**INTRODUCTION**

Much of research regarding professionals’ experiences of working with sexually abused victims focuses on the psychological impacts as a result of interaction and/or exposure to trauma material, known as vicarious traumatization (VT). VT is a term specifically used to describe cumulative effects of working with traumatized clients, which consists of short and long term effects (Morrison, 2007). VT as described by Pearlman and Saakvitne (1995) includes therapists experiencing the same signs and symptoms as their clients including post traumatic stress disorder (PTSD) symptoms as well as disruption of therapists’ belief about self, others, and the world; feeling helpless to witness clients’ destructive behavior; and feeling cynicism, despair and loss of hope. Nonetheless, it is also common to see other terms being used in the literature such as compassion fatigue, burnout and secondary traumatic stress (STS) (Figley, 1995). However, the term VT coined by McCann and Pearlman (1990) is considered to be the most comprehensive account so far (Dunkley and Wheland, 2006; Sexton, 1999) as the definition of VT encompasses both cognitive changes and symptomatic distress.

Research on professionals involved in child sexual abuse (CSA) cases also indicates similar results. For instance, a quantitative...
study of secondary traumatic stress among child protection workers showed a significant proportion of participants experienced high levels of distress (Cornille and Meyers, 1999). Symptoms reported included disruption in interpersonal relations, depression, phobic anxiety, paranoid ideation, hostility, and global distress symptoms. Pistorious (2006) found that therapists who worked with CSA victims reported symptoms of VT such as intrusive images or thoughts, dreams about the abuse, sadness, dissociation, and isolation. Similar results were found in a survey research by Follette et al. (1994) among mental health and law enforcement professionals who provided services to CSA survivors. Results from the study showed that law enforcement professionals reported higher level of traumatic symptoms, psychological distress and personal stress compared to mental health professionals.

Intense emotional responses such as anger, guilt, embarrassment, fear, lack of confidence, sadness, grief, feeling of discomfort, and empathy are also commonly reported among professionals working with CSA (Cheung and Queen, 2000; Couper, 2000; Lonergan et al., 2004; Walker, 2004; West, 1997). For example, West (1997) noted that working with physical, sexual, and emotional abuse is more difficult than working with other types of child abuse. Hearing and witnessing traumatized children left professionals with all kinds of negative feelings such as anger, revulsion, hatred, grief, sadness, and distress. They were also more likely to feel confused about what had happened as it went against their own preconceived beliefs about society. Likewise, Pistorious (2006) interviewed female therapists who worked with sexually abused children and found that working with victims had an impact on therapists, personally and professionally. The impact included changes of views about the world and relationships with others. Therapists viewed the world as not a safe place, became less intimate, overprotective, perceived people as untrustworthy and feared that sexual abuse might occur in their own families. The findings were consistent with research by Couper (2000) whose respondents also suffered with symptoms of VT. The respondents viewed the world differently as they felt a lack of trust in others, fear for their children’s safety, had nightmares, were overprotective, and had feeling of alienation. Similarly, a qualitative study by Lonergan et al. (2004) reported that intense exposure to traumatized children changed therapists’ views about self and others. Respondents were inclined to generalize the abuse and were more likely to perceive that every child had been abused. Corovic (2006) indicated that participants felt that exposure to child abuse and neglect cases altered their preconceived belief about other people and the world.

Unaddressed VT can affect other people as well. For instance, therapists with VT may have difficulties in remaining empathic towards clients, have difficulties in setting boundaries within the client-therapist relationship and be more likely to prematurely end the therapeutic work (Sexton, 1999; Walker, 2004). Other problems that could arise including counter transference, being emotionally detached with clients, boundary difficulties, over identification with a client’s experiences and a tendency to blame the client for the traumatization and view him or her as manipulative rather than placing trust in the client (Hesse, 2002). Conversely, affected professionals may act over protectively with their clients and go beyond appropriate levels of responsibility or capacity (Walker, 2004). These later may lead to other issues such as high levels of stress and burnout. Meanwhile, organizations’ failure to address these issues adequately can produce serious occupational health and safety issues when staff demand compensation due to organizational failures to prevent the risks involved (Sexton, 1999). Affected professionals may cause high worker turnover, ongoing conflict within and between organizations, poor productivity and/ or over conscientiousness (Morrison, 2007). For organizations, the resignation of experienced and skilled professionals causes extra financial and resource burdens in terms of recruiting and replacing new staff.
Given the above, this paper aims to explore reactions to trauma work and to elaborate the ways in which VT affects the life of respondents, both personally and professionally. This study asked the following question: how does professionals’ involvement with CSA cases affect them both professionally and personally? Vicarious trauma study in Malaysia is still lacking and not much information can be gathered regarding psychological impacts of working with CSA cases. This study can then be useful in providing background knowledge of VT to professionals who are working with CSA cases in Malaysia.

METHODS
This study used qualitative approach as a tool to explore Malaysian professionals’ experiences in dealing with CSA cases. Purposive sampling was used to select 18 participants who included psychologists, police officers, medical social workers and social workers. Only one male participated in the study. Participants’ ages ranged from 25 to 45 years old with average age of 33 years old. The minimum length of service was one year and the longest was 14 years. The highest number of participants in the study worked as social workers (9), followed by police officers (4), medical social workers (3), counselors (2), and only 3 participants were from non-government agencies. Other participants came from the welfare department, the royal police of Malaysia, non-government organizations and hospitals.

The participants were approached with the assistance of managerial staff. Initially, the organizations involved were approached and the purpose of the research was explained. The managerial staff then produced a list of potential participants to be invited for the interview. These participants had been approached personally. They were informed about the purpose of the research and ethics considerations. All of the professionals had given their consent prior to the interview. Semi structured interviews were used in the study. Questions were guided by a list of topics. However, no fixed ordering and flexibility were applied in order to give the participants more freedom to explore the topics that suit current conditions/issues they brought up. Data in the study were analyzed using constant comparative analysis. From the analysis, a core category was generated.

RESULTS AND DISCUSSION
All participants in the study reported feeling somewhat affected by their work with CSA victims. Symptoms experienced by the participants were various, ranging from changing in cognitive schemas, to emotional responses and psychosomatic symptoms. Participants reported to experiencing emotional difficulties as a result of listening to victims’ horrific experiences. They felt anger, pain, guilt, fear, embarrassment, frustration, sadness, shock, confusion, and distress. Regardless of professions, participants were equally affected emotionally by their work and this finding accord with previous research (Cheung and Queen, 2000; Couper, 2000; Johnson and Hunter, 1997; Patterson, 2006; Vrklevski and Franklin, 2008; Wasco and Campbell, 2002). In summary, ten themes were derived from the study and these included shock and disbelief; confusion; fear for oneself and children safety; becoming overprotective; preoccupied with CSA stories; distrust of others; increased irritability; flashback; sleep difficulties and hyper-vigilance. Further details are explained below.

Shock and disbelief: Most of the participants in the study said that they experienced shock and disbelief when they became acquainted with the reality of CSA cases and they had difficulties in getting used to what they were hearing at the beginning of their working experience. They also struggled to make sense of what they heard. Conflict occurred between participants’ idealized worldview and the reality of the lived experiences of the sexually abused children they encountered. They knew at an intellectual level that CSA occurred in society but they had to confront the fact that the CSA occurred more often and was much worse than they had believed previously:
When I first saw the victim, it was like (silent for a while, preoccupied with the thought) you never thought it could happen.

You never expected it worst than you thought. You never expected it could happen. Even now, I still feel...disbelief it could happen.

All participants believed in the notion that family members and adults were responsible in protecting and nurturing children. Therefore, the adult who took advantage of his position to abuse children engaged in a fundamental and unforgivable betrayal of trust. Participants’ reactions were even stronger and more obvious when CSA involved incest:

It certainly is. Why he did that? She was your daughter. How on earth, could you do that? You are supposed to look after her.

They didn’t ask for it. It makes sense for me if the rape is committed by someone outside family members. But for a father who did the same thing, it is just beyond your understanding.

You never expect that people dare to rape their own daughter.

One participant stated that she was profoundly shocked by the perpetrator’s lack of guilt over his cruelty to and exploitation of his own children:

“I never came across any father who raped his daughter saying something like that. He never showed any guilt. Rather, he seemed proud of it.”

Confusion: Following the shock and disbelief came confusion. Most participants experienced a strong sense of confusion about adults who are sexually attracted to children.

They felt disgusted with adults who used children for sexual gratification and demonstrated strong emotional reactions particularly to incest cases:

I feel like, what’s wrong here? So called developing country, with all advanced facilities, but still having this problem? If you are well aware, CSA case is increasing, yes? Father raped his own daughter, brother raped his younger sister, I don’t know what to say.

Fear for oneself and children’s safety: Similar to previous research, the current study confirmed that working with sexual abuse survivors can dramatically alter professionals’ cognitive schemas about self, others, and the world (Corovic, 2006; Killian, 2008; Lonergan et al., 2004; Pistorious, 2006; Schauben and Frazier, 1995; Steed and Downing, 1998; VanDeusen and Way, 2006). Being exposed to CSA cases, participants reported feeling less safe and more fearful for their own safety and for children in general. They started to view the world from a new perspective, often darker and more dangerous than before. Many participants felt that danger was everywhere and that children were no longer safe. Things that seemed non-threatening before now became a source of worry:

And then it reflects back to someone you love dearly, your cousins, sisters and nieces. Then, you would start thinking, is it safe enough for them to travel back and forth every day? Are they safe enough? It all comes to your mind.

If he went to school and didn’t show up after 5 pm, I would start feeling worry. I was like, panicked. Anything could happen nowadays.

There was also fear for one’s own safety caused by actual threats received from the perpetrators they worked with. In other situations, fear came from perceived threats,
derived from stories participants gathered from CSA cases. Participants started to feel much more vulnerable to sexual violence than they had in the past. Such feelings had caused participants to restrict certain behaviors in their daily lives such as avoiding particular places or situations they believed were dangerous. Clearly, intense involvement with sexual abuse cases increased a sense of vulnerability:

You become more careful. Now, if I want to do something, or if I want to go to other places, I am a bit anxious.

It never changed. Sometimes I returned home quite late at night. You felt scared to step out into a parking lot. Whenever you saw a few guys near there, you didn’t dare to get out from your car. You felt nervous. Sometimes I thought, that would be much better if I didn’t know anything about it.

Some participants were concerned for their safety during fieldwork and/or while on duty because clients sometimes became aggressive. The feeling of uncertainty about how people would react to them intensified their fear reactions. Also, unpleasant experiences in dealing with similar cases in the past made the situation even worse. Although participants realized that their safety was protected by laws, they felt vulnerable to violence.

Becoming overprotective: Participants noted that their work also affected their relationships, particularly on parenting. They became more protective and cautious toward their children. Now everyone was perceived as potentially able to harm their children. Even family members and close friends were looked with suspicious eyes:

I have two daughters, so I become more protective toward them, it makes me more cautious, and particularly people I know, including my own good friends.

I told my daughter not to get too close to her father, to her cousins etc because it can happen. So for me, there is no safe place anymore for girls.

When I heard about a grandfather who raped his grandchildren, it makes me a bit anxious with my own father. I feel the same thing with my own brothers.

Rules were imposed for children to follow. These included rules inside and outside the home. Some felt uneasy whenever they left children without adequate supervision. They found themselves feeling suspicious all the time:

I become anxious if my children spend too much time in their bedrooms. I don’t like them to spend time alone without proper supervision.

Preoccupied with CSA stories: In this study, some of the participants reported having problems in getting rid of the horrific stories they heard from the victims. Participants remembered details of the abuse and found themselves preoccupied with thoughts about the abuse. Being overly immersed in CSA cases is not without a cost. For instance, participants found themselves starting to lose control and become restless, agitated and unable to focus on other things and were continuously anxious about the case progress and the victims’ conditions:

I only feel relieved when the case is completed. Otherwise, I become restless and keep thinking about it even at home. The case would preoccupy my mind.

In one incident, I couldn’t find my way home and got lost because I was so preoccupied by such things.

My friends used to tell me that, everybody has their problems, but they’re not like me, obsessed with negative thoughts until I feel exhausted.
Distrust of others: Most participants in the study felt that working with CSA cases altered their trust of others, particularly men. Repetitive exposure to horrific stories of abuse decreased participants’ trust and perceived good in people. Participants were devastated by the stories. The feeling of betrayal quickly emerged while basic trust was destroyed. One of the participants in the study explained how her inability to trust created feelings of isolation from others:

Sometimes you worry. Maybe other people thought it was okay, but for me now, it’s difficult to trust others anymore. You must beware of other people, no matter where you work. I become more discreet about which person I choose to talk about my problems. If there’s no one for me to talk with, my problem would be hidden just like that. That affects me.

Some participants claimed that all men can be a potential abuser, whether they are family members, close friends or strangers. They looked at men as less trustworthy and were secretly suspicious and vigilant of their behavior. Participants became easily agitated and alarmed whenever they saw men having contact with children:

It makes me more cautious, and particularly people I know, including my own good friends. To that extent, because even family members could do that, let alone others.

Physical appearances and good personal characteristics no longer served as reliable bases for evaluating others. As explained by one of the participants, CSA made her realize that people are unpredictable creatures and increasingly difficult to judge:

I am concerned because sexual abuse can happen to anyone and you never know what men really think. He may look okay but you never know. He could change in a second.

Often, the lack of trust in others particularly family members created a dilemma for the participants as they felt guilty for having such feelings toward their own husband, father and other family members. At the same time, however, they could not avoid being discreet and vigilant about men:

You thought, ‘Is it safe to leave her alone with her father?’ You have such negative thinking about yourself because you work with the victims. But then, I said back, ‘What’s wrong with me? I’m supposed to believe my own husband.’ Still, I have that kind of thought.

Contrast to previous research (Clemans, 2004; Killian, 2008), none reported on changes in the sexual relationship with their partners. It might be that social and cultural inhibitions regarding discussion of sexual matters may have influenced participants not to disclose changes that might have occurred in their sexual relationship although an effort was made to explore this issue further.

Increased irritability: Participants reported bodily symptoms such as flashbacks, obsessive thoughts, intense fear, sleep disturbance, anxiety, hyper-vigilance and panic attacks. This finding is supported by numerous studies on similar issues (Clemans, 2004; Schauben and Frazier, 1995; Steed and Downing, 1998; Way et al., 2004). Two participants in the study reported increased irritability as a result of their work with CSA. Both reported symptoms such as feeling stressed out, short-tempered, and agitated. One of the participants admitted being unaware that she was affected by her work at the time. Eventually, she decided to take leave to freshen up before started her work again:
And hmm, I got angry, but you see all of these. I didn’t realize it was like vicarious trauma like I said.

It took quite some time for another participant before she realized she was affected by her work.

At first you thought it was nothing, but people around you started giving their comments that you had became more difficult to be with. Then you started to notice.

Flashback: A flashback is a sudden recollection of the past, which can take the form of visual, emotional, auditory or sensory recall. It is strongly associated with the PTSD symptoms suffered by trauma victims. However, it can also happen to people working with trauma clients (Pearlman and Saakvitne, 1995). One participant in the study reported that she once experienced a flashback right after she started her personal therapy. She was experiencing intrusive visual images of her clients being abused sexually. During this episode, she was unaware of the fact that she also might be affected by her clients’ trauma:

I didn’t realize it was like vicarious trauma like I said. And what is also interesting is that I was doing my play therapy at the same time. I’ve been learning and running play therapy for the past 10 years. So I do therapy myself and while I was doing it, I got visual or flashback of women telling me all their things and I was like ‘wow, where all these coming from?’ When I first started, not realizing that hearing it is actually affecting me, so now I know.

Sleep difficulties: At least three participants reported having trouble sleeping due to their involvement with CSA cases. In fact, one participant admitted that working with CSA cases affected her more than any other cases. Two other participants echoed similar problems.

Hyper-vigilance: Hyper-vigilance is an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats. Hyper-vigilance is also accompanied by a state of increased anxiety which can cause exhaustion symptoms. Other symptoms include increased arousal, a high responsiveness to stimuli and a constant scanning of the environment for threats. Several participants in the study had reported symptoms of hyper-vigilance as explained above. For example, one participant admitted that she became so sensitive to her surroundings that even a minor sound would tense her up. Participants were not only overly sensitive to stimuli that emerged from environmental threats, but were also highly responsive and hyper sensitive to behaviors or acts they perceived as dangerous or threatening:

Whenever I see a father gets a bit too close with his daughter, I become suspicious and I have this feeling, to warn his wife not to let them overdo it. Your experience has taught you that. How would the child know if the father takes an advantage from that? First kissing, then hugging, then...you never know. That is how I feel. Sometimes I thought, ‘I am too sensitive. Maybe that was a normal behavior for the family.’ But yeah, you got that feeling.

CONCLUSION

VT is an issue that cannot be taken lightly as it can adversely affect not only professionals but also clients and organizations they work with. This study proves that Malaysian professionals are not immune to VT brought on by traumatised children. Therefore, professionals must be well equipped with knowledge on the potential effects of hearing horrific stories about maltreated children and have effective strategies for minimizing the harmful impacts
of this aspect of their work. This can be done in both university program and those run by organizations that deal with CSA. Informing professionals about potential psychological risks should be perceived as not something to scare them but as necessary preparation. A therapy training course would emphasize self-examination in an effort to increase therapeutic awareness among professionals and as a means of preventing vicarious traumatization. Despite valuable information, this study however, was not without its limitations. Physicians/pediatricians and child advocates who were also part of child intervention team were not included in the study, making their issues and experiences unable to be heard. It is suggested for future research to include other professionals as well. It is hoped that findings of the study can be used to formulate training programs for professionals involved in CSA cases in particular and trauma survivors in general.

REFERENCES


The Impact of Vicarious Trauma on Professionals Involved in Child Sexual Abuse Cases (CSA)


