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МОТИВАЦІЯ ТА СУПРОТИВ ПСИХОТЕРАПЕВТІВ У РОБОТІ З ВИПАДКАМИ СЕКСУАЛЬНОГО НАСИЛЬСТВА: АНАЛІЗ, СИСТЕМАТИЗАЦІЯ ТА ПЕРСПЕКТИВИ ДОСЛІДЖЕННЯ

Анотація

У статті досліджуються мотиваційні та супротивні чинники, що впливають на готовність психотерапевтів працювати з випадками сексуального насильства. Авторки аналізують тему крізь призму психологічних, соціокультурних, етичних та професійних факторів. Особлива увага приділяється феномену супротиву терапевта, що може проявлятися як на свідомому, так і на несвідомому рівні, та визначається особистими установками, емоційною вразливістю, досвідом травми або професійним вигоранням. У фокусі дослідження також — мотивація як рушійна сила до роботи з травмою: як внутрішня (цінності, професійна ідентичність), так і зовнішня (підтримка, навчання, організаційне середовище).

Авторки узагальнюють сучасні теоретичні підходи та емпіричні дані щодо вторинної травматизації, контрперенесення, впливу релігійності, культурних табу та трансгенераційної травми. Запропонована систематизація чинників супротиву і мотивації має практичну цінність для підготовки спеціалістів, розробки навчальних програм, супервізій та підтримки фахівців, які працюють із травмою сексуального насильства.

Стаття спрямована на розширення наукового дискурсу і покращення якості психотерапевтичної допомоги з випадками сексуального насильства.

Ключові слова: мотивація, психотерапевт, психотерапія, супротив у психотерапії, сексуальне насильство, професійне вигорання, вторинна травматизація, когнітивні упередження, етичні дилеми

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MOTIVATION AND RESISTANCE OF PSYCHOTHERAPISTS IN THE WORK WITH SEXUAL VIOLENCE CASES: ANALYSIS, SYSTEMATISATION AND RESEARCH PROSPECTS

Abstract

The article examines the motivational and opposing factors that influence the readiness of psychotherapists to work with cases of sexual violence. The authors analyse the topic through the prism of psychological, sociocultural, ethical and professional factors. Particular attention is paid to the phenomenon of therapist resistance, which can manifest itself both consciously and unconsciously, and is determined by personal attitudes, emotional vulnerability, trauma experience, or professional burnout. The study also focuses on motivation as a driving force for working with trauma: both internal (values, professional identity) and external (support, training, organisational environment).

The authors summarise current theoretical approaches and empirical data on secondary traumatisation, countertransference, the impact of religiosity, cultural taboos and transgenerational trauma. The proposed systematisation of resistance and motivation factors is of practical value for training, curriculum development, supervision and support of professionals working with sexual violence trauma.

The article is aimed at expanding the scientific discourse and improving the quality of psychotherapeutic care in cases of sexual violence.

Keywords: motivation, psychotherapist, psychotherapy, resistance in psychotherapy, sexual violence, professional burnout, secondary trauma, cognitive biases, ethical dilemmas

Introduction

Sexual violence is an important social problem that requires effective psychotherapeutic care. The motivation of psychotherapists to work with cases of sexual violence (both with victims and perpetrators) remains insufficiently researched. The lack of a multidimensional view of this issue, including the integration of psychological, ethical, social and cultural aspects, makes it difficult to understand the factors that determine the willingness or refusal of professionals to work with this topic.

In the study, we analyse the factors that influence psychotherapists' decisions to work with cases of sexual violence, including emotional reactions, professional burnout, attitudes towards violence, personal experience of trauma, etc. The work of a psychotherapist with such cases requires not only professional competence, but also deep emotional stability. In this context, special attention should be paid to the phenomena of resistance and motivation of the psychotherapist, which can affect the effectiveness of the therapeutic process.

For example, psychotherapists working with trauma caused by war, forced

displacement, natural disasters, accidents, loss and grief may refuse to work with cases of sexual violence, as this topic can trigger strong feelings and emotions in countertransference, increase emotional exhaustion or activate their own psychological defence mechanisms.

The study combines theoretical analysis and further empirical research aimed at developing recommendations for working with this topic.

Purpose of the study

The purpose of the article is to study and systematise the motivational and opposing factors that influence the readiness of psychotherapists to work with cases of sexual violence.

The main objectives of the study:

- To analyse the theoretical foundations of the formation of psychological mechanisms of motivation and resistance of psychotherapists to work with cases of sexual violence.

- To identify the key barriers and forms of resistance that may hinder effective work with cases of sexual violence.

- To outline the prospects for further research in the context of training and support for professionals working with sexual violence trauma.

The article aims to expand the scientific understanding of this issue and contribute to the development of effective strategies for training and supporting psychotherapists in dealing with this sensitive topic.

Materials and methods

The study is qualitative and theoretical and is the first stage of a larger mixed study with subsequent empirical research.

The study uses theoretical analysis methods: analysis, synthesis, generalisation and interpretation.

The theoretical and methodological basis is formed by key approaches in modern psychotherapy: psychoanalytic (Z. Freud, D. Wallin), humanistic (C. Rogers), cognitive-behavioural (A. Beck), positive psychotherapy (N. Peseschkian, H. Peseschkian and A. Remmers), emotionally focused therapy (L. Greenberg), as well as concepts of secondary traumatisation, burnout, motivation and attachment (C. Figley, J. Herman, B. van der Kolk, E. Deci & R. Ryan, L. Brown).

The concepts of 'therapist resistance' and 'motivation to work with cases of sexual violence' were examined in the interdisciplinary field of contemporary scientific sources, drawing on both classical concepts (Freud, Maslow) and the latest empirical developments (Crivatu et al., 2023; Henrichs & Hum, 2020; Remmers, 2025).

Results and Discussion

Determining the therapist's resistance and motivation to work with cases of sexual violence

Based on the theoretical analysis, we can identify key aspects of the concept of psychotherapist resistance in the context of working with cases of sexual violence. The systematisation of approaches has made it possible to identify both classical psychodynamic ideas about resistance and modern interpretations that take into account

emotional burnout, secondary traumatisation, ethical dilemmas and sociocultural influences.

An analysis of theoretical sources also allowed to define the concept of psychotherapist motivation in the context of working with cases of sexual violence as a multidimensional phenomenon that includes both internal (individual values, need for help, self-realisation) and external factors (organisational support, professional environment, training). This analysis was based on classical theories of motivation (A. Maslow, 1999; F. Herzberg, 2007), self-determination theory (E. Deci and R. Ryan, 2000), as well as modern empirical studies of motivation in helping professions (Flynn &Messias, 2020; Crivatu et al., 2023). This made it possible to generalise the factors that influence the maintenance of professional engagement and resilience of psychotherapists in working with clients' traumatic experiences.

Therapist resistance. When dealing with the topic of sexual violence, therapist resistance is an important aspect, as it can affect the effectiveness of the psychotherapeutic process. The term «widerstand» was first introduced by Freud (1992), describing it as an obstacle that arises between the conscious and unconscious when a patient protects himself from painful memories or thoughts during therapy. Today, many areas of evidence-based psychotherapy, as listed by the World Council of Psychotherapy (WCP), the World Federation of Psychotherapy (WFP), and the European Association of Psychotherapy (EAP), consider resistance as an important element of the therapeutic process:

- In psychoanalysis, S. Freud (1992) believed that the therapists may experience resistance due to their own unconscious defence mechanisms that arise when dealing with painful topics such as sexual abuse. The author noted that this can manifest itself in the form of avoidance of certain topics or emotional reactions that block effective interaction with the client. It is worth noting that Freud (1992) noted that given the traumatic nature of the topic, the psychotherapist may unconsciously try to avoid exploring the patient's deep emotions, which hinders the progress of therapy.

- In positive psychotherapy, N. Peseschkian (1987) argues that therapist resistance can arise from internal barriers related to insufficient readiness to work with difficult topics. The author also points out that a psychotherapists should use resistance as a tool for self-reflection, analysing their emotions and reactions to the client. N. Peseschkian (1987) points out that this approach allows the therapists to see their own internal conflicts and redirect them to constructive work with the client.

- In cognitive behavioural therapy, therapists resistance can be manifested through difficulties in accepting or changing their own beliefs about the effectiveness of therapy with such complex topics. For example, A. Beck (1976) emphasises the therapist's possible doubts about his or her ability to help the client, which creates a barrier to deep exploration of traumatic experiences, and in such cases it is important that the therapist is aware of his or her fears and doubts and uses cognitive restructuring to work with them.

- L. Greenberg (2002), the founder of Emotionally Focused Therapy (EFT), notes that therapist resistance may be due to fear of the emotional intensity of working with

sexual abuse survivors. The therapists may feel insecure about their ability to support the client in the process of deep emotional experience. In this case, the therapist should be prepared for the client's emotional expression and actively facilitate the process of integrating these emotions.

- In client-centred therapy, C. Rogers (1994) noted that therapist resistance can be caused by a lack of full empathy or acceptance of the client's sexual abuse. The therapists must be prepared to provide unconditional positive acceptance and support in order to reduce their own resistance and create a safe space for the client.

- In transactional analysis, therapist resistance can arise from unconsciously accepting roles that do not allow the therapist to adequately interact with the client. E. Berne (1961) points out that the role of a «parent» who tries to solve the problem for the client can lead to a lack of flexibility in the therapeutic process. The author notes that the therapist should be aware of these patterns and work to move to more mature and adaptive forms of interaction with the client.

However, it is worth noting that the phenomenon of therapist resistance has been further studied by followers of modern psychotherapy methods. Thus, in modern approaches, therapist resistance is studied as a complex phenomenon that includes not only individual psychological factors, but also socio-cultural and professional aspects. Some contemporary researchers and practitioners consider it in the context of ethical dilemmas, secondary traumatisation, and emotional burnout. L. Brown (1994) emphasises the role of sociocultural factors in therapist resistance. D. Wallin (2007) examines the influence of therapist's attachment styles on their tendency to resist. C. Figley (1995) describes the phenomenon of secondary traumatisation, when the therapist experiences emotional stress while listening to the client's stories. C. Henrichs and G. Hum (2020) emphasise that positive reappraisal of symptoms and conflicts helps to reduce resistance by facilitating the process of reproduction and processing of traumatic memories. H. Peseschkian and A. Remmers (2020) point out that resistance is a way for a patient to maintain past patterns of behaviour. They emphasise that the use of stories and proverbs in therapy creates an additional dimension for working with transference and countertransference, helping patients to associate their experiences with symbolic images. O. Lytvynenko et al. (2020) focus on the use of humour in working with resistance. They note that anecdotes and parables help patients overcome shame, anger, and fear, making the therapeutic process more accessible. Bessel van der Kolk (2024) emphasises the role of the therapist's freeze response when working with trauma. A. Remmers (2025) analyses resistance in group therapy as a multidimensional transference that can alter group dynamics and trigger hidden conflicts. He emphasises the importance of meta-level reflection to overcome unconscious resistances in group interaction.

Motivation of the psychotherapist. Motivation is a set of internal and external factors that encourage an individual to perform certain actions or achieve goals.

The first theoretical concepts of motivation were formesd within psychology in the late nineteenth and early twentieth centuries. W. James (2017) explored the relationship between motivation and emotions, emphasising that internal impulses play a key role

in guiding human behaviour. E. Thorndike (2021), in turn, developed the concept of learning by formulating the principle of effect, according to which behaviour that leads to a positive outcome is more likely to be repeated. A significant contribution to the further study of motivation was made by A. Maslow (1999), who proposed a hierarchy of needs, according to which a person can fully focus on self-realisation only after basic needs, such as security and stability, are met. Further development of the theory of motivation was proposed by F. Herzberg (2007), who in his two-factor theory distinguished between hygienic factors (working conditions, safety, financial stability) and motivating factors (recognition of achievements, career development opportunities). Modern researchers E. Deci and R. Ryan (2000) emphasised that motivation is enhanced by satisfying the need for autonomy, competence and social support, which is especially important when dealing with traumatic cases such as sexual violence.

The motivation of a psychotherapist is a key factor that determines his or her professional effectiveness and emotional well-being. Thus, V. Flynn and E. Messias (2020) note that psychotherapists often choose their profession because of the desire to help others, but a high level of empathy and work with trauma can lead to professional burnout. Supervision, reflection, social support, and the development of stress resistance are important for maintaining motivation.

Motivation to work with cases of sexual violence is a key factor in determining the effectiveness of the therapeutic process.

When working with cases of sexual violence, a psychotherapist may encounter resistance or a feeling of unpreparedness to work with such complex cases. Understanding motivation, which is determined by intrinsic (internal) and extrinsic (arising from external incentives or rewards) factors (E. Deci & R. Ryan, 2000), is key to engaging professionals through enhanced training and support.

It is important to understand that working with trauma can cause both professional growth and significant emotional difficulties, including the risk of secondary trauma and professional burnout. J. Herman (1997) notes that many professionals work with victims because of the desire to restore justice and reduce the effects of trauma. According to the theory of self-determination by E. Deci and R. Ryan (2000), intrinsic motivation is important for working in difficult conditions. However, working with trauma can lead to emotional burnout and secondary traumatisation, as emphasised by C. Knight (2013) and G. Corey and others (2015). I. Crivatu and others (2023) note that supervision, peer support, and professional development are important for maintaining motivation. The authors emphasise that self-help strategies, such as mindfulness practice, exercise, and social support, improve the well-being of professionals. R. Jewkes and others (2002) and G. Corey et al. (2015) focus on professional and organisational factors, such as specialised training, managerial support and a positive work climate, which are important for motivation to work with trauma. Studies by C. Knight (2013) and E. Deci and R. Ryan (2000) indicate that continuing education, training and supervision help therapists to better understand trauma disorders and reduce the risk of professional burnout.

Factors that influence psychotherapists' involvement in working with cases of sexual

violence

The main focus is on analysing motivational resources and barriers, including factors of internal resistance, secondary traumatisation, professional burnout and the socio-cultural context. The systematic review presented below provides a comprehensive overview of the conditions under which specialists remain willing to work with trauma and outlines directions for further scientific and practical development of this issue.

1. Systematisation of motivational and opposing factors influencing psychotherapists' readiness to work with cases of sexual violence

Based on a theoretical analysis of motivational and resistant factors influencing psychotherapists' readiness to work with cases of sexual violence, these factors were systematised.

Motivational factors. The motivation of a psychotherapist to work with cases of sexual violence is multidimensional and includes both internal (personal) and external (professional and social) determinants (E. Deci and R. Ryan, 2000) that determine their professional readiness and resistance to emotional stress.

Internal motivational factors. Intrinsic motivation to work with cases of sexual violence is determined by personal values, professional identity and personal experience of the therapist. According to the theory of self-determination, the key determinants of intrinsic motivation are autonomy, competence, and social interaction (E. Deci and R. Ryan, 2000). J. Herman (1997) notes that many professionals seek to work with victims because of the desire to promote justice, reduce the effects of trauma and provide support.

Extrinsic motivational factors. Extrinsic motivators include specialised training, supervisory support, opportunities for professional growth, and a positive environment in the professional community (Knight, 2013). V. Flynn and E. Messias (2020) note that social support and participation in professional communities, help reduce the risk of emotional exhaustion. G. Corey et al. (2015) emphasise that the creation of a safe workspace, financial incentives, and organisational support are important external factors that influence therapists' motivation to work with cases of sexual violence.

Opposing factors. Psychotherapist's resistance to working with cases of sexual violence can manifest itself at different levels - from emotional exhaustion and secondary trauma to unconscious defence mechanisms and ethical dilemmas that affect the effectiveness of the therapeutic process. We propose the following areas for resistance research:

1. Physiological and emotional reactions. Professionals working with cases of sexual violence can experience significant physiological and emotional stress, which activates the freeze, fight or flight response mechanisms (Brewin and others, 2000; Bessel van der Kolk, 2024). Prolonged exposure to traumatic stories increases cortisol levels, causing emotional burnout and psychosomatic disorders (Sprang et al., 2007; Briere and Scott, 2006; Figley, 1995). To reduce stressful reactions, it is important to develop resilience (Maddi and Kobasa, 1986; Chikhantsova, 2021), practice mindfulness (Bessel van der Kolk, 2024), supervision (Herman, 1997) and regulation of the autonomic nervous system (Porges, 2011).

2. Psychological reasons: emotional burnout and secondary traumatisation. Working with cases of sexual violence is accompanied by a high emotional burden, which can lead to emotional burnout and secondary trauma in therapists (Herman, 1997; Kassam-Adams, 1995; Corey et al., 2015). The lack of adequate professional support and social isolation increases these risks, which can lead to professional exhaustion, apathy, and avoidance of difficult topics (Freudenberger, 1974; Sprang et al., 2007). Regular supervision (Tyshchenko, 2025), personal therapy, training in emotional regulation strategies, and body-oriented methods of work are needed to reduce the negative consequences (Rothschild, 2006; Kassam-Adams, 1995; Herman, 1997).

3. Personal experience of sexual violence. The unprocessed trauma of sexual violence can have a significant impact on the professional work of therapists, causing secondary traumatic stress, countertransference, and emotional burnout (Figley, 1995; Bessel van der Kolk, 2024). S. Freud (1915) described repression as a defence mechanism that blocks access to painful memories, but in stressful situations, they can unconsciously influence professional reactions. Herman (1997) emphasises that the stigmatisation of professionals' own experience of violence can make it difficult to understand and process, increasing internal conflicts.

4. Sexual unfulfilment and difficulties in discussing sexuality. Personal difficulties with sexuality, including sexual unfulfillment and shame in talking about it, can limit therapists' ability to work effectively with cases of sexual violence (Rachman, 2019; Freud, 2008). Lack of proper training and cultural taboos can contribute to the formation of biases that make it difficult to have an open dialogue with clients and increase the risk of countertransference (Herman, 1997; Rogers, 1951; Heise, 1998). Specialised training, self-reflection methods, and the use of diagnostic tools to assess one's own barriers to working with sexuality are important for improving professional competence (Hupalovska, 2021; Bessel van der Kolk, 2024).

5. The impact of stigma and social prejudice on professional performance. The stigma of sexual violence creates significant barriers for therapists, affecting their professional effectiveness through social stereotypes and victimisation (Burt, 1980; Jewkes et al., 2015). High levels of stigma reduce the availability of resources and training programmes, making it difficult to prepare professionals to work with victims (Heise, 1998). To overcome these difficulties, it is necessary to develop educational initiatives that will help therapists to be aware of the sociocultural factors that influence their work (Flood and Pease, 2009).

6. Influence of religion and spirituality. A psychotherapists' religion and spirituality can have a significant impact on their work with cases of sexual violence, determining their values, ethical approaches and professional boundaries (Pargament, 2011; Koenig et al., 2012; Swinton, 2001). The spiritual dimension of sexuality goes beyond the biopsychosocial model, encompassing the bodily, spiritual and transcendental levels of experience, which can shape attitudes towards victims and perpetrators (Hupalovska, 2016). At the same time, religious beliefs can both support clients by helping them find meaning after trauma (Dalai Lama and Ekman, 2008) and complicate the therapeutic process through ethical dilemmas, victimisation, or limitations of therapy methods

(Bouatta, 2002; Frawley-O'Dea, 2007).

7. Transgenerational trauma (epigenetics). Transgenerational trauma is transmitted between generations through epigenetic mechanisms, affecting the psychological reactions to stress and professional activities of professionals working with trauma (Yehuda and others, 2015; Danieli, 1985, 1998). This can manifest itself as avoidance of working with traumatic topics due to the fear of re-activation of one's own experience or, conversely, excessive empathy that violates professional boundaries (Danieli and others, 2015; Danieli and others, 2016; Lytvynenko and Tereshchenko, 2024). Personal therapy, supervision, and awareness of one's own trauma stories are important to minimise the impact of transgenerational trauma, which helps to reduce the risk of emotional burnout (Herman, 1997; Danieli, 2015).

8. Ethical and moral dilemmas. Ethical and moral dilemmas are an important factor in therapists' refusal to work with cases of sexual violence, in particular due to the need to violate confidentiality to protect others (APA, 2017), while, as M. Tyshchenko (2025) notes, it is difficult to maintain ethical standards of psychotherapy during war. C. Knight (2013) notes that fear of emotional overwhelm and doubts about their own competence may also make therapists avoid this topic, especially when working with aggressive clients or those with co-occurring mental disorders. In addition, the stigma of sexual violence and societal prejudice may cause therapists to feel conflicted about their professional role (Burt, 1980; Herman, 1997).

9. Countertransference and transfer. Unconscious trauma can affect the therapeutic process through countertransference, which manifests itself as excessive empathy, avoidance of certain topics, or repetition of the client's pathological patterns (Freud, 1912; Klein, 2001; Ogden, 2018). The lack of reflection on countertransference can compromise the therapist's professional neutrality, which reduces the effectiveness of therapy, so regular supervision and personal therapy are key to its awareness (Gabbard, 2001; Hinshelwood, 1989; Herman, 1997). Working with traumatic memories is accompanied by the activation of the therapist's emotional and physiological reactions, so it is important to apply a conscious approach to transference as a tool for a deeper understanding of the client and his or her displaced experiences (Bessel van der Kolk, 2024; Williams, 1995; Maslach and Leiter, 2016; Tyshchenko, 2025).

In a Table, it is demonstrating a comprehensive approach to the analysis of *motivational and resistance factors* in the work of psychotherapists with cases of sexual violence, demonstrating that *internal motivational factors* (values, professional identity, self-reflection) and *external motivational factors* (supervision, support from professional communities, specialised training) can contribute to overcoming professional resistance and increasing the effectiveness of therapy.

Table 1
Systematisation of motivational and opposing factors

Opposing factors	Motivational factors (internal)	Motivational factors (external)
Physiological and emotional reactions	Resistance to stress, self-regulation skills	Organisational support, prevention of professional burnout
Psychological causes: emotional burnout and secondary trauma	Psychotherapy, supervision, self-motivation for professional growth	Career development and specialisation opportunities
Personal experience of sexual violence	Personal experience of overcoming trauma as a resource	Support from colleagues and the psychotherapy community
Sexual unfulfillment and difficulties in discussing sexuality	Awareness of own biases, readiness for professional development	Training on sexuality in clinical psychology
The impact of stigma and social prejudice on professional activity	Internal conviction of the importance of overcoming stigma	Social campaigns, support for professional associations
The influence of religion and spirituality	Personal beliefs about supporting victims and working with perpetrators	Exploring the role of religiosity in psychotherapy
Transgenerational trauma (epigenetics)	Understanding the underlying mechanisms of transgenerational trauma, including personal trauma	Scientific research on the impact of epigenetics on mental health
Ethical and moral dilemmas	Personal values, focus on justice. Professional ethics, focus on helping	Legal support, clarification of professional boundaries. Professional standards and work requirements
Counter-transfer and transfer	Development of reflective abilities through supervision and psychotherapy. Psychotherapeutic and supervisory work on one's own unconscious reactions	Availability of supervision, personal therapy and intervention. Cognitive work to manage resistance

2. Prospects for researching the systematisation of motivational and opposing factors

The analysis of motivational and opposing factors that influence the readiness of psychotherapists to work with cases of sexual violence opens up new directions for further research. In particular, there is a need for a deeper study of the influence of personal, professional and organisational factors on the decision of professionals to work with this category of clients. Further research can contribute to the development of effective strategies to prevent burnout and secondary trauma, which will improve the quality of therapeutic care.

One of the most promising areas is the study of the relationship between the level of professional training and the readiness of psychotherapists to work with cases of sexual violence, which aspects of training and support are most effective in building the resilience of psychotherapists in dealing with this sensitive topic.

Another important area is the analysis of socio-cultural factors that influence psychotherapists' attitudes towards working with victims and offenders. As noted above, societal norms and individual beliefs can form unconscious biases that impede an objective and empathetic approach to clients. Further research can help to identify which social and cultural aspects influence therapists' professional attitudes and how their influence can be neutralised through training programmes and reflective practice. In addition, it is promising to study secondary traumatisation and coping mechanisms among psychotherapists working with sexual violence. As noted above, prolonged interaction with clients who have experienced trauma can cause therapists to experience symptoms similar to post-traumatic stress disorder (PTSD). However, there is little research on what personal resources, professional skills, and supportive strategies help therapists to remain emotionally resilient and motivated to work.

Further development of research in this area could also include an assessment of the effectiveness of institutional support for psychotherapists, including the impact of organisational culture, supervision, and interdisciplinary collaboration on motivation and professional well-being. It is important to determine which support systems are most effective in preventing professional burnout and secondary trauma in therapists. Therefore, prospects for further research include analysing the impact of professional training, socio-cultural factors, mechanisms of secondary traumatisation and the effectiveness of institutional support for psychotherapists. Systematisation of these aspects will allow not only a deeper understanding of the factors that influence the motivation and resistance of professionals, but also the development of strategies to overcome them, aimed at improving the quality of psychotherapeutic care for victims of sexual violence.

Conclusions

The study of motivational and oppositional factors influencing psychotherapists' readiness to work with cases of sexual violence showed that this process is multifactorial and depends on personal, professional and socio-cultural aspects. Internal motivators, such as professional identity, personal values, and a desire to help, play a key role in attracting professionals to work with traumatic cases. At the same time, external factors such as supervision, specialised training, peer support, and organisational

conditions influence therapists' long-term sustainability in this field.

It has been established that the main opposing factors are emotional burnout, secondary traumatisation, cognitive biases towards victims or perpetrators, as well as ethical dilemmas that may deter psychotherapists from working with such cases. The presence of unconscious defence mechanisms and countertransference can complicate the effectiveness of the therapeutic process, requiring deeper reflection and professional development from professionals.

Further research in this area should focus on several important areas:

1. Optimisation of professional training - analysis of the effectiveness of training programmes and supervision to increase the readiness of therapists to work with trauma cases.

2. Study of mechanisms of overcoming resistance - development of strategies to help psychotherapists better understand and overcome their own emotional and cognitive barriers.

3. Assessment of the impact of sociocultural factors - determining how social norms, religious beliefs and personal attitudes of therapists affect their work.

4. Research on secondary traumatisation - identifying factors that contribute to the emotional vulnerability of therapists and finding effective approaches to minimise it.

5. The role of organisational support - assessing the impact of the work environment, supervisory support and institutional mechanisms on maintaining professional motivation.

Thus, the systematisation of these aspects will not only expand the scientific understanding of psychotherapists' motivation and resistance, but will also contribute to the development of effective methods of their support, which will improve the quality of care for victims of sexual violence.

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