Counselling Psychology Quarterly,
June 2006; 19(2): 181–188

Routledge
Taylor & Francis Group

Vicarious traumatization and secondary traumatic stress: A research synthesis*

KATIE BAIRD[1] & AMANDA C. KRACEN[2]

[1]*St. Louise's Unit, Our Lady's Hospital, Dublin, Ireland and* [2]*Virginia Commonwealth University, Virginia, USA*

Abstract
Vicarious traumatization (VT) refers to harmful changes that occur in professionals' views of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of their clients. Secondary traumatic stress (STS) refers to a set of psychological symptoms that mimic post-traumatic stress disorder, but is acquired through exposure to persons suffering the effects of trauma. Numerous studies have sought to identify correlates of both VT and STS, yet there still exists a lack of conceptual clarity in the literature about VT, STS, and the related constructs of burnout and compassion fatigue. This has made it difficult to use the literature to inform practice and training. This study clarifies the definitions of VT and STS and uses levels of evidence analysis to synthesize the research findings to date. Originally planned as a meta-analysis, the study was re-designed as methodological issues in the literature became apparent that would call into question the validity of a meta-analysis. The current method of analysis documents the degree of evidence for the most commonly researched factors that have been researched as possible contributors to the development of both VT and STS, synthesizing the findings of published research and dissertations written in the English language from 1994–2003. Findings indicate that persuasive evidence exists for personal trauma history, reasonable evidence for perceived coping style, and some evidence for supervision experiences, as important predictors of VT. Persuasive evidence for amount of exposure to trauma material and reasonable evidence for personal trauma history are indicated as important in the development of STS. Limitations of the current study and directions for further research are discussed.

Keywords: *Vicarious traumatization, Secondary traumatic stress*

*An earlier version of this paper was presented at the 112th Annual Conference of the American Psychological Association, 31 July 2004, Honolulu Hawaii, USA

Correspondence: Dr Katie Baird, St. Louise's Unit, Our Lady's Hospital, Crumlin, Dublin 12, Ireland. E-mail: katie.baird@dit.ie

ISSN 0951-5070 print/ISSN 1469-3674 online
DOI: 10.1080/09515070600811899

Introduction

Vicarious traumatization (VT) (McCann & Pearlman, 1990) refers to harmful changes that occur in professionals' views of themselves, others, and the world as a result of exposure to graphic and/or traumatic material. VT can be seen as a normal response to ongoing challenges to a helper's beliefs and values but can result in decreased motivation, efficacy, and empathy. Secondary traumatic stress (STS) (Figley, 1995; Stamm, 1999) refers to a syndrome among professional helpers that mimics post-traumatic stress disorder and occurs as a result of exposure to the traumatic experiences of others. While these two constructs represent different phenomenon, they are often written about and researched as though they are one. This paper will distinguish between the two constructs and present a synthesis, using a levels-of-evidence approach, of the research into correlates and predictors of VT and STS.

Vicarious traumatization

McCann and Pearlman (1990), using constructivist self-development theory, discussed the effects on therapists of empathically engaging with the traumatic material of their clients. They argued that the resulting changes to therapists' cognitive schema of self, other, and world are pervasive, cumulative, and permanent. For example, the belief in personal invulnerability that allows one to use public transportation at night, or the belief that the world is an orderly place, are challenged by the stories and experiences relayed to persons who practice counselling or psychotherapy with survivors of trauma. VT is seen as a normal response to these challenges, but a response that carries with a cost for the professional.

VT is associated with disruptions to schema in five areas. These are safety, trust, esteem, intimacy, and control, each representing a psychological need. Each need/schema is experienced in relation to self and other. In other words, we all have the need to believe the world is safe – that we are relatively safe from harm by ourselves and by others (Pearlman & Saakvitne, 1995). The harmful effects of VT occur through the disruptions to these schemas.

Secondary traumatic stress

Figley (1995) described STS as a disorder experienced by those supporting or helping persons suffering from posttraumatic stress disorder (PTSD). Figley previously used the term ''compassion fatigue'' to describe the symptoms of exhaustion, hypervigilance, avoidance and numbing often experienced by professionals working with, and family members of, people with PTSD. The focus here is not specifically on cognitive phenomenon (as in case of VT), but on a wider syndrome of experiences quite directly linked to the symptoms of PTSD. In addition, the precipitating experience(s) of the helper can be of quite short duration, as in the case of an emergency response team exposed to the trauma of people who have survived a disaster. This kind of exposure is both qualitatively and quantitatively different from the experience of a psychotherapist bearing

witness to years of sexual abuse. However, the cost of caring, while expressed differently, is still considerable.

Method

This project was originally conceived of as a meta-analysis. The recommended steps for searching and collecting and material for meta-analyses were followed (see Cooper & Hedges, 1994). However, after the authors searched for research studies using databases (such as PsychLit, Medline and UMI), independently coded the studies and considered them using specific inclusion criteria, it became clear that methodological issues in the literature would bring into question the validity of a meta-analysis. This problem is directly related to the fact that research into VT and STS as a field of inquiry is only 10 years old. Many of the studies are exploratory in nature, are doctoral theses, or reflect the lack of conceptual clarity that exists in the literature on VT and STS.

The researchers then decided to use levels of evidence, an epidemiological method, to synthesize the research (For a clear and concise description of this approach, see Miller & Thoresen, 2003). Each study was recoded using the criteria recommended by Miller & Thoresen, based on the principles of the Cochrane Review Group. Studies were coded category A if they had been published in peer-reviewed scientific journals. This rating reflects an assumption that peer review provides rigorous quality assurance. Studies were coded category B if there were methodological weaknesses and/or the studies had not been subjected to peer review (that is, studies published as book chapters, or doctoral theses). Studies were coded as category C if the methodology led to their being considered unsuitable for inclusion.

Results

The results are presented using the following criteria (Miller & Thoresen, 2003):

- Persuasive evidence – hypothesis is supported by a statistically significant finding in at least 3 category A studies, or 5 studies from categories A and B.
- Reasonable evidence – hypothesis is supported by a statistically significant finding in at least 2 category A studies, or 3 to 4 studies from categories A and B.
- Some evidence – hypothesis is supported by a statistically significant finding in at least 1 category A study, or at least 2 category B studies.
- Hypotheses with support are reported with their level of evidence, even if other studies have found contradictory findings.

The hypotheses are presented below with their corresponding levels of evidence. Due to the exploratory nature of the literature about VT and STS, the authors were unable to include every hypothesis that has been investigated and limited this synthesis to the most researched correlates in an effort to clarify

the often contradictory findings in the literature. Table I provides details about each of the studies included in the synthesis.

Hypotheses and corresponding levels-of-evidence

(1) Having a personal history of trauma is linked to the development of VT.

Level-of-evidence: *Persuasive* (Camerlengo, 2002; Dickes, 1998; Pearlman & MacIan, 1995; Schauben & Frazier, 1995; Trippany, 2000; Young, 1999).

(2) Having a personal history of trauma is linked to the development of STS.

Level-of-evidence: *Reasonable* (Allt, 1999; Dickes, 1998; Nelson-Gardell & Harris, 2003; Price, 2001).

(3) Having a personal trauma history is *not* linked to the development of STS.

Level-of-evidence: *Reasonable* (Creamer, 2002; Follette, Polusny, & Milbeck; 1994; Simonds, 1996).

(4) The amount of exposure (including hours with trauma clients, percentage on caseload, and cumulative exposure) to the traumatic material of clients increases the likelihood of VT.

Level-of-evidence: *Some* (Schauben & Frazier, 1995)

(5) The amount of exposure (including hours with trauma clients, percentage on caseload, and cumulative exposure) to the traumatic material of clients does *not* increase the likelihood of VT.

Level-of-evidence: *Reasonable* (Brady, Guy, Poelstra, & Brokaw, 1999; Dickes, 1998; Simonds, 1996; Young, 1999).

(6) The amount of exposure (including hours with trauma clients, percentage on caseload, and cumulative exposure) to the traumatic material of clients increases the likelihood of STS.

Level-of-evidence: *Persuasive* (Brady et al., 1999; Creamer, 2002; Myers & Cornille, 2002; Simonds, 1996; Wee & Myers, 2002).

(7) The amount of exposure (including hours with trauma clients, percentage on caseload, and cumulative exposure) to the traumatic material of clients does *not* increase the likelihood of STS.

Level-of-evidence: *Some* (Nelson-Gardell & Harris, 2003).

(8) Perceived coping ability is a protective factor for VT.

Level-of-evidence: *Reasonable* (Creamer, 2002; Weaks, 1999; Young, 1999)

(9) Perceived coping ability is a protective factor for STS.

Level-of-evidence: *Some* (Follette et al., 1994).

Table I. Studies included in research synthesis.

Author(s)	Title	Date	Type of publication	Sample
Allt	VT: A survey of clinical and counselling psychologists	1999	PhD thesis	141 psychologists in the UK
Brady et al.	VT, spirituality and the treatment of sexual abuse survivors: A national survey of female psychologists	1999	Peer reviewed article (PRA)	446 female psychologists in the USA
Camerlengo	Role of coping style, job-related stress & personal victimization history in the VT of professionals who work with abused youth	2002	PhD thesis	92 mental health professionals working in school and community settings in the USA
Creamer	Secondary trauma & coping processes among disaster mental health workers responding to the September 11 attacks	2002	PhD thesis	80 mental health professionals working with disaster relief organisations in the USA
Dickes	Treating sexually abused children versus adults: An Exploration of STS & VT among therapists	1998	PhD thesis	219 clinical and clinical child psychologists in the USA
Follette, Polusny, & Milbeck	Mental health & law enforcement professionals trauma history, psychological symptoms, & impact of providing services to child sexual abuse survivors	1994	PRA	225 mental health and 46 law enforcement professional in the USA
Myers & Cornille	The trauma of working with traumatized children	2002	Book chapter	205 child welfare/social workers in the USA
Nelson-Gardell & Harris	Childhood abuse history, STS, and child welfare workers	2003	PRA	166 child welfare/social workers in the USA
Pearlman & MacIan	VT: An empirical study of the effects of trauma work on trauma therapists	1995	PRA	188 psychotherapists working in the area of trauma in the USA

(*continued*)

Table I. Continued.

Author(s)	Title	Date	Type of publication	Sample
Price	Secondary traumatisation: vulnerability factors for mental health professionals	2001	PhD thesis	214 psychotherapists working in the USA who were members of the International Society of Traumatic Stress Studies
Schauben & Frazier	VT: The effects on female counsellors of working with sexual violence survivors	1995	PRA	148 female mental health professionals working in the USA
Simonds	VT in therapists treating adult survivors of childhood sexual abuse	1996	PhD thesis	141 psychotherapists working with adult survivors of child sexual abuse in the USA
Trippany	Predictors of VT: Female therapists for adult survivors versus female therapists for child survivors of sexual victimization	2000	PhD thesis	48 therapists working with adults and 66 therapists working with children in the USA
Weaks	Effects of treating trauma survivors: VT & style of coping	1999	PhD thesis	95 mental health professionals working in the USA
Wee & Myers	Stress response of mental health workers following disaster: The Oklahoma City Bombing	2002	Book chapter	34 mental health professionals working with disaster relief organizations in the USA
Young	VT in psychotherapists who work with physically or sexually abused children	1999	PhD thesis	302 clinical child psychologists working in the USA

(10) Having supervision is a protective factor for VT.

Level-of-evidence: *Some* (Dickes, 1998; Pearlman & MacIan, 1995).

Limitations and conclusions

One limitation of this research synthesis is the lack of clarity that exists in the literature on VT and STS. Again, this is directly related to the fact that these constructs have been researched only relatively recently. Research is needed to provide further clarification; however, this synthesis has attempted to provide some clarification using the most robust findings with respect to correlates of STS and VT. Another limitation is the reliance on unpublished theses necessitated by the status of the literature in this area, and the corresponding lack of peer review. Interestingly, this may be seen as an advantage over meta-analysis, which is often criticized for introducing a bias by using only published, peer reviewed studies (and thus favoring studies with significant findings over those with non significant findings).

Future research should seek to build on the findings of previous studies. As reasonable and persuasive evidence exists for a number of hypotheses, researchers should seek to build on these findings and search for other, previously unresearched correlates of VT and STS. Studies designed to track the well-being of therapists in training, as well as professional therapists, could highlight potential critical incidents or milestones for the development of STS and VT. In addition, innovations in training and professional education/development that seek to mitigate or prevent VT and STS must be evaluated if we are to respond to the occupational hazard presented by STS and VT.

Acknowledgement

This project was supported in part by a grant from the Faculty of Applied Arts, Dublin Institute of Technology.

References

Allt, J. (1999). Vicarious trauma: A survey of clinical and counselling psychologists. Unpublished doctoral dissertation, University of Surrey, England.

Brady, J. L., Guy, J. D., Poelstra, P. L., & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, *30*, 386–393.

Camerlengo, H. (2002). The role of coping style, job-related stress, and personal victimization history in the vicarious traumatization of professionals who work with abused youth. Unpublished doctoral dissertation, Rutgers University, New Jersey.

Cooper, H., & Hedges, L.V. (1994). *The handbook of research synthesis*. New York: Sage.

Creamer, T. L. (2002). Secondary trauma and coping processes among disaster mental health workers responding to the September 11 attacks. Unpublished doctoral dissertation, Auburn University.

Dickes, S. J. (1998). Treating sexually abused children versus adults: An exploration of secondary traumatic stress and vicarious traumatization among therapists. Unpublished doctoral dissertation, California School of Professional Psychology, Fresno.

Figley, C. (1995). *Compassion fatigue*. New York: Bruner/Mazel.

Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, *25*, 275–282.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*, 131–149.

Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, *58*, 24–35.

Myers, T. W., & Cornille, T. A. (2002). The trauma of working with traumatized children. In E. Figley (Ed.), *Treating compassion fatigue*. New York: Bruner/Mazel.

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare*, *Jan/Feb*, 5–26.

Pearlman, L. A., & MacIan, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, *26*, 558–565.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: W.W. Norton.

Price, M. (2001). Secondary traumatization: Vulnerability factors for mental health professionals. Unpublished doctoral dissertation: University of Texas.

Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, *19*, 49–64.

Simonds, S. L. (1996). Vicarious traumatization in therapists treating adult survivors of childhood sexual abuse. Unpublished doctoral dissertation: The Fielding Institute.

Stamm, B. (Ed.). (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Lutherville, MD: Sidran Press.

Trippany, R. L. (2000). Predictors of vicarious traumatization: Female therapists for adult survivors versus female therapists for child survivors of sexual victimization. Unpublished doctoral dissertation: University of Alabama.

Weaks, K.A. (1999). Effects of treating trauma survivors: Vicarious trauma and style of coping. Unpublished doctoral dissertation: Texas Woman's University.

Wee, D. F., & Myers, D. (2002). Stress response of mental health workers following disaster: The Oklahoma City bombing. In E. Figley (Ed.), *Treating compassion fatigue*. New York: Bruner/Mazel.

Young, C. M. (1999). Vicarious trauma in psychotherapists who work with physically or sexually abused children. Unpublished doctoral dissertation: The California School of Professional Psychology, Alameda.