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Best-Practice Treatment Approaches for Working with Survivors of Sexual Assault

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Abstract

This review of the literature on the effectiveness of treatment approaches used for survivors of sexual assault identified several best practice approaches for working with this population. The peer reviewed literature examined in the current research was found in the Education Resource Information Center (ERIC), PsychInfo, and PsychArticle databases through Winona State University. Several evidence-based practices including cognitive-behavioral approaches, emotion-based approaches, eye movement desensitization and reprocessing (EMDR), art therapy, and mindfulness-based approaches are outlined. Cognitive-behavioral approaches, emotion-based approaches, and EMDR were among the most effective approaches for working with survivors of sexual assault, while exposure therapy, art therapy mindfulness-based approaches were ultimately found to be less effective.

Contents

Introduction

The United States Department of Justice (2017) defines sexual assault as unconsented sexual contact or activity to include attempted or forced sexual intercourse or sodomy, fondling, child molestation, and incest. Sexual assault is any unwanted sexual activity, and can negatively impact an individual's physical and psychological health. Survivors of sexual assault will be defined in the current research as individuals who have experienced the trauma of sexual assault at any time throughout their life. Sexual assault can fall under the umbrella of interpersonal violence, domestic violence, or violence perpetrated by a stranger. Saltzman, Matic, and Marsden (2013) explained that sexual assault can occur through the perpetrating of emotional and physical violence, which results in emotional, physiological, and cognitive consequences for the person being abused. Survivors of sexual assault have been found to develop a variety of physical and psychological problems, including posttraumatic stress disorder, depressive disorders, anxiety-related disorders, and somatic symptoms (Bonomi, Anderson, Rivara, & Thompson, 2007; Carper et al., 2015; Kimerling & Calhoun, 1994). Helping individuals reduce, manage, and treat the negative impacts of sexual assault is within the scope of practice for mental health counselors. There is a variety of evidence-based treatment options for working with survivors of sexual assault; however, controversy exists in the perceived effectiveness of these treatments by both survivors and practitioners (Starzynski & Ullman, 2014; Ullman, 2014).

Ullman (2014) found that both treatment orientations and perceptions of sexual assault influenced therapists work with survivors of sexual assault. As evidence has supported the importance of treatment orientations for working with survivors of sexual assault, researching evidence of best treatment approaches also becomes important. Although the counseling field is equipped with a variety of different approaches for helping this population, best treatment

practices are still widely debated. Ullman (2014) found that therapists differed in their perceptions of the best approaches to take when working with survivors of sexual assault. While some therapists agreed that emotional engagement was essential in working with this population, others indicated that an objective approach to therapy was necessary (Ullman, 2014). The professional judgments of mental health practitioners will be necessary to finding best-practice treatment approaches for working with survivors of sexual assault.

An additional necessity in finding the most effective interventions for survivors of sexual assault will be the perceived helpfulness of individual's receiving the help. Understanding the perceptions of survivors of sexual assault on perceived treatment helpfulness can aid the counseling profession in finding best practices for working with this population. Starzynski and Ullman (2014) found that women who experienced assault by a stranger, who felt blamed by social supports, or who felt restricted in their influence of their own treatment, perceived mental health professionals as unhelpful. Subsequently, survivors of sexual assault who experienced less victim blaming reactions and felt that they had some control in their treatment, perceived mental health professionals as helpful (Starzynski & Ullman, 2014).

The current research aims to explore the effectiveness of approaches used to prevent sexual assault from reoccurring and treat survivors who have experienced sexual assault. A comprehensive review of literature on cognitive-behavioral interventions, emotion-based interventions, eye movement desensitization and reprocessing (EMDR), art therapy, and mindfulness will be examined to determine the most effective ways to treat symptoms associated with sexual assault. The cognitive-behavioral approaches examined in the current research include safety planning, psychotherapy, and exposure therapy. Cognitive-behavioral therapy involves using interventions that integrate connections between cognitions, behaviors, and

emotions to produce positive therapeutic outcomes (Taylor & Harvey, 2009). The emotional-based approaches explored in the current research include clinician-assisted emotional disclosure and emotional regulation interventions. Emotional-based approaches focus on the processing of emotional experience and integrating interventions that help individuals cope with emotions (Cohen, 2008). EMDR is an evidence-based approach for treating trauma using an eight-phase model and bilateral stimulation (Shapiro, 2012). EMDR can be conducted through a cognitive-behavioral framework or by using a processing approach. For the purpose of the current study, EMDR will be considered as its own category of intervention. The final two approaches examined in the current research are art therapy and mindfulness-based approaches. Art therapy is the use the use of therapeutic expression through art that allows individuals to process in a creative way (Saltzman et al., 2013). Mindfulness-based approaches focus on the here-and-now using awareness, meditation, and relaxation interventions (Hill, Vernig, Lee, Brown, & Orsillo, 2011).

Review of Literature

Cognitive-Behavioral Approaches

Safety planning techniques, psychotherapy, and exposure therapy will be examined as cognitive-behavioral approaches to working with survivors of sexual assault. Safety planning is a key aspect of working with any population, but is particularly important for survivors of sexual assault who may be at higher risk for experiencing interpersonal violence. Psychotherapy is a commonly used method of providing cognitive-behavioral therapy, while exposure therapy is a more controversial treatment approach for survivors of sexual assault. Examining each of these approaches is important for understanding best treatment for working with survivors of sexual assault.

Safety planning. Ensuring safety is an important aspect of working with clients no matter what they are presenting to counseling for. Incorporating safety planning into counseling sessions with survivors of sexual assault serves to ensure their safety in the moment and also help them be safe when they leave the session. When a client's safety is in questions, it is important for mental health professionals to understand the best ways to help them. Parker and Gielen (2014) conducted a systematic study which explored the most common safety strategies women use when experiencing intimate partner violence, and the perceived effectiveness of the strategies. The research yielded six main categories of safety strategies including safety planning, formal and informal networking, use of legal means, placating, and resistance (Parker & Gielen, 2014). The strategies that were perceived most effective were asking for help from a friend, family member, or healthcare provider such as a nurse, doctor, or therapist (Parker & Gielen, 2014). For counselors, this data highlights of the importance of helping clients expand their social support networks when they are at high risk of domestic violence, interpersonal violence, or sexual assault.

Parker, Gielen, Castillo, Webster, and Glass (2016) reported similar findings when conducting research on the most commonly used safety strategies used by women survivors of interpersonal violence. The most commonly used strategies included talking with family or friends, utilizing police involvement, and keeping money and important paperwork hidden from the abuser (Parker et al., 2016). These strategies may be most commonly used as they are the most available and thought of strategies to engage in by survivors, either in the moment of abuse or when planning ahead. It is the responsibility of counselors to expand on options that survivors have when experiencing violence. Seeking help from advocacy agencies, having an escape plan, and removing weapons from the home were reported the least commonly used safety strategies

among survivors (Parker et al., 2016). Despite these strategies being the least commonly used, they may still be effective in ensuring client safety. A reason these strategies are not being utilized could be because clients are less aware of them in moments of violence. Counselors can help clients utilize these resources by discussing them in session and discussing the practicality of using them outside of session.

It is also important for counselors to know which safety strategies are least effective, so discussions can be had with clients about what might put them at increased risk of violence. Parker and Gielen (2014) found that the least effective safety strategy used was resistance, as this strategy involves direct confrontation and often puts individuals at increased risk. Resistance can be defined by direct physical confrontation including fighting back, using a weapon, and refusing the abusers demands (Parker & Gielen, 2014). Additionally, despite reaching out to social supports being the one of the most effective strategies, a majority of women indicated that they benefited very little from calling the police or involving the criminal justice system (Parker & Gielen, 2014). With variance amount safety strategies used and effectiveness of safety strategies, it can be challenging to know what would work best for clients. A useful way to ensure client safety knowing that not all strategies will be effective, is to arm them with a variety of strategies. Parker and Gielen (2014) reported that almost all women in the study reported using at least two or more safety strategies when protecting themselves from intimate partner violence. Parker et al. (2016) deduced that there is no one strategy or set of strategies that will work for every woman in every situation, but that women can use more than one strategy because of this. It is the job of counselors to help clients develop a variety of strategies, so their strategy sets can be comprehensive enough to work for them in multiple situations.

Psychotherapy. Psychotherapy through a cognitive-behavioral framework involves an elective use of interventions that focus on the interaction between thought, behaviors, and emotions. Using cognitive-behavioral psychotherapy for survivors of sexual assault can help address the negative self-talk, cognitive distortions, and maladaptive behaviors that may be symptomatic of the trauma. Cognitive-behavioral approaches to therapy have been proven effective in reducing and treating symptoms experienced by survivors of sexual assault (Taylor & Harvey, 2009; Vickerman & Margolin, 2009). Taylor and Harvey (2009) conducted a study that examined the impacts of cognitive-behavioral psychotherapy for survivors of sexual assault, and found that it produced significantly higher beneficial outcomes than no therapy at all. As cognitive-behavioral psychotherapy has been shown to help survivors of sexual assault, it is important for counselors to know how to implement it.

When examining outcome trends of cognitive-behavioral psychotherapy, short-term, intensive therapy yielded more favorable results than long-term therapy (Taylor & Harvey, 2009). Short-term, intensive therapy can be defined as meeting with the client for one hour at the rate of two sessions per week for five to eight weeks (Taylor & Harvey, 2009). In addition, when therapy was either semi-structured or structured, it produced more beneficial outcomes than unstructured approaches (Taylor & Harvey, 2009). It was noted that homework was also a contributing factor for cognitive-behavioral psychotherapy success rates (Taylor & Harvey, 2009). A combination of short-term, intensive, and semi-structured therapy with the incorporation of homework is an effective approach to working with survivors of sexual assault (Taylor & Harvey, 2009). Among this combination of characteristics that increases the effectiveness of treatment using cognitive-behavioral psychotherapy, rapport building is always at the center for effective treatment.

Rapport building in therapy is essential in establishing a positive working relationship with a client. Horvath, Fluckiger, Del Re, and Symonds (2011) described rapport building as the therapeutic alliance, and reported that it can be a gage of how successful the counselor and client will work together. The benefits of building a strong therapeutic alliance include better collaboration between counselor and client, which can prevent of dropout rates and facilitate positive treatment outcomes (Horvath et al., 2011). Rapport building is a continual process throughout the counselor-client alliance, and can be strengthened with specific techniques. Counselors can establish a strong therapeutic alliance by collaborating with a client to better understand their needs and expectations of therapy (Horvath et al., 2011). Therapists can also facilitate a strong alliance by responding to the client without defensiveness, hostility, and negativity (Horvath et al., 2011). This directly aligns with the idea that survivors of sexual assault report more benefit from health care providers when they have an active role in their treatment decisions (Starzynski & Ullman, 2014).

Along with the many techniques counselors can use to establish a strong therapeutic alliance, there are also some influences that could negatively impact the counselor-client relationship. Horvath et al. (2011) expressed two main warnings for therapist to be aware of regarding the therapeutic alliance. The first being that therapists tend to misjudge the clients' experience of the alliance, and the second being that the strength of the alliance can fluctuate over time (Horvath et al., 2011). When counselors judge the clients' experience of the therapeutic alliance, incorrect assumptions can be made. It is important for counselors to continually check in with the client regarding the relationship to more accurately understand their perceptions of therapy. With more accurate information of the clients' perceptions, a counselor can better address the concerns and subsequently strength the therapeutic alliance. A

counselor should also be aware of the fluctuation of the alliance and how it impacts the working relationship. Being aware of fluctuation stemming from counselor bias, transference or countertransference, or challenging therapeutic work can impact the counselor's decision on how best to address the therapeutic alliance.

Exposure therapy. Exposure therapy involves reducing mental health symptoms by helping clients confront fears they have developed (American Psychological Association, 2018). The goal of the therapy is to reduce debilitating symptoms associated with certain stimuli in an individual's environment. With survivors of sexual assault, this may entail reintroducing the survivor to the place of the attack to reduce the negative symptoms associated with the location. This may be particularly helpful for survivors who were attacked in their home or work environment and have to continue residing there. Exposure therapy can be achieved using cognitive-behavioral techniques such as in vivo exposure, imaginal exposure, virtual reality exposure, interoceptive exposure, flooding, systematic desensitization, habituation, or extinction (American Psychological Association, 2018). Becker, Zayfert, and Anderson (2004) found that exposure therapy is not commonly used to treat posttraumatic stress disorder, but argued that it may still be helpful in treating symptoms of anxiety related to the trauma.

Becker et al. (2004) surveyed 207 psychologists to better understand their use of exposure therapy for working with patients experiencing posttraumatic stress disorder. The results of the survey found that less than a quarter of the 207 psychologists utilize exposure therapy when working with patients who have posttraumatic stress disorder (Becker et a., 2004). Becker et al. (2004) attributed these results partially to the fact that a majority of psychologists surveyed did not have formal training in exposure therapy. Since exposure therapy may be useful in treating symptoms associated with trauma, becoming trained in the approach may encourage

more counselors to use it when working with survivors of sexual assault. An interpretation could also be made that the treatment approach is not commonly used because counselors are utilizing more effective approaches instead. Becker et al. (2004) supported this interpretation with results showing that about half of psychologists would not use exposure therapy on clients with posttraumatic stress disorder despite being trained in it. The main reasons why psychologists did not use exposure therapy with this population, was because they believed it could lead to worsening of symptoms and cause patients to drop out of therapy (Becker et al., 2004).

Emotion-Based Approaches

The emotion-based approaches reviewed in the current research include clinician-assisted emotional disclosure and emotional regulation. Clinician-assisted emotional disclosure is an approach that aims to help survivors of sexual assault process through their emotions related to the trauma they've experienced. Emotional regulation focuses more on the ability for survivors of sexual assault to cope with their emotional experiences. Both have been used for the treatment of survivors of sexual assault, and are important inclusions for the current research.

Clinician-assisted emotional disclosure. The practice of emotional processing is an essential component of the therapeutic process when engaging in emotion-based therapeutic approaches. Some therapists believe that emotional engagement with survivors of sexual assault is necessary for working with the population (Ullman, 2014). It is the counselor's responsibility to engage in trauma-sensitive and emotionally empathic approaches to helping the client process their emotions related to their experience of sexual assault. Clinician-assisted emotional disclosure is an emotion-based approach to working with survivors of sexual assault that aims to reduce psychological symptoms associated with trauma (Anderson, Guajardo, Luthra, & Edwards, 2010). Anderson et al. (2010) conducted a study that yielded preliminary evidence to

support the use of this emotion-focused therapy on reducing distress and avoidance related to posttraumatic stress disorder in survivors of sexual assault. As this approach can be effective in treatment for survivors of sexual assault, it is important for counselors to know how to use it.

The clinician-assisted emotional disclosure approach involves incorporating emotional narratives, emotional focusing, and immediate emotional tracking into therapy (Andersen et al., 2010). Two common techniques within this approach are systemic evocative unfolding and focusing (Anderson et al., 2010). Anderson et al. (2010) defined systematic evocative unfolding as imaginatively stimulating the event, recognizing emotional experiences, and connecting reactions to external memories. Focusing was defined as attending to the event, identifying the experience that elicited emotion, and eliciting a shift in feelings through emotional processing (Anderson et al., 2010). The purposes of these interventions are to gain emotional awareness related to the traumatic experience, and develop emotional relief when confronted with memories (Anderson et al., 2010). When counselors are able to incorporate these emotion-based interventions into therapy, therapeutic emotional processing can help facilitate positive treatment outcomes.

Emotional regulation. A key component to addressing emotions in therapy is ensuring that clients are capable of effectively coping with their emotional experiences. Survivors of sexual assault tend to develop emotional dysregulation and maladaptive coping that can lead to increased symptoms of posttraumatic stress (Ullman, Peter-Hagene, & Relyea, 2014). Additionally, Ullman et al. (2014) found that emotion dysregulation was the greatest predictor of the development of posttraumatic stress disorder for women survivors of sexual assault. It is the counselor's job to help their client regulate their emotions through positive coping behaviors, so to reduce the likelihood of posttraumatic stress disorder symptom development. Being

intentional in timing for introducing emotional regulation skills is a key component of therapy (Ullman et al., 2014). Cohen (2008) suggested that teaching emotional regulation skills prior to engaging in emotionally challenging therapy is important for working with individuals with posttraumatic stress disorder.

Cohen (2008) also supported the idea that all cognitive-behavioral interventions should be adapted to be considerate of emotional needs. Within the counseling profession, there are many guidelines that counselors can follow to ensure appropriate emotional treatment. Cohen (2008) suggested that counselors can demonstrate emotional empathy, emotion acceptance, and emotional authenticity to create a secure relationship with survivors of sexual assault. This will provide the client with a positive interpersonal experience when they may be used to negative interpersonal experiences. Additionally, counselors can engage in safety planning, suicide assessment, psychoeducation, and empowerment while simultaneously acknowledging the emotional pain of the trauma (Cohen, 2008). Later in therapy, Cohen (2008) suggested that addressing emotional impacts of trauma on interpersonal security and sex-related emotions can be a beneficial approach to the therapeutic process.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is an emerging treatment approach for survivors of trauma, including survivors of sexual assault and domestic violence. As it has been widely used as a treatment approach for survivors of sexual assault, it's inclusion in the current research is necessary. EMDR will be defined, and examined for use immediately after a traumatic incident and after time has elapsed. Examining when and how to use EMDR for treatment of survivors of sexual assault will be reviewed in the current research.

Defining Eye Movement Desensitization and Reprocessing. EMDR is an evidence-based approach for treating survivors of trauma that is practiced with the theory that past experiences cause present dysfunction and can be treated through reprocessing techniques (Shapiro, 2012). Posmontier et al. (2010) identified the eight phases of EMDR to be (a) history and treatment planning, (b) preparation for treatment, (c) assessment of target memory, (d) desensitization of memory, (e) installation of new beliefs, (f) body scanning, (g) closure, and (h) reevaluation. The developer of EMDR would argue that motivation for treatment, assessing for severity of symptoms, and identifying client strengths as essential components of the approach (Shapiro, 2012). EMDR is a processing technique for the treatment of individuals who are adversely affected by their experience of a traumatic event. This therapy approach can be applied to survivors of sexual assault as sexual assault can be considered a traumatic event. Evidence has shown that EMDR can be effective treatment approach in the immediate aftereffects of trauma, as well as, after time has elapsed since the traumatic event (Posmontier, Dovydaitis, & Lipman, 2010; Shapiro, 2012). As evidence continues to be established to support the effectiveness of EMDR treatment for survivors of trauma, counselors may benefit from having a working knowledge of the practice.

Treatment immediately after traumatic event. EMDR has been studied for use immediately after the incidence of trauma and for a prolonged time after the initial traumatic event (Posmontier, Dovydaitis, & Lipman, 2010; Shapiro, 2012). Symptoms related to sexual assault and trauma can vary based on time elapsed from the incident; therefore, counselors should be familiar with using appropriate interventions in different circumstances. Shapiro (2012) indicated goals of treatment immediately after an incident of trauma should focus primarily on calming the survivor, reducing initial distress, and communicating needs. By

addressing these goals, a counselor should expect to see a reduction in the duration, intensity, and amount of acute symptoms related to the trauma (Shapiro, 2012). Although the use of EMDR has been shown to be effective as a brief, immediate intervention for survivors of trauma, there are still some concerns regarding the practice.

Shapiro (2012) explained that some of the early symptoms that occur after trauma are a normative response to the incident, and thus should not be suppressed. It is important for counselors to understand the initial impact of a sexual trauma, and work appropriately to address rather than suppress emotional response. Additionally, the importance of client safety and therapeutic alliance are not lost in this treatment approach. Shapiro (2012) determined that the best-practice EMDR interventions for working with individuals immediately after an incident of trauma also include safety planning, calming the survivor, reestablishing a community efficacy and connectedness, and instilling hope. The components of safety planning and calming connectedness in EMDR reflects the effectiveness of integrating both cognitive-behavioral and emotion-based approaches.

Treatment after time has elapsed since traumatic event. As symptoms develop and evolve, the body and mind find creative ways to cope with them. Some ways of coping are healthier than others; for example, engaging in therapy versus using substances to suppress symptoms. As time elapses and symptoms and coping evolve, so should the way counselors utilize treatment approaches. In the case of EMDR, treatment becomes more extensive when the traumatic event is no longer recent. Additional components of EMDR that are used after time has passed since the traumatic event include identifying a target image, becoming aware of negative and positive cognitions, assessing emotional disturbance, becoming aware of body sensations, and engaging in bilateral stimulation (Posmontier et al., 2010). The treatment of posttraumatic

stress disorder can be successful when the eight phases of EMDR are completed using the essential components of the approach (Posmontier et al., 2010; Shapiro, 2012). EMDR is a successful therapeutic treatment in helping survivors of trauma gain a sense of control and self-esteem for both acute and chronic forms of posttraumatic stress disorder (Posmontier et al., 2014).

Art Therapy Approaches

Art therapy involves creative expression in the therapeutic setting using techniques such as painting, drawing, playing music, and others. The purpose of art therapy can be to creatively release emotions and process through issues using mediums other than solely speech. Saltzman et al. (2013) explained that an art therapy approach to working with survivors of sexual assault serves has a supportive, non-threatening environment for survivors to engage in therapeutic body and mind work. Additionally, art therapy can be helpful in highlighting mistaken beliefs, encouraging courage and insight, and facilitating positive relationships (Saltzman et al., 2013). Highlighting and modifying mistaken can be beneficial to survivors of sexual assault who may have develop cognitive distortions as a result of their trauma. Regaining courage and establishing more positive relationships may also be particularly beneficial to survivors who have lost their self-confidence and feelings of safety in other relationships. The therapeutic goals of art therapy align with the experiences of survivors of sexual assault, suggesting that it would be an appropriate treatment approach for the population.

In addition to art therapy being beneficial on its own, there is also evidence to support its use with cognitive-behavioral approaches (Becker, 2015). Becker (2015) conducted a piolet study to assess the usefulness of integrating art into cognitive-behavioral group therapy for adult survivors of sexual assault. When individual engaged in nine weeks of group therapy that

incorporated the expression of memories and emotions through art, their symptoms of posttraumatic stress disorder and depression significantly decreased (Becker, 2015). In addition, the treatment approaches yielded some lasting, long-term reductions in symptoms (Becker, 2015). This research supports the idea that art therapy can be an effective approach to treatment when combined with other effective forms of treatment. Becker (2015) concluded that the interest of this treatment approach combined with the success of the approach supports the use of art integration into traditional therapy approaches.

Mindfulness-Based Approaches

Using mindfulness involves being present in the moment and having awareness of what is happening internally and externally. Mindfulness interventions can include observation, describing, nonjudgmental acceptance, breathing exercise, meditation, self-monitoring, and the use of metaphors in therapeutic practice (Hill et al., 2011). When mindfulness of the present moment can be achieved, the brain is less likely to be thinking about the past or future. It can also be an awareness tool for identifying symptoms and gaining a better mindset to cope with them. A goal of mindfulness-based approaches is to increase awareness of unpleasant thoughts, feelings, and sensations so individuals may cope rather than avoid those negative thoughts, feelings, and sensations (Hill et al., 2011). Mindfulness-based approaches for working with survivors of sexual assault have produced mixed results regarding effectiveness (Brotto & Basson, 2014; Hill et al., 2011).

Hill et al. (2011) developed and tested a sexual assault prevention program that utilized acceptance and mindfulness-based interventions. The goal of the treatment approach was to use mindfulness-based interventions to help survivors achieve awareness of their responses to their trauma history, decrease avoidant behaviors, and increase mindful coping skill use (Hill et al.,

2011). Hill et al. (2011) found that the program was unsuccessful in increasing mindfulness use and decreasing avoidance behaviors. Although the results supported a small increase in body sensation awareness, they also indicated that acceptance and mindfulness-based approaches are not enough to promote risk-reduction related to sexual assault (Hill et al., 2011). Evidence does not support the use of mindfulness-based approaches alone to working with survivors of sexual assault.

Although mindfulness alone has been found to be insufficient in reducing overall risk related to sexual assault, there are other ways to apply it that can be beneficial for survivors of sexual assault. Mindfulness-based approaches combined with cognitive-behavioral approaches have been shown to be effective for increasing sexual desire in women who experience clinically significant sexual arousal dysfunction (Brotto & Basson, 2014). The model used by Brotto and Basson (2014) incorporated psychoeducation, in-session practice of meditation, review of mindfulness practices, body scans, and sensate focused homework. Counselors who are open to using mindfulness-based approaches to address sexual dysfunction can be successful in increasing sexual desire and arousal, as well as, improving overall sexual functioning (Brotto & Basson, 2014). The study provides evidence to support the theory that mindfulness-based interventions may be helpful to support women who experience sexual dysfunction as a result of being assaulted.

Discussion

Findings from the current research suggest that there are measurable outcome differences between cognitive-behavioral, emotion-based, EMDR, art therapy, and mindfulness-based approaches to working with survivors of sexual assault. Each approach is found to be effective in treating at least one or more symptoms commonly associated with the experience of sexual

assault. Some approaches are found to be more effective than others, while the efficacy of other approaches increased when combined with another approach. There are patterns in the research that impacted the utility of each approach. The major factor that influences the utility of each therapeutic approach is time elapsed between the occurrence of the traumatic event and the use of the approach. There is also the common necessity of addressing, establishing, and maintaining safety for the client over time. Ultimately, a statement can be made for each of the approaches on their effectiveness of treating survivors of sexual assault.

The main factor that influences the utility of each therapeutic approach is time elapsed between the occurrence of the traumatic event and the use of the approach. Cognitive-behavioral psychotherapy, clinician-assisted emotional disclosure, art therapy, mindfulness-based approaches and extensive EMDR are most useful once the trauma is no longer considered a recent event (Anderson et al., 2010; Becker, 2015; Brotto & Basson, 2014; Posmontier et al., 2010; Taylor & Harvey, 2009) Approaches including some EMDR interventions and emotional regulation are found to be particularly effective for working with survivors immediately after the traumatic event (Shapiro, 2012; Ullman et al., 2014). The way counselors interact with survivors of sexual assault will vary depending on when the encounter is occurring in relation to the traumatic event. Further research exploring utilization of specific approaches and techniques on a timeline of trauma may be beneficial in better understanding when to use each approach.

Among the most effective approaches for treatment of survivors of sexual assault are safety planning, psychotherapy, clinician-assisted emotional disclosure, emotional regulation, and EMDR. Safety strategies utilized by individuals at risk of domestic violence and sexual assault can be both helpful and unhelpful (Parker & Gielen, 2014). Counselors should be aware of effective safety strategies and safety strategies that increase risk, so they can appropriately

help their clients. A strong therapeutic alliance combined with cognitive-behavioral psychotherapy positively influences the working relationship and produces positive therapeutic outcomes (Horvath et al., 2011; Taylor & Harvey, 2009). Clinician-assisted emotional disclosure is found to be effective in distress and avoidance reduction and can be utilized after time has elapsed after a traumatic event (Anderson et al., 2010). Emotional regulation is an approach that can be utilized at any point after a traumatic event, and is most effective when being used collaboratively within other therapeutic frameworks (Cohen, 2008). Components of EMDR can be effectively used immediately after the experience of a traumatic event, while more extensive EMDR is effective for treatment after time has elapsed since the traumatic event (Posmontier et al., 2010; Shapiro, 2012). There is evidence for each treatment approach to working with this population, although the views which approach works best is still debated (Cohen, 2008; Vickerman & Margolin, 2009).

Vickerman and Margolin (2009) found that EMDR and other cognitive-behavioral approaches to working with survivors of rape produced better treatment outcomes than supportive counseling approaches. However, Cohen (2008) argued that traditional cognitive-behavioral models do not put enough emphasis on attachment needs, interpersonal considerations, or emotional problems experienced by individuals who have survived sexual trauma. When interpersonal and emotional factors are not considered in treatment for survivors of sexual assault, clinical psychopathology is not being completely addressed (Cohen 2008). Maladaptive cognitive and behavioral coping, such as thought-blocking and social withdrawal can contribute to psychological distress when emotions are not addressed in treatment (Ullman et al., 2014). The importance of making meaningful emotional connections and incorporating emotion-focused approaches into treatment have demonstrated by the current literature

(Anderson et al., 2010; Cohen, 2008; Ullman et al., 2014). Processing emotions immediately after the time of the event is important, and introducing emotional regulation skills at the start of long-term therapy is essential in ensuring the client is able to cope with the emotional intensity of the therapy. Conclusively, the research suggests that utilizing emotion-based approaches with survivors of sexual assault yields the most effective results when paired with cognitive-behavioral therapies (Cohen, 2008; Vickerman & Margolin, 2008).

Among the less effective approaches for treatment of survivors of sexual assault are exposure therapy, and art therapy and mindfulness-base approaches when not paired with another theoretical framework. Exposure therapy is found to be the least common approach for treating survivors of sexual assault, regardless of whether the counselor was well trained in it or not (Becker et al., 2004). Mental health care providers are reluctant in using this approach for fear that it could cause worsening of symptoms and client dropout (Becker et al., 2004). The practice of art therapy appears to align well for working with survivors of sexual assault, but studies found that it was not significantly beneficial unless paired with a cognitive-behavioral approach (Becker, 2015; Saltzman et al., 2013). Mindfulness-based interventions yield similar results. The use of mindfulness-based approaches alone is not enough to provide significant positive therapeutic outcomes for survivors of sexual assault (Hill et al., 2011). However, when paired with cognitive-behavioral approaches, mindfulness-based approaches are effective in treating women who may be experiences sexual dysfunction related to their trauma (Brotto & Basson, 2014). Although each of these approaches are deemed less effective than other approaches examined in this research, they can be helpful for counselors to use in collaboration with other approaches.

Limitations of the current research derive from the resources used to obtain information. The peer reviewed literature examined in the current research was found using three databases. No peer reviewed literature outside of these databases were used, resulting in research author repetition. This may have impacted the similarities in findings among research data. Further research is warranted on this subject that can utilized a wider variety of peer reviewed literature. Additional research could expand on the understanding of when to use effective therapeutic approaches. Given that the current research supported the importance of integrating treatment approaches, exploring what combination of approaches yield the most positive therapeutic outcomes for survivors of sexual assault should also be considered in future research.

Author's Note

I am graduating in May of 2018 with a Master of Science in Clinical Mental Health Counseling from Winona State University. Throughout my academic training, I have catered my learning to researching, developing, and practicing techniques that will be effective for working with survivors of domestic violence and sexual assault. Conducting the research for this capstone project has supported my understanding of ways to best work with this population no matter when they see me throughout their lifetime. It is a passion of mine to be able to help women who have experienced abuse regain their confidence, feel empowered, and overcome fear related to interpersonal violence. I will continue expressing this passion throughout my career as a clinical mental health counselor.

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