11. Creswell J W. "Qualitative inquiry and research design: Choosing among five traditions (2nd Ed.)". Thousand Oaks, CA: Sage Publications, Inc (2007).
12. Creswell J W. "Research design: Qualitative, quantitative and mixed methods approaches (3rd Ed.)". Thousand Oaks, CA: Sage Publications, Inc (2008).
13. Creswell J W. "Qualitative inquiry and research design: Choosing among five traditions". Thousand Oaks, CA: Sage Publications, Inc (2013).
14. Devlin J M., *et al*. "Therapeutic Practices for Sexually Abused Children and Adolescents: Resources for Marriage, Family, and Couples' Counselors". *The Family Journal* 27.4 (2019): 359-365.
15. Devlin R. "Acting out the Oedipal wish: Father-daughter incest and the sexuality of adolescent girls in the United States, 1941-1965". *Journal of Social History* 38.3 (2005): 609-633.
16. Hatchett G. "Training counseling students to work more effectively with short-term clients". *International Journal of Advanced Counseling* 33.3 (2011): 206-215.
17. Hennick M., *et al*. "Qualitative Research Methods". Thousand Oaks, CA: Sage Publications (2011).

18. Henretty J R., *et al*. "The impact of counselor self-disclosure on clients: A meta-analytic review of experimental and quasi-experimental research". *Journal of Counseling Psychology* 61.2 (2014): 191-207.

19. Hodges E A and Myers J E. "Counseling adult women survivors of childhood sexual abuse: benefits of a wellness approach". *Journal of Mental Health Counseling* 32.2 (2010): 139-153.

20. Huss E., *et al*. "Art in group work, as an anchor for integrating the micro and macro levels of intervention with incest survivors". *Clinical Social Work Journal* 40.4 (2012): 401-411.

21. Johnson C F. "Child sexual abuse". *The Lancet* 364.9432 (2004): 462-470.

22. Johnson HC., *et al*. "Differences in Risk Scores among Intrafamilial and Extrafamilial Sexual Offenders". *International Journal of Emergency Mental Health and Human Resilience* 18.2 (2016): 742-751.

23. Katerndahl D A., *et al*. "Psychiatric comorbidity in women with a history of child sexual abuse". *Journal of Child Sexual Abuse* 14.3 (2005): 91-105.

24. Kelly T C and Stermac L. "Intimate partner sexual assault against women: Examining the impact and recommendations for clinical practice". *Partner Abuse* 3.1 (2012): 107-122.

25. Lent J and Schartz R. "The impact of work setting, demographic characteristics, and personality factors related to burnout among professional counsellors". *Journal of Mental Health Counseling* 34.4 (2005): 355-372.

26. Lief H I. "Questions raised by the controversy over recovered memories of incest". *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 31.2 (2003): 381-395.

27. Lowery M. "Adult survivors of childhood incest". *Journal of Psychological Nursing and Mental Health Services* 25.1 (1987): 27-31.

28. Margolin J A. "Breaking the silence: Group therapy for childhood sexual abuse: A practitioner's manual". Binghamton, NY: Haworth Press (1999).

29. Martsolf D S., *et al*. "A meta-summary of qualitative findings about professional services for survivors of sexual violence". *The Qualitative Research Report* 15.3 (2010): 489-506.

30. Maslach C., *et al*. "Making a significant difference with burnout interventions: Researcher and practitioner collaboration". *Journal of Organizational Behavior* 33.2 (2011): 296-300.

31. McCloskey L A. "The intergenerational transfer of mother-daughter risk for gender-based abuse". *Psychodynamic Psychiatry* 41.2 (2013): 303-328.

32. McGregor K., *et al*. "Health care and female survivors of childhood sexual abuse: Health professionals' perspectives". *Journal of Child Sexual Abuse* 22.6 (2013): 761-775.

33. Monahan K. "Themes of adult sibling sexual abuse survivors in later life: an initial exploration". *Clinical Social Work* 38.4 (2010): 361-369.

34. Moustakas C. "Phenomenological research methods". Thousand Oaks, CA: Sage Publications (1994).

35. Ogilvie B and Daniluk J. "Common themes in the experiences of mother-daughter incest survivors: Implications for counselling". *Journal of Counseling and Development* 73.6 (1995): 598-602.

36. Patton M Q. "Qualitative research and evaluation methods (3rd ed.)". Thousand Oaks, CA: Sage Publications, Inc (2002).

37. Pazdera A L., *et al*. "Child sexual abuse and the superfluous association with negative parenting outcomes: The role of symptoms as predictors". *Journal of Marital and Family Therapy* 39.1 (2013): 98-111.

38. Plummer C A and Eastin J. "The effect of child sexual abuse allegation/investigations on the mother/child relationship". *Violence Against Women* 13.10 (2007): 1053-1071.

39. Reiner S M., *et al*. "Perceived impact of professional counselor identity: An exploratory". *Journal of Counseling and Development* 91.2 (2013): 174-183.

40. Rosenberg KB. "Clinical Work with Adult Male Incest Survivors: Therapeutic Themes and Perspectives". (Doctoral Dissertation) (2020).

41. Ross R S. "Counselor's perspective about effective treatment for adult survivors of sexual assault and abuse". (Doctoral Dissertation) (2008).

42. Sackett C., *et al*. "Meaningful experiences in the counseling process". *The Professional Counselor* 2.3 (2012): 208-225.

43. Sinanan A N. "Trauma and Treatment of Child Sexual Abuse". *Journal of Trauma and Treatment* S4 (2015): 024.

44. Sommer CA. "Vicarious traumatization, trauma-sensitive supervision, and counselor preparation". *Counselor Education and Supervision* 48.1 (2008): 61-71.

45. Stokes L D., *et al*. "Family environment, personality, and psychological symptoms in adults sexually abused as children". *Journal of Child Sexual Abuse* 22.6 (2013): 658-676.
46. Stroebel S S., *et al*. "Risk factors for father-daughter Incest: Data analysis from an anonymous computerized survey". *A Journal of Research and Treatment* 25.6 (2012): 383-605.
47. Thompson K M. "Sibling incest: A model for group practice with adult female victims of brother-sister incest". *Journal of Family Violence* 24.7 (2009): 531-537.
48. Whetsell-Mitchell J. "Indicators of child sexual abuse: Children at risk". *Issues of Comprehensive Pediatric Nursing* 18.4 (1995): 319-340.

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