

Secondary Traumatic Stress (STS) Among Therapists And Behind-the-Screen Therapy For Sexual Abuse Children In The Arab Sector In Israel During The COVID-19 Crisis

Dr. Yasmine Yehia¹,
Girne American University

Cite this paper as: Yasmine Yehia (2024) Secondary Traumatic Stress (STS) Among Therapists And Behind-the-Screen Therapy For Sexual Abuse Children In The Arab Sector In Israel During The COVID-19 Crisis. *Frontiers in Health Informatics*, 13 (3),4676-4686

Abstract

This article explores the experiences and perceptions of therapists in the Arab society in Israel who provided online therapy to sexually abused children during the COVID-19 crisis. The research focuses on Secondary Traumatic Stress (STS) among these therapists, highlighting the unique challenges they faced. Therapists reported significant difficulties in building trust and maintaining therapeutic engagement due to the impersonal nature of online therapy. Additionally, many experienced frustrations, stress, and a sense of professional inadequacy stemming from a lack of experience with online therapy tools. The study also identifies the significant impact of STS on therapists, combined by the inability to observe body language and ensure the absence of abusers during sessions. Furthermore, the research emphasized the need for specialized online platforms, tailored training programs, and culturally sensitive therapeutic models to enhance the effectiveness of online therapy in this context.

Keywords: *Online Therapy, Sexual Abused Children (CSA), Secondary traumatic stress (STS), COVID-19 pandemic impact, therapists, The Arab sector in Israel, Behind-the-Screen Therapy.*

Introduction

During the COVID-19 pandemic, online therapy emerged as a critical tool for providing mental health support, including for children who experienced sexual abuse. However, studies have highlighted several negative effects of this method of therapy for this vulnerable population. According to Rathenau and his colleagues (2021), online therapy may lack the necessary therapeutic presence and safety required for children who have undergone such traumatic experiences, potentially worsening feelings of isolation and mistrust. Duan and Zhu (2020) further note that the digital separation and issues of confidentiality and privacy can build significant barriers to effective online therapy for sexually abused children, potentially leading to underreporting of abuse and inadequate support.

Therapists reported numerous difficulties with online therapy, including maintaining contact, preventing patient dropout, and achieving therapy goals. Moreover, the impersonal nature of online interactions made it hard to build the trust and close relationship needed for effective therapeutic engagement, especially for sexually abused children. Victims of sexual abuse often felt unsafe and hesitant to share their thoughts and feelings openly, especially due to the fears of privacy intrusion and the stigma associated with exposing their living conditions. This lack of a conducive therapeutic environment disturbed the therapeutic process and added to the therapists' stress (Ryan & Lewis, 2017; Collin-Vézina et al., 2020).

The psychological consequences of moving to online therapy on the therapists themselves were profound. Many experienced frustration, stress, and a sense of professional inadequacy due to their lack of experience with online therapy tools. The inability to read body language and facial expressions, and the lack

¹ Orcid: 0009-0002-8112-4568

of control over the therapy environment, such as ensuring the absence of the abuser during sessions, further limited their ability to provide effective therapy. This loss of control and the constant uncertainty led to a significant emotional stress on therapists (Békés & Aafjes-van Doorn, 2020; Tonn et al., 2017).

Secondary traumatic stress (STS) among therapists is another critical issue that arises from providing therapy to sexually abused children, especially through the online method. STS occurs when therapists experience stress by absorbing the traumatic experiences of their clients, leading to symptoms similar to PTSD, such as hyperarousal, intrusive thoughts, and avoidance behaviors (Ogińska-Bulik et al., 2021). Therapists working with trauma survivors, especially those in child protective services, social work, and counseling, are particularly vulnerable to STS due to frequent exposure to trauma (Cieslak et al., 2015). Awareness and proactive steps are essential to mitigate the impact of STS on their well-being and effectiveness, as therapists' emotional health directly influences the quality of care they can provide.

This article is based on a qualitative study. The focus of the study is on understanding how therapists perceive and experience the use of online therapy for children who have suffered from sexual abuse. This study employs qualitative research methods to gather insights directly from therapists, shedding light on the challenges and opportunities presented by this mode of therapy. By using semi-structured interviews and thematic analysis, the study gains deep insights into the personal experiences of 35 therapists who shifted to online therapy during the COVID-19 crisis when dealing with sexually abused children in the Arab sector in Israel.

This study focused on Secondary Traumatic Stress (STS) among therapists during the COVID-19 crisis provides a comprehensive understanding of the challenges faced by therapists treating sexual abuse victims in the Arab society in Israel through online platforms. The transition from in-person to behind-the-screen therapy was marked by insufficient preparation and superficial guidance. The therapists highlighted the lack of proper training especially built to meet the needs of the Arab society, coupled with inadequate internet infrastructure and low socioeconomic status of many families. These factors significantly hindered the effectiveness of online therapy, especially for sensitive cases like child sexual abuse, where ensuring a safe and confidential space is paramount.

Literature Review

Secondary Traumatic Stress (STS)

Secondary Traumatic Stress (STS) is a concept that has gained attention in the mental health field due to its impact on therapists, who are more vulnerable to STS than the general population because of their frequent exposure to trauma. STS occurs when an individual experiences stress by indirectly absorbing the traumatic experiences of another person, leading to symptoms similar to PTSD, such as hyperarousal, painful feelings, intrusive imagery, and avoidance behaviors (Ogińska-Bulik et al., 2021; Leung et al., 2022). Research shows that therapists working with trauma survivors face significant psychological, emotional, and cognitive effects from ongoing exposure to traumatic content, explaining the high rates of adverse personal outcomes in this group (Tarshis & Baird, 2019). STS can arise from vicarious trauma exposure and the therapist's empathy, causing emotional disturbances and stress responses like posttraumatic stress disorder (Giordano et al., 2020; Ivicic & Motta, 2017).

Therapists working with abused children can experience secondary traumatic stress (STS), which means they may develop symptoms like those of their traumatized clients. This is more common in fields like child protective services, social work, and counseling, where professionals frequently encounter trauma (Ogińska-Bulik, et al., 2021). Studies have found that a significant percentage of these professionals, including about one-third of child protective services workers and 5-15% of therapists, are affected by STS (Cieslak, et al., 2015; Ivicic & Motta, 2017). Four main factors influencing the severity of STS are diversity (variety of traumatic experiences), volume (number of trauma clients), frequency (how often they see trauma clients), and ratio (percentage of clients who have experienced trauma) (Cieslak et al., 2015). More exposure to trauma in these ways can worsen STS. Therapists with their own trauma history are at a higher risk of STS and may experience sadness, anger, vulnerability, panic, and dissociation when working with trauma clients. Awareness and

proactive steps are essential to mitigate the impact of STS on their well-being and effectiveness (Leung, et al., 2022).

Secondary Traumatic Stress (STS) among therapists during COVID-19 crisis:

COVID-19 introduced not only health risks and personal losses, but also major changes to everyday life like social distancing, mask-wearing, remote work, and home schooling. Many people faced job loss (Falk et al., 2020) and food insecurity (Parolin & Wimer, 2020). The high infection rates and severe consequences of COVID-19 altered how people view their physical and mental safety. The pandemic's stressors have been significant, affecting helping professionals and caregivers, such therapists, who had to care for others while dealing with the pandemic's impact themselves (Whitt-Woosley et al., 2022). The World Health Organization has noted that health care and other helping professionals are at risk for mental health issues during COVID-19 (WHO, 2021). As the pandemic and its restrictions continue, it is crucial to understand its effect on those n risk of secondary traumatic stress (STS) (Whitt-Woosley et al., 2022).

Moreover, throughout the pandemic, mental health professionals faced the challenge of transferring therapy sessions to online platforms, which were unknown to a large percentage of individuals and posed ethical, legal, and technical concerns (British Psychological Society, 2020). However, online therapy enables clients to access support from the comfort of their own homes, providing a variety of advantages. As a results clinical practices have adjusted by placing more importance on providing services and training programs through online platforms. Previous studies indicated that health professionals struggled with balancing remote work with children's homeschooling and other caregiving responsibilities (Rahman et al., 2024).

Another consequence of the COVID-19 crisis is the rise in secondary traumatic stress (STS) among healthcare professionals including therapists (Orrù et al., 2021). STS happens when therapists experience stress due to the emotional exhaustion of helping clients who are dealing with trauma (Holmes et al., 2021). During the pandemic, these therapists faced increased challenges as they tried to support their young clients remotely, often without the same level of personal connection and support (Rahman et al., 2024). The isolation and stress of the pandemic also had negative impact on the therapists' mental health, making it harder for them to manage their own well-being. They had to cope with the trauma stories of their clients while dealing with their own fears and anxieties about the pandemic (Whitt-Woosley et al., 2022). This dual burden led to higher levels of stress, burnout, and emotional exhaustion. As a result, many therapists found it more difficult to provide effective care, highlighting the need for better support systems for mental health professionals during times of crisis (DeVaul et al., 2023).

Online Therapy for Sexual Abused Children (CSA)

The coronavirus disease 2019 (Covid-19) pandemic and the ensuing health-related social restrictions and lockdowns affected people worldwide. For children who were sexually abused, staying at home might have meant being constantly near their abuser, which can be very emotionally stressful (Simons et al., 2022).

Terms like e-therapy, teletherapy, telepsychology, and online counseling all mean the same thing as online therapy. Online therapy is a professional mental health service provided over the internet. It involves an ongoing professional counseling relationship through communication that can be live (synchronous), delayed (asynchronous), or a mix of both (Culmer et al., 2023). Some forms of online therapy have been around for many years, but the growth of internet-based video calls and widespread broadband access has led to a significant increase in online therapy (Giordano et al., 2022), especially after the corona virus crisis.

Online therapy has many benefits, such as being easier to access, more comfortable, convenient, and cheaper. However, it also has several disadvantages, like the lack of face-to-face interaction, privacy concerns, difficulty in reading the client's body language, not knowing much about the therapist's qualifications, and technology issues (Lange et al., 2021). The pandemic has had a big impact on victims of sexual abuse. Before the pandemic, families who had reported sexual abuse could access professional help. However, when the lockdowns started, this access was suddenly cut off. Organizations had to find new ways to provide their services. They adapted by moving from face-to-face therapy sessions to online therapy. (Cronin et al., 2021)

Material and Methods

The use of qualitative research in this study was intended to collect opinions and insights from therapists

regarding the use of online therapy for sexually abused children. According to Creswell and Creswell (2022), qualitative researchers are interested in people's belief, experience, and meaning systems from the perspective of the people. Therefore, the use of a qualitative research method in this study is in line with constructivist and interpretivist research philosophies which argue that knowledge is contrasted mutually between the research and the population under study (Fodouop & Arthur, 2024).

As applies to this study, semi-structured interview questions were used to collect relevant qualitative data to conduct an in-depth assessment and research on the topic. Moreover, thematic analysis was used to analyse patterns in the narratives of the therapists. Thematic analysis (TA) is a method for identifying, analysing and reporting patterns within data (Denzin & Lincoln, 2018).

The research sample consists of 35 therapists who have experience in dealing with children who went through sexual abuse in the Arab sector in Israel. Moreover, these therapists had to move from traditional method of treatment into online therapy through COVID-19 crisis. The participants' cumulative experiences ensure that the study captures a comprehensive and nuanced understanding of the challenges and opportunities therapists face when working with sexual abused survivors.

Results

From the thematic analysis of the interviews the researcher was able to gain a deep insight into the therapists' experiences while using online therapy for sexually abused children from the Arab sector in Israel during the COVID-19 crisis.

The Transition to Treatment from In-Person to Behind-the-Screen Therapy During the COVID-19 Crisis

In the interviews, the respondents claimed that the preparation for the new way of therapy during COVID-19 was insufficient and superficial. There were no clear instructions, everything was through trial and error. Moreover, the therapists also added that in the Arab society there was no clear internet infrastructure, most of the patients had a low socioeconomic status, and the training that was given did not match the needs of the Arab society. For example, one therapist said: *"Not only we were push into the world of online therapy with little preparation. This lack of readiness was particularly evident when dealing with sensitive cases such as child sexual abuse, where creating a safe and confidential space is most important, but also the socioeconomic situation of the Arab sector was a barrier in the way of the new way of therapy, most of the families didn't have internet or computers at home"*

An additional problem was the perception of the families regarding the new way of therapy, most of the parents didn't believe in the new way of therapy. Especially that therapy behind-the-screen is not familiar among parents in the Arab sector in Israel. As one therapist said *"... in addition to the problems that we as therapists had in dealing with the new way of therapy behind the screen, because we are no familiar with the new therapy tool. The parents also didn't accept the new way of therapy, they didn't believe that therapy behind the screen is real therapy"*. On the same point another therapist added: *"...families dealing with child sexual abuse cases faced their own set of challenges such as providing a private and secure environment for therapy sessions... limited space and technological resources often increased the difficulties in ensuring a safe therapeutic space... this is a common situation in the Arab sector in Israel which has big families living in one house, suffering from a difficult socioeconomic status."*

Difficulties of Behind-The-Screen Therapy:

The therapists in the interviews mentioned many negative consequences of using online therapy with the victims, which they are trying to deal with, such as keeping in touch with the patients, keeping the patients from dropping out and meeting the objective and aims of the therapy plan. For example, someone said: *"...the most dominant problem in using therapy behind screens therapy, was maintaining contact, keeping the patient from dropping out, keeping in touch, it was difficult to meet the goals of the treatment plan"* Another therapist added: *"In our Arab society, online therapy for sexual abuse victims presents unique challenges. We struggle to maintain consistent communication and engagement with our patients, which is crucial for their healing journey. The impersonal nature of the screen can make it difficult to build the trust and close relationship needed to reach the objectives of our therapy plans"*.

Moreover, the therapists explained how difficult it is for the patients to accept and cooperate with the

therapist behind the screen, some of them felt unsafe and it was hard for them to talk about their feelings and thoughts freely. Moreover, some of the patients felt that there was an intrusion of privacy, many of them even were embarrassed to show the situation at home, like the poor furniture, shouting or fights between their family members.... etc. According to one respondent: *"Many patients were frightened to show their faces on the screen, it was difficult to be exposed to what was happening to them and how the therapist interpreted it."* Another therapist added: *"Many of my patients struggle to open up and trust the therapeutic process when it's conducted online. The screen becomes a barrier, making them feel exposed and vulnerable, particularly when discussing sensitive topics like sexual abuse. The lack of physical presence can increase the feelings of unsafety, making it challenging for them to express their innermost thoughts and emotions freely."* Moreover, a participant mentioned: *"The transition to online therapy has brought unexpected challenges, especially for sexual abuse survivors in our Arab society. The fear of privacy intrusion is obvious among my patients. They are often hesitant to engage in therapy from their homes, where the environment might reveal their socio-economic status or family dynamics, such as poor living conditions or domestic disputes. This added layer of embarrassment complicates the therapeutic process, making it harder for them to focus on healing."*

The Psychological Consequences of Using Online Therapy among Therapists

Most therapists express negative feelings and experiences when talking about online therapy. Most of them expressed frustration and stress. They didn't feel any connection to the screen, they even felt that their professional ego was hurt. Moreover, the feeling of lack of experience and control over the new devices, especially among old therapists, makes it difficult for many therapists to conduct their therapy plans in a proper and professional way. According to one of the interviewees: *"...this was one of the most difficult experiences in my career life, the uncertainty, the frustration put everything in my experience into questions, I have to deal with many new things that I was not ready for"*

Additional difficulty that they mentioned was, the lack of ability to see concrete things and indications through the face-to-face therapy meetings, such as body language and facial expressions. And the most important thing, they are not able to control who will be with the child during the online meeting, maybe the offender is there with them. On this matter one therapist said: *"... it all about lack of control, we as therapists can control the face-to-face session, we can see every movement, every eye blink and learn from it. In the online therapy, we lose this control we can't even make sure that the abusive family member is not there with the child during the session"*

The Negative Consequences of Working from Home:

The therapists also talked about the experience of working from home, working from home while using online therapy have had many negative consequences on the therapists. First, according to the participants the COVID-19 pandemic has led to a significant shift in the work routines of the therapists who had to adapt to providing online therapy from home. This change has brought about various challenges, including the loss of daily routines such as commuting, interacting with colleagues, and other work-related activities. Moreover, according to some participants working from home can lead to feelings of isolation among therapists, as they may miss the friendship and support of a shared office environment According to one participant: *"Working from home during the pandemic has isolated me from my colleagues and disrupted my daily routines. The lack of informal interactions and the support system I had at the office had a bad impact on my mental well-being. The shift to online therapy has also made it difficult to fully connect with my clients, as the screen can act as a barrier to understanding their emotions and body language."* In addition, some therapists mentioned that they struggled to maintain a clear separation between their work and personal life when working from home. This can lead to burnout and decreased work-life balance. According to one respondent: *"The sudden transition to providing therapy online from the borders of our homes has not only blurred the boundaries between personal and professional life but has also led to a sense of isolation among therapists. The loss of daily habits, such as the simple act of commuting or grabbing a coffee on my way to the office, has negatively affected our sense of normalcy and community, leaving us feeling more disconnected from our colleagues and the very essence of our therapeutic work."*

Secondary Traumatic Stress (STS) among Therapists:

Secondary traumatic stress (STS) is the stress that comes from trying to help or caring for someone who has been traumatized or is suffering. Secondary traumatization is the process through which persons who have suffered trauma and are suffering from post-traumatic stress disorder (PTSD) transmit their symptoms, such as nightmares, intrusive thoughts, and flashbacks, to others around them (Rzeszutek, 2014). Secondary traumatization, in its comprehensive definition, is the transmission of suffering from those who have had trauma to people in their immediate environment. The occurrence of secondary stress symptoms has also been identified in therapists. Secondary trauma stems from therapists' empathic engagement with clients' traumatic history. The result of this process, which may be viewed as kind of a countertransference, is a transformation in the inner experience of the therapist (Key, & Rider, 2018).

From the interviews, the therapists expressed Secondary traumatic stress (STS) symptoms during the online therapy experience: One therapist said: *"When you witness the depth of someone's suffering day in and day out, it's hard not to feel their pain as your own. It's a heavy burden to carry, I felt as if I'm living their experience. Especially during the online sessions, I could see the fear in their eyes, they were very scared."* Another therapist added: *"...there are days when I feel like I'm carrying the weight of the world on my shoulders, but it's a weight I willingly bear to help these children heal, I started worrying for my children all the time, so I checked on them wherever they go."*

The Need for Special Online Platform for Therapists

From the interview's answers, it was clear that there are no special platforms for behind-the-screen therapy, the therapists used the different technological devices randomly, and without any plan, they used phone calls, WhatsApp, video calls, zoom meetings. One respondent said: *"We use whatever is available, for example at first, we used the phone and had regular conversations, then we switched to WhatsApp, after that we used Zoom meetings."* Another therapist said: *"... the lack of specialized platforms for behind-the-screen therapy means that we often have to improvise with available tools like WhatsApp and Zoom, which can sometimes limit the depth of therapeutic intervention we can provide."*

Depending on the interviews, all the respondents agreed that the resources for behind-the-screen therapy is very limited, especially in the Arab sector in Israel. Although, computers were distributed by the government to the families, it was after a long time since the pandemic have started. Moreover, most families have many children and therefore the computers were not enough. Another problem is the physical environment of the Arab homes, usually, there were no safe and quite space for holding the therapy meeting. A therapist mentioned: *"... one of the problems is lack of resources, for example not all families had internet or computer, it is true that the government has distributed computers for the families, but it was late "* Another one added: *"... the number of computers didn't answer the needs of the children at the families, most of the families have many children and they all need to use the same computer. According to different therapist: "... Even if there was a computer and an internet, we also faced another problem, the physical environment, in most cases there is no quit and safe place to do the meetings."*

The therapists agreed that there must be more perspiration for the transition for online therapy both to the therapists and the victims and their families. They suggested offering special training for the therapists on how to use the online therapy in the most effective way. Some even suggested providing guidance and seminars for parents on the issue of online therapy and how to use it. According to one therapist: *"There must be more preparation for the transition to online therapy, especially in the Arab sector in Israel. Both therapists and the victims, along with their families, need to be adequately prepared, for example we can hold seminars and workshops for the families and train them how to deal with online therapy... Special training should be offered to therapists on how to use online therapy most effectively. It's essential for providing the best possible care to our clients."* Another therapist added: *"The Arab sector faces unique challenges in transitioning to online therapy, and we need to address these with special training programs and resources.... Effective online therapy requires not just technical skills, but also a deep understanding of how to engage and support clients in a virtual environment. Specialized training is crucial for this...By offering workshops and seminars for both therapists*

and parents, we can ensure that everyone involved is comfortable and confident with the online therapy process."

They also suggested building new therapeutic models for dealing with sexually abused children in general and for the Arab sector in particular, taking into consideration the special circumstances, norms and characteristics of this society. According to one therapist: *"It's crucial to develop therapeutic models that are culturally sensitive and tailored to the unique needs of sexually abused children in the Arab sector. We must consider the societal norms, values, and specific circumstances that these children face."* Another therapist added: *"The existing therapeutic approaches often fall short in addressing the special circumstances and characteristics of the Arab society. We need innovative models that integrate cultural awareness with effective therapeutic techniques to support these children better."*

Discussion

The findings of this study highlight the complexities and challenges involved in providing online therapy for sexually abused children. This article was based on a qualitative study which was conducted through using semi-structured interviews and thematic analysis to gather in-depth insights from 35 therapists who have an experience in dealing with sexually abused children in the Arab sector in Israel and were forced to move to online therapy during the COVID-19 crisis.

According to the study findings, the transition to online therapy during the COVID-19 pandemic presented numerous challenges for therapists, patients, and families dealing with child sexual abuse cases. A lack of adequate preparation was evident in several aspects. Therapists faced difficulties to quickly adapt to the new medium, ensuring they maintained therapeutic boundaries and confidentiality in a virtual setting and in creating a safe and confidential virtual space, which is crucial for discussing sensitive topics such as sexual abuse (Connolly et al., 2020). Patients, particularly children, struggled with the impersonal nature of online therapy, which can hinder the establishment of trust and close relationships with therapists (Holtz et al., 2021). Families, on the other hand, faced challenges in providing a private and secure environment for therapy sessions, often due to limited space and technological resources (Bradbury-Jones & Isham, 2020). These issues emphasize the need for better preparedness and support for all parties involved in the transition to online therapy for cases of child sexual abuse. Moreover, the perception of online therapy among families further increased these challenges. Many parents in the Arab sector were skeptical about the efficacy of behind-the-screen therapy, particularly for sensitive cases like child sexual abuse.

Therapists faced numerous difficulties in maintaining contact and engagement with their patients through online platforms. The impersonal nature of screen-based interactions negatively affected the building of trust and close relationships, which are essential components for effective therapy. During the COVID-19 pandemic, online therapy emerged as a critical tool for providing mental health support, including for children who experienced sexual abuse. However, studies have highlighted several negative effects of this means of therapy for this vulnerable population. According to Rathenau and his colleagues (2021), online therapy may lack the necessary therapeutic presence and safety required for children who have experienced such traumatic experiences, potentially the feelings of isolation and mistrust. Duan and Zhu (2020) further note that the digital divide and issues of confidentiality and privacy can pose significant barriers to effective online therapy for sexually abused children, potentially leading to underreporting of abuse and inadequate support.

Patients also struggled with the new mode of therapy, feeling unsafe and finding it difficult to express their feelings freely. The intrusion of privacy and embarrassment about their living conditions further hindered their willingness to open up. Previous studies have come to similar results, for example, a study in the USA by Ryan & Lewis, (2017) stated that physical restrictions refer to difficulties gaining access to dependable equipment and a private setting necessary for effective participation in trauma treatment. Access to a dependable internet connection and technological equipment with sufficient audio and video capabilities are requirements for successful online health services. These technologies' accessibility and dependability are not assured, especially in homes with greater socioeconomic deprivation (Ryan & Lewis, 2017).

Moreover, these results match the results of another research by Collin-Vézina, Brend, and Beeman, (2020), who found that access to a private, secure setting for therapeutic sessions is another physical restriction

while conducting an online therapy session. It is advised that treatment sessions take place in a closed-off space with a door, preferably not the child's bedroom. Children may not have access to a private space in low-income families with little space, especially during a pandemic when other family members are present. As a result, it is possible that client confidentiality may be jeopardized. To rule out this possibility, procedures to limit this risk should be discussed and repeatedly examined with the client. (Collin-Vézina, Brend & Beeman, 2020)

The psychological consequences of online therapy extended to the therapists themselves. Many expressed frustration and stress, feeling disconnected from their professional identity and experiencing a loss of control over the therapy process. The inability to observe body language and facial expressions, and the concern that an abuser might be present during sessions, added to their anxiety. Moreover, working from home further compounded the challenges for therapists, leading to feelings of isolation and blurring the boundaries between work and personal life. The lack of informal interactions with colleagues and the disruption of daily routines negatively impacted their mental well-being.

Previous studies also focused on the impact of online therapy on the therapists' work, that the coronavirus 2019 (COVID-19) pandemic led many therapists to suddenly stop their face-to-face sessions and move to online therapy, regardless of their prior experiences with and attitudes against online therapy. People all across the world have been encouraged to socially isolate themselves and work from home in order to stop the COVID-19 virus from spreading. This required many therapists to quickly switch to offering online counseling, frequently without any warning or preparation and even if they had previously been hesitant to do so. Without much opportunity for reflective practice, therapists of all methods of therapy and levels of expertise were forced to immediately assess the consequences for their therapeutic approach while carefully considering their clinical, technical, logical, and academic knowledge (Békés & Aafjes-van Doorn, 2020; Tonn et al., 2017).

Secondary traumatic stress (STS) among therapists was another significant finding. STS occurs when therapists experience stress and symptoms similar to those of their traumatized clients, such as nightmares, intrusive thoughts, and flashbacks (Rzeszutek, 2014). The interviews revealed that therapists often felt overwhelmed by the emotional burden of their clients' experiences. This secondary traumatization was particularly pronounced during online sessions, where therapists could see the fear in the children's eyes. The emotional burden on therapists underscores the need for additional support and resources to help them manage their own well-being while providing care for sexually abused children.

Finally, the lack of specialized platforms for behind-the-screen therapy was a significant issue. Therapists had to improvise with available tools like phone calls, WhatsApp, and Zoom, which limited the depth of therapeutic interventions. Therapists also emphasized the need for better preparation and resources for transitioning to online therapy. They suggested special training for therapists on using online therapy effectively and workshops for parents to help them understand and support the process. Additionally, there was a call for developing new therapeutic especially built for the unique needs of sexually abused children in the Arab sector. These models should integrate cultural awareness with effective therapeutic techniques to address the specific circumstances and characteristics of this society.

Conclusion

The study provides a comprehensive understanding of the challenges faced by therapists treating sexual abuse victims in the Arab society in Israel through online platforms. The transition from in-person to behind-the-screen therapy was marked by insufficient preparation and superficial guidance. The therapists highlighted the lack of proper training tailored to the needs of the Arab society, coupled with inadequate internet infrastructure and low socioeconomic status of many families. These factors significantly hindered the effectiveness of online therapy, especially for sensitive cases like child sexual abuse, where ensuring a safe and confidential space is important.

The perception of families regarding online therapy further complicated the situation. Many parents in the Arab sector were skeptical about the efficacy of therapy conducted behind screens, which was unfamiliar to them. This skepticism, combined with the logistical challenges of providing a private and secure environment for therapy sessions in often crowded and technologically under-resourced households, posed significant

barriers. Therapists struggled to maintain consistent communication and engagement with their patients, which is crucial for effective therapy, particularly in cases involving sexual abuse.

Therapists also reported numerous difficulties with online therapy, including maintaining contact, preventing patient dropout, and achieving therapy goals. The impersonal nature of online interactions made it hard to build the trust and close relationship needed for effective therapeutic engagement. Patients often felt unsafe and reluctant to share their thoughts and feelings openly, combined by the fear of privacy intrusion and the stigma associated with exposing their living conditions. This lack of a conducive therapeutic environment hindered the therapeutic process and added to the therapists' stress.

Another conclusion of this study is regarding the psychological consequences for therapists themselves. Many experienced frustration, stress, and a sense of professional inadequacy due to their lack of experience with online therapy tools. The inability to read body language and facial expressions, and the lack of control over the therapy environment, such as ensuring the absence of the abuser during sessions, further limited their ability to provide effective therapy. This loss of control and the constant uncertainty led to a significant emotional burden on therapists.

Therapists also experienced secondary traumatic stress (STS) as a result of their empathic engagement with their clients' traumatic histories. The symptoms of STS, including feelings of carrying the patients' burdens and personal anxiety, were intensified by the challenges of online therapy. The study showed the urgent need for specialized online platforms for therapy, tailored training programs for both therapists and families, and culturally sensitive therapeutic models to address the unique challenges faced by the Arab society in Israel. By providing adequate resources and support, the efficacy of online therapy can be enhanced, ensuring better outcomes for both therapists and their patients.

References:

- Békés, V. & Aafjes-van Doorn, K.(2020). Psychotherapists' Attitudes Toward Online Therapy During the COVID-19 Pandemic. *Journal of Psychotherapy Integration*, 30 (2), 238–247.
- Bradbury-Jones, C. and Isham, L. (2020), The pandemic paradox: The consequences of COVID-19 on domestic violence. *J Clin Nurs*, 29, 2047-2049. doi:10.1111/jocn.15296
- British Psychological Society. (2020). *Impact of COVID-19 on the well-being of psychologists*. www.bps.org.uk
- Cieslak, R., Anderson, V., Bock, J., Moore, B. A., Peterson, A. L., & Benight, C. C. (2015). Secondary traumatic stress among mental health providers working with the military. *The Journal of Nervous and Mental Disease* 201(11), 917-925.
- Collin-Vézina D., Hebert M.(2005). Comparing dissociation and PTSD in sexually abused school-aged girls. *The Journal of Nervous and Mental Diseases*, 193(1),47–52. doi: 10.1097/01.nmd.0000149218.76592.26.
- Connolly, S. L., Miller, C. J., Lindsay, J. A., & Bauer, M. S. (2020). A systematic review of providers' attitudes toward telemental health via videoconferencing. *Clinical Psychology: Science and Practice*, 27(2).
- Creswell, J.W. & Creswell, D. (2022). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Sage Publications, Inc.
- Cronin, I., Judson, A., Ekdawi, I., Verma, G., Baum, S., Grant, P. et al. (2021) Holding onto the 'mystery' within online family and systemic therapy. *Journal of Family Therapy*, 43(2), 295– 313.
- Culmer, N., Smith, T.B., Stager, C., Wright, A., Fickel, A., Tan, J., Clark, C.T., Meyer, H. & Grimm, K. (2023). Asynchronous Telemedicine: A Systematic Literature Review. *Telemed Rep.*, 21;4(1),366-386. doi: 10.1089/tmr.2023.0052.
- DeVaul, D., Reulet, B., Daniels, J., Zhu, X., Wilkins, R. & Gordy, XZ. (2023). Compassion Satisfaction, Burnout, and Secondary Traumatic Stress among Respiratory Therapists in Mississippi: A Cross-Sectional Study. *Journal of Respiration*, 3(4),191-199. doi:10.3390/jor3040018

- Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4), 300-302.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). *The SAGE Handbook of Qualitative Research* (5th ed.). Los Angeles, CA: Sage.
- Falk, G., Nyhof, E. G., Carter, J. A., Nicchitta, I. A., & Romero, P. P. (2020). Unemployment rates during COVID-19 pandemic: In brief. *Congressional Research Service*. <https://crsreports.congress.gov.govR46554>
- Fodouop, K. & Arthur, W. (2024). Interpretivism or Constructivism: Navigating Research Paradigms in Social Science Research. *International Journal of Research Publications*, 143 (1). doi:10.47119/IJRP1001431220246122.
- Giordano, C., Ambrosiano, I., Graffeo, M.T., Di, Caro, A., & Gullo, S. (2022). The transition to online psychotherapy during the pandemic: a qualitative study on patients' perspectives. *Res Psychother*, 4 ;25(3):638. doi: 10.4081/ripppo.2022.638.
- Holmes, M., Rentrop, R., Korsch-Williams, A. & King, J. (2021). Impact of COVID-19 Pandemic on Posttraumatic Stress, Grief, Burnout, and Secondary Trauma of Social Workers in the United States. *Clinical Social Work Journal*, 49,495–504. doi:10.1007/s10615-021-00795-y
- Hotz, C., Wagenaar, T.R., Gieseke, F., Bangari, D.S., Callahan, M., Cao, H., Diekmann, J., Diken, M., Grunwitz, C., Hebert, A., Hsu, K., Bernardo, M., Karikó, K., Kreiter, S., Kuhn, A.N., Levit, M., Malkova, N., Masciari, S., Pollard, J., Qu, H., Ryan, S., Selmi, A., Schlereth, J., Singh, K., Sun, F., Tillmann, B., Tolstykh, T., Weber, W., Wicke, L., Witzel, S., Yu, Q., Zhang, Y.A., Zheng, G., Lager, J., Nabel, G.J., Sahin, U. & Wiederschain, D. (2021). Local delivery of mRNA-encoded cytokines promotes antitumor immunity and tumor eradication across multiple preclinical tumor models. *Sci Transl Med.*, 13(610).
- Ivicic, R., & Motta, R. (2017). Variables associated with secondary traumatic stress among mental health professionals. *Traumatology* 23(2), 196-204. doi:10.1037/trm0000065.
- Key, A. & Rider, R. (2018). Secondary Traumatic Stress Among Mental Health Professionals: Implications for Graduate Training Programs. *Graduate Student Journal of Psychology*, 17, 68-77
- Lange, A., Delsing, M.J., van Geffen, M. & Scholte, R. (2021) *Alliance between therapist and multi-stressed families during the COVID- 19 pandemic: the effect of family- based videoconferencing*. *Child & Youth Care Forum*. Berlin: Springer US, pp. 1– 19.
- Leung, T., Schmidt, F., & Mushquash, C. (2022). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advanced online publication. doi:10.1037/tra001277.
- Ogińska-Bulik, N., Gurowiec, P. J., Michalska, P., & Kędra, E. (2021). Prevalence and predictors of secondary traumatic stress symptoms in health care professionals working with trauma victims: A cross-sectional study. *Public Library of Science One* 16(2). doi:10.1371/journal.pone.0247596.
- Orrù, G.; Marzetti, F.; Conversano, C.; Vagheggini, G.; Miccoli, M.; Ciacchini, R.; Panait, E.; Gemignani, A. (2021). Secondary Traumatic Stress and Burnout in Healthcare Workers during COVID-19 Outbreak. *Int. J. Environ. Res. Public Health*, 18 (337). doi:10.3390/ijerph18010337
- Parolin, Z., & Wimer, C. (2020). Forecasting estimates of poverty during the COVID-19 crisis. *Poverty and Social Policy Brief*, 4(6), 1–18.
- Rahman, J., Kercher, A., and Pedersen, M. (2024). The COVID-Related Stress Scale: development and Initial Validation with psychologists. *PsyArXiv*. doi: 10.31234/osf.io/2jz6t
- Rathenau, S., Sousa, D., Vaz, A. & Geller, S. (2021). The Effect of Attitudes Toward Online Therapy and the Difficulties Perceived in Online Therapeutic Presence. *Journal of Psychotherapy Integration*, 32. 10.1037/int0000266.
- Ryan C. & Lewis J. (2017). *Computer and Internet use in the United States: 2015*. U.S. Department of

Commerce Economics and Statistics Administration U.S. CENSUS BUREAU

- Rzeszutek, M. (2014). Secondary traumatic stress among psychotherapists: determinants and consequences. *Polish Journal of Social Sciences*, 9. 63-74.
- Simons, A., Noordegraaf, M. & Van Regenmortel, T. (2022). When it comes to relational trauma, you need people at the table. *Journal of Family Therapy*, 44(4), 490–503.
- Tarshis, S., & Baird, S. L. (2019). Addressing the indirect trauma of social work students in intimate partner violence (IPV) field placements: A framework for supervision. *Clinical Social Work Journal*, 47, 90-102. <https://doiorg.proxy.lib.uni.edu/10.1007/s10615-018-0678-1>

Tonn, P., Reuter, S. C., Kuchler, I., Reinke, B., Hinkelmann, L., Stöckigt, S.,... Schulze, N. (2017). Development of a questionnaire to measure the attitudes of laypeople, physicians, and psychotherapists toward telemedicine in mental health. *JMIR Mental Health*, 4 (e39). <http://dx.doi.org/10.2196/mental.6802>

World Health Organization. (2021). *Supporting the mental health and well-being of the health and care workforce*. <https://www.who.int/europe/publications/i/item/WHO-EURO-2021-2150-41905-57496>

Whitt-Woosley, A., Sprang, G. & Eslinger, J. (2022). The Impact of COVID-19 and Experiences of Secondary Traumatic Stress and Burnout. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14 (3), 507–515. doi:10.1037/tra0001183