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The impact of trauma work – A meta-synthesis on vicarious trauma and vicarious trauma growth

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Abstract

The current work examines the impact on trauma workers of working with people who have been traumatised within the framework of both vicarious trauma (VT) and various posttraumatic growth (VPTG) by using a meta-synthesis of findings from 20 published qualitative papers. The synthesis found that the impact of trauma work can potentially increase short and long term levels of distress and that such psychological impact can be managed through personal and organisational coping strategies. It was also found that trauma work leads to changes in schemas and day-to-day routines and that these changes can be both negative and positive. Such changes correspond to both VT and VPTG, but for VPTG to occur, trauma workers will need to be exposed to the client's own growth.

Introduction

In the last two decades, there has been a growing body of evidence looking at the effects that trauma work has on individuals who are working with traumatised individuals. Initially, an interest emerged within the framework of secondary traumatic stress (STS, Figley, 1995; Sabin-Farrell & Turpin, 2003) and vicarious trauma (VT; McCann & Pearlman, 1990). The former refers to the experiencing of symptoms similar to those seen in people with posttraumatic stress disorder (PTSD) in the trauma worker. The latter refers to personal transformations, experienced by trauma workers, resulting from a cumulative and empathic engagement with another's traumatic experiences (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995a) that can lead to long-term changes to an individual's way of experiencing themselves, others and the world, and symptoms that may parallel those of their client (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995a). The aversive vicarious impact of trauma was recorded in various groups, for example, therapists (Iliffe & Steed, 2000; Pearlman & Mac Ian, 1995), firefighters, (Brown, Mulhern, & Joseph, 2002), and ambulance workers (Clohessy & Ehlers, 1999), however, within the framework of posttraumatic growth (Tedeschi & Calhoun, 1995, 1996; Tedeschi, Park, & Calhoun, 1998) interest and research have been extended to explore the potential positive changes that emerge from trauma work. Accordingly, there has been a growing recognition that some people, who are indirectly exposed to trauma, cope well (e.g., Brady, Guy, Poelstra, & Brokaw, 1999) and even report positive outcomes (Eidelson, D'Alessio, & Eidelson, 2003). The aim of the current paper is to examine more closely the process of vicarious posttraumatic growth and to contextualise this within the larger framework of the overall impact of trauma work. The methodology used in the current paper is a meta-synthesis, which is a systematic method to combine, merge and interpret information from qualitative studies in an area of interest (Jensen & Allen, 1996). Accordingly, in order to achieve its aim, the current paper will involve reinterpreting and synthesising qualitative papers on the experiences of trauma workers.

When considering earlier research on vicarious traumatisation, the most prominent theoretical framework is the constructivist self-development theory (CSDT; McCann & Pearlman, 1990) which suggests that individuals construct their realities through the development of cognitive structures or schemas. These schemas include a person's beliefs, assumptions and expectations about self, others and the world, and these are then used to interpret events and make sense of experience (e.g., Janoff-Bulman, 1992). When possible, new information is assimilated into existing schemas (McCann & Pearlman, 1990); however, if the new information is incompatible with existing schemas and cannot be assimilated, the original schemas are challenged. In trauma and also vicarious trauma, the original schemas become invalidated or shattered (Janoff-Bulman, 1992; (McCann & Pearlman, 1990). In these cases, the schemas must be modified to incorporate the new information into the belief system through the process of accommodation. According to CSDT, when an individual experiences vicarious traumatisation, schemas are modified in a negative way, and this causes distress and heightened awareness to information that supports the new negatively modified schema (McCann & Pearlman, 1990).

Two systematic reviews in the area (Beck, 2011; Sabin-Farrell & Turpin, 2003) highlighted various factors as contributing to VT. These include negative coping strategies, personal stress, gender (with women reporting higher levels of symptoms than men) and personal trauma history. In relation to the latter, Dunkley and Whelan (2006) noted however, that the link between personal trauma and VT is inconsistent across the literature. The reviews also highlighted the influence of organisational factors, such as percentage of trauma work within the caseload and overall exposure to clients' trauma. However these findings were found to be inconsistent, as some studies failed to find a connection between exposure to client's trauma and VT (Sabin-Farrell & Turpin, 2003). Other writers focused on preventative measures and strategies to manage VT. These included organisational factors, such as provision of support and adoption of a tolerant attitude to suffering therapists (Catherall, 1995), and maintenance of an overall encouraging, acknowledging and

respectful working atmosphere (Rourke, 2007). Promoting conversations on the impact of the work among professionals (Rourke, 2007) was also considered as a strategy for prevention and management of VT. In terms of the influence of personal factors in managing the negative impact of trauma work, these can be categorised in terms of personal strategies and individual characteristics. Personal strategies included self care, the balancing of work and private lives (Baum, 2004; Bober & Regehr, 2006) and the use of social support (Bober & Regehr, 2006); whilst personal characteristics included spirituality, humour and the capacity to maintain a realistic optimism (Sexton, 1999).

Alongside investigations on the potential negative impact of trauma work, there has also been a recognition that some people, who are indirectly exposed to trauma, cope well (e.g., Brady, Guy, Poelstra, & Brokaw, 1999) or even report positive outcomes (Eidelson et al., 2003; Steed & Downing, 1998). The possibility for personal growth as a result of trauma work sits within a larger framework of the concept of posttraumatic growth (PTG). This was defined as a significant positive psychological change following a major life crisis/trauma (Tedeschi & Calhoun, 1995; Tedeschi, Calhoun, & Cann, 2007). The process of PTG is normally perceived within the same constructivist framework as VT. Accordingly, prominent theories in the area (Joseph & Linley, 2005; Tedeschi & Calhoun, 1995, 2004) postulate that trauma challenges an individual's schemas (or assumptive world) and therefore triggers cognitive processes which can result in either no change to previous schemas (assimilation), positive change to previous schemas (positive accommodation) or negative change to previous schema (negative accommodation). Joseph and Linley (2005) equate positive accommodation with growth and negative accommodation with psychopathology and distress. Nevertheless, they acknowledge that the self is multifaceted and that people may change some schemas in one direction, some in another direction, and some schemas may stay unchanged. They also highlight the difference between subjective well being, a hedonistic perspective of well being, and psychological well being (PWB; Ryff, 1989), which refers to a eudaimonic perspective of well

being. Shmotkin (2005) articulates the difference between these two, originally philosophical, traditions. A hedonistic perspective on happiness defines it in terms of the maximising of pleasurable emotions and experiences over negative ones, but a perspective akin to Aristotelian concepts, defines it in terms of self-realisation rather than pleasurable emotions (for more details on these distinctive traditions see Shmotkin, 2005). PTG can thus be understood in relation to the latter as growth is defined by positive changes in perceptions of self and the world, rather than an increase in or dominance of positive emotions.

In terms of vicarious posttraumatic growth, there are no specific theoretical models to explain how the phenomenon occurs (Brockhouse, Msetfi, Cohen & Joseph, in press); however, a few studies have observed positive changes following vicarious exposure to trauma (e.g. Brady et al., 1999; Pearlman & Saakvitne, 1995; Radeke & Mahoney, 2000; Schauben & Frazier, 1995), and others (Arnold, Calhoun, Tedeschi & Cann, 2005; Linley & Joseph, 2005; Linley, Joseph, & Loumidis, 2007) have investigated vicarious posttraumatic growth directly. Areas of positive change that were identified among trauma workers included gaining a new appreciation for spiritual paths, a heightened awareness of the individual's own good fortune, and a strengthened sense of optimism (Arnold et al., 2005). Predictors of growth included higher levels of sense of coherence (Linley et al., 2005; Linley & Joseph, 2007), empathy, social support and organisational support (Linley & Joseph, 2007).

Considering the relatively recent interest and investigations into vicarious posttraumatic growth and the lack of an established model of the process by which it occurs, the current study aims to adopt a meta-synthesis approach to examine the process of growth in trauma workers, within a wider context of the overall impact of trauma work. More specifically, it aims to provide a theoretical model for understanding the process of VPTG and its relation to VT, and to highlight relevant issues which may require further research. In its essence, a meta-synthesis is a qualitative secondary analysis of existing findings and ultimately, it is an interpretive rather than aggregative

work (Noblit & Hare, 1988), seeking to build, develop and refine theories, increasing our understanding of a topic while retaining the richness and uniqueness of the original studies (Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004).

Method

Selection of papers

Papers were selected following an extensive search by using electronic data bases PsycInfo, PsycArticles, ASSIA, Social Services Abstracts, Sociological Abstracts and ISI during February 2011. The terms used for the search were ("vicarious trauma" or "working with trauma*" or "secondary trauma*") AND qualitative. The search yielded 113 abstract from PsycInfo and PsycArticles; 13 abstracts from ASSIA, 89 abstracts from Social Services Abstracts, 31 from Sociological Abstracts and 48 abstracts on ISI. The abstracts were screened and relevant papers were extracted.

Papers were included if they: (a) were qualitative papers or mixed methods papers with a qualitative part; (b) investigated predominantly or partially the impact of trauma work on trauma workers and/coping with trauma work; (c) were published in a peer reviewed journal; and (d) were written in English. Papers were excluded if they dealt with: (a) a traumatic session or difficult clients (e.g., Raingruber & Kent, 2003) rather than a vicarious exposure to traumatic material; (b) immediate reactions to a traumatic event, such as informing families about the death of a family member (Somer, Buchbinder, Peled-Avram, & Ben-Yizhack, 2004) rather than engaging with a client who underwent a traumatic event. An additional paper was excluded (Wasco & Campbell, 2002) as its aims were too specific, namely attending only to responses of fear and anger, and so did not allow a general exploration of the impact of trauma work. Following this screening process, 20 papers were selected for the meta-synthesis. The papers' descriptions can be found in Table 1.

[Insert Table 1]

The papers were assessed for quality according to the criteria suggested by Atkins, Lewin, Smith, Engel, Fretheim and Volmink (2008); however, in line with Atkins et al. (2008) we decided to take an inclusive approach, including all the papers that were selected in the analysis, to achieve a greater representation of the area. Nevertheless, the quality assessment can be seen in Table 2.

[Insert Table 2]

Analysis

This meta-synthesis followed Noblit and Hare's (1988) meta-ethnographic method. Initially, the selected papers were read and re-read. Then, the original findings such as key phrases, metaphors, ideas and concepts, were put into a table and provided the "raw data" for the synthesis. A process of 'reciprocal translation' took place, whereby the synthesis data were integrated and translated into one another, producing second-order themes (for further details, please see Campbell, Pound, Pope, Britten, Pill, Morgan & Donovan 2003). These themes then formed the final four major themes of the study. The themes were audited by the second author, who traced them back to the original articles to ensure that the current analysis is reflective of the original papers' findings.

Results

From the analysis four separate but interrelated themes have emerged and these describe the overall immediate and long term, emotional and cognitive, impact of a vicarious exposure to trauma. The themes include the emotional and somatic impact of trauma work, coping with the emotional impact of trauma work, changes to inner schema and behaviour as a result of the trauma work, and the process of schematic change. These themes will now be outlined and discussed.

Theme 1: Emotional and somatic reactions to trauma work

When hearing the client's traumatic story, trauma workers reported an array of emotional responses. These included sadness (Satkunanayagam, Tunariu, & Tribe, 2010; Schauben & Frazier, 1995; Shamai & Ron, 2009; Splevins, Cohen, Joseph, Murray, & Bowley, 2010), anger (Iliffe &

Steed, 2000; Satkunanayagam et al., 2010; Schauben & Frazier, 1995; Steed & Downing, 1998), fear (Schauben & Frazier, 1995; Splevins et al., 2010), frustration (Satkunanayagam et al., 2010; Steed & Downing, 1998), helplessness (Schauben & Frazier, 1995; Steed & Downing, 1998), powerlessness (Satkunanayagam et al., 2010), despair (Etherington, 2007; Splevins et al., 2010), and shock (Pistorius, Feinauer, Harper, Stahmann, & Miller, 2008; Smith, Kleijn, Trijsburg, & Hutschemaekers, 2007; Splevins et al., 2010; Steed & Downing, 1998) with some participants noting that they have “never heard anything like it before” (Etherington, 2007) and that they never thought that things “like that” can happen (Splevins et al., 2010). In some papers, participants also reported somatic responses such as numbness and nausea (Iliffe & Steed, 2000), tiredness (Pistorius et al., 2008) and even craving sweets (Shamai & Ron, 2009). In reaction to these intense feelings and somatic responses, some trauma workers reported feeling detached (Clemans, 2004) and having difficulties performing their therapeutic work as they normally would, for example maintaining boundaries and establishing trust (Schauben & Frazier, 1995).

The intense immediate negative emotions and somatic responses seem to linger beyond a given session, and participants have reported that memories from the session, thoughts and the feeling of sadness, remained with them for weeks to come (Shamai & Ron, 2009). In some cases participants noted that they had difficulty “switching off” after sessions (Splevins et al., 2010), experiencing insomnia (Splevins et al., 2010; Steed & Downing, 1998), irritability (Splevins et al., 2010) and distress from overwhelming feelings (Lonergan, O'Halloran, & Crane, 2004).

Theme 2: coping with the emotional impact of trauma work

In order to cope with the overwhelming feelings, somatic responses and distress, participants have utilised an array of coping strategies and techniques. Many of the papers outlined the role of organisational factors in managing and mitigating the potential harmful effects of the work. This included managing workload (Harrison & Westwood, 2009; Iliffe & Steed, 2000; Lonergan et al., 2004); diversifying the work to include various roles in addition to one-to-one therapy (such as

teaching and supervising; Benatar, 2000; Harrison & Westwood, 2009; Iliffe & Steed, 2000); providing training and education on vicarious trauma and secondary traumatic stress (Benatar, 2000; Harrison & Westwood, 2009; Hunter & Schofield, 2006; Lonergan et al., 2004; Naturale, 2007; Pistorius et al., 2008); and promoting a non-authoritative and inclusive style of working (Harrison & Westwood, 2009). Peer support and supervision have also been reported as a way of coping with difficulties (Clemans, 2004; Iliffe & Steed, 2000; Lonergan et al., 2004; Pistorius et al., 2008; Smith et al., 2007), combating feelings of isolation and providing an opportunity for sharing emotions and debriefing (Hunter & Schofield, 2006). The importance of support was also noted in relation to family and friends (Harrison & Westwood, 2009; Hunter & Schofield, 2006; Splevins et al., 2010).

Another aspect of coping referred to the individuals' day to day behaviours. Self care behaviours seem to have been one of the major ways in which individuals regulated their emotions and experiences. This included exercising (Hunter & Schofield, 2006; Iliffe & Steed, 2000; Naturale, 2007; Pistorius et al., 2008; Splevins et al., 2010; Steed & Downing, 1998) to alleviate stress, healthy eating (Naturale, 2007; Pistorius et al., 2008; Steed & Downing, 1998), and resting and meditating (Naturale, 2007; Pistorius et al., 2008; Splevins et al., 2010; Steed & Downing, 1998). Promotion of self care was also achieved by a conscious and intentional effort to engage in pleasurable activities, such as taking holidays, socialising, watching films and going out (Harrison & Westwood, 2009; Hunter & Schofield, 2006; Iliffe & Steed, 2000; Splevins et al., 2010). Political activism was mentioned by Iliffe and Steed (2000) and Clemans (2004) as a way to combat the cynicism and channel the anger, that their work triggered. Separating between work and personal life was also used to regulate participants' emotions through attempts to "tune out" from thinking about work (Iliffe & Steed, 2000), for example by engaging in some sort of activity such as listening to music to symbolically and practically note the end of the working day (Hunter & Schofield, 2006). Separation between self and client was also mentioned in terms of differentiation

between empathy and sympathy (Hunter & Schofield, 2006) and one of the participant's in Lonergan et al.'s (2004) study noted that during her career a colleague reminded her that "it's not happening to you". Finally, a few studies mentioned participants' own psychotherapy as a strategy to cope with the stress and emotions experienced in their work (Bell, 2003; Hunter & Schofield, 2006; Lonergan et al., 2004; Pistorius et al., 2008; Splevins et al., 2010). Personal therapy provided participants with a safe place to explore their emotions (Pistorius et al., 2008) and gain insight into their feelings (Lonergan et al., 2004). For those who also suffered trauma themselves in the past, it was also a way to resolve their own traumatic experiences (Bell, 2003). It should be noted that Iliffe and Steed (2000) also recorded potentially harmful behaviours to regulate participants' experiences which included drinking too much coffee or alcohol and risk taking behaviours such as speeding.

The last aspect of coping was related to attitudes and beliefs. Spirituality was mentioned in several studies (Bell, 2003; Clemans, 2004; Harrison & Westwood, 2009; Hunter & Schofield, 2006; Pistorius et al., 2008; Shamai & Ron, 2009) as a buffer to negative impact (Bell, 2003) and as a coping mechanism which counters isolation and despair (Harrison & Westwood, 2009) and provides meaning for the participants' work (Shamai & Ron, 2009). Seeing their work as meaningful was also mentioned by Bell (2003) who noted that adopting an identity of "a helper" related to lower levels of stress. Another internal source of coping was positivity. In a few studies, participants mentioned that optimism (Bell, 2003; Lonergan et al., 2004; O'Neill, 2010), keeping an overall positive outlook on life (Harrison & Westwood, 2009; Hunter & Schofield, 2006) and humour (Clemans, 2004; Pistorius et al., 2008) all helped them to cope with their work. A participant in Lonergan et al.'s (2004) study noted "People who do trauma work have some sort of eternal hope. There are others who can't find that and leave".

Theme 3: The impact of trauma work - changes to schemas and behaviour

The impact of trauma work in the reviewed studies stretched beyond an emotional impact on participants and their coping strategies. It was quite clear that the experiences of working with

trauma had triggered a cognitive activity that resulted in changes to internal schema. As noted earlier, the traumatic material was “shocking” for participants (Etherington, 2007; Pistorius et al., 2008; Smith et al., 2007; Splevins et al., 2010; Steed & Downing, 1998); however, overtime, just as shocking was the discovery of the clients’ ability to cope and grow (Splevins et al., 2010). In order to make sense of their vicarious experiences, participants reported engaging in an existential meaning making process (Benatar, 2000; Harrison & Westwood, 2009; Satkunanayagam et al., 2010; Steed & Downing, 1998), questioning themselves, their lives and their identities (Goldblatt, Buchbinder, Eisikovits, & Arizon-Mesinger, 2009). Steed and Downing (1998) quote a participant saying “I spend a lot more time by myself, thinking like going for walks, and trying to make sense of life – spending more time thinking about what the whole point of everything is.” In Goldblatt et al.’s (2009) study one participant reflected “[you are] asking many questions about your own couplehood, womanhood, and how it relates to you”, in Benatar (2000) a participant asked “how do you live in a world where horrible things happen? How do you make peace with this? How do you forgive? How do you?”, and in Bell (2003) a participant noted “I think that you see the worst of people, working here...it just leaves you feeling a little baffled about...the way things are in the world, your role in it, and all that.” Various participants provided various answers to questions such as these, and perceived changes to their beliefs and attitudes about the world and life, their personal values and their perception of self. These changes occurred in both negative and positive directions.

When looking at the world in general, one theme related to the perception of safety. Views of the world as unsafe (Bell, 2003; Benatar, 2000; Clemans, 2004; Iliffe & Steed, 2000; Pistorius et al., 2008; Schauben & Frazier, 1995) and having a cynical dark view of reality (Benatar, 2000; Schauben & Frazier, 1995) were highlighted by participants. These were in line with reports of increased awareness of potential personal vulnerability (Benatar, 2000; Clemans, 2004; Iliffe & Steed, 2000); although awareness of potential danger for one participant in Clemans’ (2004) study increased her sense of safety. Another participant in that study provided some insight into this issue

by noting that “sometimes awareness is good – it’s a part of caution, and it’s part of knowing things to help you protect yourself. But at the other end, it is too much and it makes you so afraid it inhibits you living a natural life”.

An unsafe feeling was also expressed in relational terms towards people in general, manifesting itself in mistrusting others (Clemans, 2004; Iliffe & Steed, 2000; Pistorius et al., 2008; Schauben & Frazier, 1995). This, however, seemed to be present in studies which included trauma workers who were working with survivors of sexual assault/domestic abuse, and the mistrust was directed predominantly towards men. Views on humanity in general, or more specifically on human resilience, were on the whole more positive. Inspired by their clients (Benatar, 2000), participants recorded their amazement at the “human spirit” (Splevins et al., 2010) and its resilience (Clemans, 2004; Schauben & Frazier, 1995). One participant in Steed and Downing’s (1998) study noted “I’ve learnt how strong and resilient people are, and how much inner resources and strengths people have”. These revelations about the strength of the human spirit can be linked to the fact that some participants were not only vicariously exposed to the traumatic material but also, with time, they were vicariously exposed to the change and growth in their clients. This concept was noted in three of the studies (Bell, 2003; Schauben & Frazier, 1995; Splevins et al., 2010) and highlighted by one of Bell’s (2003) participants: “I have follow up with some of my clients and I’m reminded that...women learn how to laugh and be silly again...I truly feel it’s watching a rebirth of a human being”.

As for life in general, an increase in an overall appreciation of life was noted (Bell, 2003; Ben-Porat & Itzhaky, 2009; Benatar, 2000; Pistorius et al., 2008; Splevins et al., 2010), as participants realised how lucky (Pistorius et al., 2008) and blessed (Bell, 2003) they were. A participant in Benatar’s (2000) study reflected “I think that it’s pushed me to pay attention to things like this (pause) yeah, want to live...in a very alive, awake, way.” In addition to a new appreciation for life, in some studies participants reported changes to their values. This was expressed in terms of

“putting things into perspective” (Bell, 2003) and looking at what is really important in life (Shamai & Ron, 2009). Family and social ties became more valued for some participants (Bell, 2003; Benatar, 2000; Splevins et al., 2010), others experienced an increased sense of social justice (Clemans, 2004; Hunter & Schofield, 2006; Shamai & Ron, 2009; Splevins et al., 2010), and some reported becoming less materialistic (Splevins et al., 2010).

In various studies, participants reported changes in personal qualities and attitudes including becoming more compassionate (Bell, 2003; Ben-Porat & Itzhaky, 2009; Splevins et al., 2010; Steed & Downing, 1998), more accepting towards others (Bell, 2003; Ben-Porat & Itzhaky, 2009), and more humble (Benatar, 2000). There were also reports of having gained wisdom (Benatar, 2000; Lonergan et al., 2004; Pistorius et al., 2008; Splevins et al., 2010), and self awareness and insight (Clemans, 2004; Lonergan et al., 2004; Pistorius et al., 2008; Schauben & Frazier, 1995). An increased sense of self worth, empowerment and self validation (Benatar, 2000), was attributed by participants to their trauma work. A participant in Goldblatt et al.’s (2009) study stated about her work “it allowed me to compromise and accept myself as a woman. I think that I am more of a woman today than I once was”. Finally, participants described changes to the meanings they attached to their professional roles and practice, noting that they valued their profession more than before (Shamai & Ron, 2009), gained more faith and trust in the therapeutic process (Lonergan et al., 2004) and have become better therapists/social workers (Lonergan et al., 2004). It should be noted that alongside the numerous indications of growth from some participants, some participants in Pistorius et al.’s (2008) study also felt that they have become less compassionate towards others and in Steed and Downing’s (1998) study some felt that due to their heightened sense of vulnerability, they had become more suspicious of others. Nevertheless, it seems that perceived changes to self were predominantly in the direction of positive growth.

The final aspect of change was reported in relation to participants’ day-to-day activities and life. Participants in Goldblatt et al.’s (2009) study stated that their work tended to intensify

problems and difficulties, as one participant noted “the various issues brought home from work tend to sharpen and dramatise the otherwise trivial everyday struggles facing couples in their lives”. In line with this, participants in Ben-Porat and Itzhaky (2009) and in Clemans (2004) reported difficulties in family life, as they felt that they were less attentive or emotionally available (Ben-Porat & Itzhaky, 2009; Pistorius et al., 2008), and more hypervigilant. In terms of parenthood, some participants reported becoming more protective, and sometimes overprotective, parents (Clemans, 2004; Pistorius et al., 2008), though others felt that their work had improved their communication with their children and therefore made them better parents (Pistorius et al., 2008). In Benatar’s (2000) study, some participants noted that they felt an increased distance from friends, who they felt did not really understand their work. Splevin et al. (2010) also reported that some participants changed their friends as a result of their work. On the other hand, a few participants reported an increase in their social, political and community involvement (Iliffe & Steed, 2000; Satkunanayagam et al., 2010).

Theme 4: the process of schematic change and relating factors

As far as the process of change is concerned, a few themes and concepts emerged in relation to participants’ process of change and growth. Experience and time were noted as key factors moderating the negative emotional impact of the work, with more experience and time leading to less overwhelming emotions and distress (Hunter & Schofield, 2006; Lonergan et al., 2004; Shamai, Kimhi, & Enosh, 2007). One of Hunter and Schofield’s (2006) participants attributed that to a reduced sense of shock; “I have heard this before” they noted. Harrison and Westwood’s (2009) study, however, highlights a more complex picture, where positive changes could co-occur alongside some of the negative emotional impact of trauma work. For Iliffe’s (2000) participants, the belief that they can overcome the difficult emotional aspect of their work, facilitated participant’s sense of growth and positive change. One of Harrison and Westwood’s (2009) participants highlighted this duality “I feel very sad, very sorry, but I feel very...empowered. I feel

very honoured that I am asked to assist people. And that for me is something that I can grab like you know a real light switch.” In line with this, Lonergan et al. (2004) also highlighted that in their study, participants’ growth trajectory was not a simple linear one. Finally, it seems that having been witness to the growth of their clients, this facilitated the participant’s own growth (Bell, 2003; Etherington, 2007; Schauben & Frazier, 1995; Spelvins et al., 2010).

Discussion

The current paper aimed to synthesise qualitative papers on experiences of trauma workers, looking specifically at the process of growth. A summary of the themes and concepts found in the synthesis are outlined in Figure 1.

[Insert Figure 1]

Overall, it was found that alongside the potential negative emotional and schematic impact of trauma work, unusually presented within the framework of vicarious trauma, trauma workers also experienced growth as a consequence of their engagement in trauma work. It seems that the two processes of vicarious trauma and vicarious posttraumatic growth stem from an empathic engagement with traumatised clients and occur as a result of challenges to current cognitive schema which lead to their adaptation. The challenge to the schemas is experienced due to the shocking revelations with regard to either the clients’ traumatic experiences or the clients’ own posttraumatic growth. These two cognitive processes also seem to be separate (though possibly linked). The co-existence of positive and negative changes to schemas correspond to Joseph and Linley’s (2008) notion that the self is a multifaceted structure and that some facets can be accommodated positively, some negatively and some assimilated. Thus, VT and VPTG can be seen, to some extent, as independent processes leading to different outcomes for different schemas. This raises the question whether mutually exclusive (usually quantitative) investigations of either VT or VPTG are limiting our understanding of both of these phenomena.

The link between emotional distress, which could be reduced by adopting personal coping strategies and organisational factors and support, and growth also appears to be more complex, suggesting that the two may not necessarily be mutually exclusive. Although successful coping with the emotional distress was mentioned as a potentially contributing factor to growth, it was also found that growth can occur while still feeling some level of distressing emotions. The possibility of experiencing growth whilst still feeling some distressing feelings may be seen through the two broader approaches to well being (Joseph & Linely, 2005) and positions VPTG within the eudaimonic tradition of self actualisation rather than positive emotions.

The emotional responses to trauma work seemed to occur both while and after hearing the client's traumatic story. The negative emotions, distress and somatic responses have been previously conceptualised within the framework of secondary traumatic stress (Figley, 1995). These experiences were prominent across the studies in the current meta-synthesis and they highlight the concerns around being involved in the delivery of this type of work. They also point to the importance of individual and organisational recognition and acknowledgement of the effects and emotional costs of being a professional practitioner in this field of work. Personal factors, such as optimism and spirituality, also play a part in coping with the work related distress and can be considered as resilience factors. It should be noted that optimism appeared to be both a coping strategies and an aspect of growth. This dual role of optimism as a factor contributing to well being and as an indicator of well being has been mentioned in previous writings (Ryff, 1989; Shmotkin, 2005). Whilst particular personal qualities may be able to moderate the negative impact of trauma work for those who possess those qualities, organisational factors and personal coping strategies can make a considerable difference for all trauma workers in managing their distress. Although time (or experience) seemed to play a role in reducing overall distress, throughout the papers it seemed there was evidence to indicate that organisations could be instrumental in assisting their employees with this process through the provision of institutional support. It was also found that individuals' coping

strategies can be useful in alleviating distress, and therefore such strategies should be encouraged and fostered as part of an overall systemic organisational approach to managing the impact of trauma work.

Indications of both VT and VPTG were found in this meta-synthesis. In line with theories on VT (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995a) and PTG (Linley & Joseph, 2003; Tedeschi & Calhoun, 1995, 1996), these changes were triggered by exposure to material and by the provision of a professional relationship to a person who was traumatised. The challenge to existing schemas was expressed by participants in terms of shock. Negative changes to schema were triggered by the shock caused by the exposure to the client's traumatic experience, while positive changes to schemas seemed to be triggered by the sometimes unexpected vicarious exposure to the client's own growth. This finding may have implications for clinical work. If the process of practitioner growth is linked to the vicarious experiencing of the client's growth, interventions which do not allow the time and scope for this process to occur may be less facilitative of the practitioner's growth. This, of course, requires further research in order to test this hypothesis and seems to be an important area for future studies.

Both the positive and negative schematic challenges led to a preoccupation with existential questioning with the aim of making sense of the world and finding meaning in participants' experiences. Negative and positive changes to schema occurred in relation to world views, perception of self, and the day-to-day living, while positive changes were also expressed in relation to personal values. Although the areas of change were similar, the particular beliefs/schemas within each of these broad categories varied. While on the negative end, the world could be viewed as unsafe and people as untrustworthy, on the positive end, humanity can be perceived as resilient and a new appreciation of life was expressed. In terms of the self, it seems that some participants felt less compassionate and more suspicious, while others felt that they had become more compassionate as a result of their work. The findings suggested that the negative changes to self

schema were predominantly expressed by participants who were working with victims of sexual abuse (Clemans, 2004; Iliffe & Steed, 2000; Pistorius et al., 2008; Schauben & Frazier, 1995) or domestic abuse (Iliffe & Steed, 2000) and the mistrust seemed to be directed mainly towards men. This implies that specific types of trauma work may impact different schemas in different ways. The impact of the type of trauma work on VT and VPTG would therefore be an interesting area for future studies. Nevertheless, even among those who perceived themselves as less compassionate and more suspicious, other more positive changes to perception of self were able to occur and included elements such as increased self awareness and self worth and becoming a better professional. Finally, the negative and positive changes that participants have expressed throughout the papers extended beyond schemas into actual behaviours and day-to-day routines. On the negative spectrum, some participants felt that they had become more distant in their personal relationships, mainly due to the feeling that others do not “get” their work, and some felt that they had become over protective as parents. On the positive spectrum, some participants felt that they had actually become better parents, due to a sense of improved capacity to communicate with their children. More prominently, it seemed that some participants had become more aware of social justice issues and also much more active in relation to them. Further studies are required in order to examine the impact of the specificity of type of trauma work on schematic changes as this would allow deeper understanding of the complexities in this area of work.

Finally, the above positive and negative changes to schemas found in this meta-synthesis partially correspond to those mentioned by VT theories; such as changes to schemas in relation to safety, trust/dependency, esteem, control and intimacy (Pearlman & Mac Ian, 1995), and PTG theories which outline positive changes to schemas on relationships, new possibilities, appreciation for life, sense of personal strength and spiritual development (Tedeschi & Calhoun, 2008).

The above discussion should be considered within its limitation. To an extent, the analysis in this meta-synthesis, as with any other review, is dependent on the quality of the original papers.

In the current synthesis we have made a decision to be inclusive and not exclude papers on the basis of methodological rigour. This decision was taken in line with Atkins et al.'s (2008) position that there are no clear and agreed quality guidelines when it comes to qualitative papers, and that an exclusion of papers may skew relevant information and variations that may be important to the development of overall theory. Another limitation relates to our search criteria, which included only journal articles. This decision was taken with the aim of maintaining the systematic nature of locating papers and also practical considerations. It may be, however, that there are additional qualitative findings which may be relevant to our questions that we have not considered because they were published in books rather than journals.

With these methodological issues in mind, the current meta-synthesis explored the impact of trauma work, aiming to examine the concept of VPTG more closely and more specifically to articulate the process of VPTG and its relation to the process of VT. It was found that the impact of trauma work can potentially increase short and long term levels of distress in professionals engaged in this type of work and that such distress can be managed through personal and organisational efforts. It was also found that trauma work leads to changes in schemas and day-to-day routines and that these changes can be both negative and positive, suggesting a more complex and combined view of the impact of trauma work. It also found that for VPTG to occur trauma workers need to be exposed to their clients' own growth, and it pointed to the possibility that the type of trauma work may impact specific schemas.

A few implications stem from the current work. First, in terms of practical implications, this meta-synthesis provides support for advocating that organisations provide a system level response to facilitating the impact of trauma work on their employees. This could be, for example, in the form of procedures, support structures, or the fostering of an organisational culture that recognises and acknowledges the impact of trauma work on individual practitioners. This study also highlights the possibility that in order to experience growth, trauma workers may need a more long-term (even

if intermittent) engagement with clients, so that there will be an opportunity to experience and witness the client's recovery process and growth. In terms of implications for future research, this work highlights the need for a more cohesive view of trauma work rather than the traditional binary perception of either PTG or VT. It also highlights the possibility that VPTG is a similar but not identical construct to PTG, as the areas of growth include more specific aspects such as becoming a better professional and developing greater awareness of and becoming actively involved in promoting issues relating to social in/justice. Therefore, VPTG may require further specific investigations into its nature and the development of specific measures to assess it.

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Figure 1
Vicarious Posttraumatic Growth in Trauma Workers

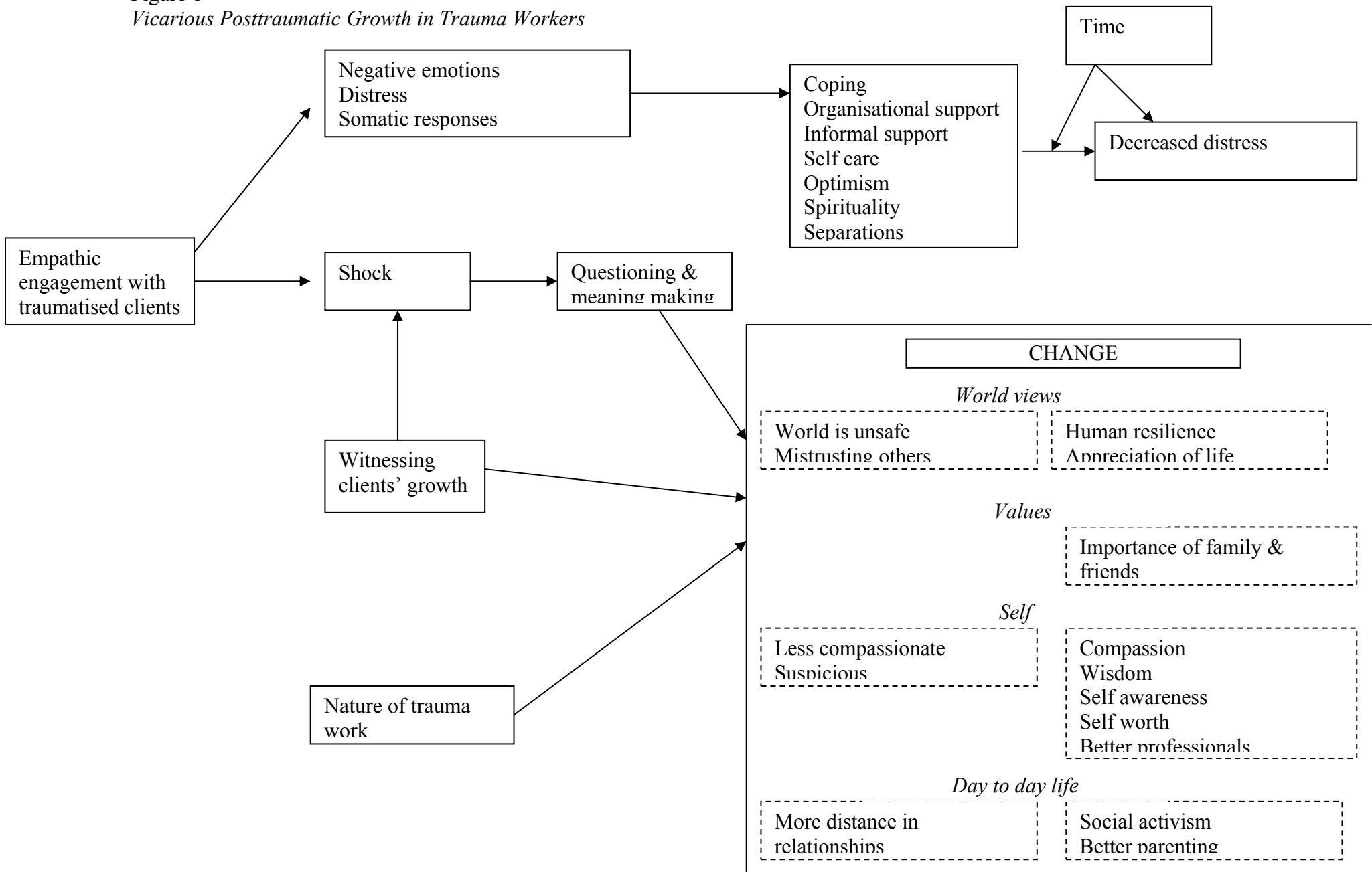


Table 1

Descriptive Details of the Reviewed Studies

Paper	Location	Aim	Participants	Data collection	Method of analysis
Bell (2003)	US	To explore stresses and strengths involved in working with battered women	30 counsellors working with female victims of domestic violence	Two sets of Semi-structured interviews, a year apart	Thematic analysis
Ben-Porat, & Itzhaky (2009)	Israel	To explore positive and negative implications of working with victims of family violence	214 social workers from violence prevention centres, battered women's shelters and Welfare bureaus.	2 open ended questions in a questionnaire	Mixed methods with a thematic analysis
Benatar (2000)	US	To explore the long-term effects of working with survivors of sexual abuse of experienced therapist with/without a history of childhood sexual trauma	12 experienced trauma social workers and psychologists; 6 with history of childhood sexual trauma and 6 without such history	In-depth interview	Thematic analysis
Clemans (2004)	US	To gain an understanding of the experiences of women who work in rape-crisis programmes	8 rape crisis workers with MA in social work/related field	Open ended interviews	Grounded theory
Etherington (2007)	US	Record the experiences of a female transcriber of traumatised people's narratives	1 female research assistant	Taped unstructured conversations	Unknown
Goldblatt et al. (2009)	Israel	To examine the way in which women social workers who work with intimate partner violence experience the impact of their work on their lives	14 female social workers working with intimate partner violence victims and perpetrators	Semi-structured interviews	Thematic content analysis
Harrison, & Westwood (2009)	Canada	To explore individual and organizational practices that contribute to well-being of clinicians working with traumatised clients.	6 experienced therapists working primarily with traumatised clients in and/or independent practice settings.	Semi-structured interviews	Narrative analysis
Hunter & Schofield (2006)	Australia	Explore how counsellors cope with clients' traumatic experiences	8 counsellors	Open ended interviews	Grounded theory
Iliffe& Steed (2000)	Australia	To explore issues of vicarious trauma	18 counsellors (13 female and 5	Semi-structured	IPA

		among counsellors working with both victims and perpetrators of domestic violence	male) working with survivors and/perpetrators of domestic violence	interviews	
Lonergan et al. (2004)	US	Explore the experiences of therapists working with traumatised children	8 therapist specialising in working with traumatised children	Semi-structured interviews	Interpretive thematic analysis
Naturale (2007)	US	Explore STS interventions	3 disaster social workers who suffered from STS	Not reported	Case studies
O'Neill (2010)	Canada	To explore the experiences of helping practitioners in supported traumatised clients in isolated communities	8 practitioners providing psychological support (5 women and 3 men)	Phone and face-to-face interviews.	Narrative analysis
Pistorius et al. (2008)	US	To explore how providing psychotherapy for sexually abused children may impact on the therapist	14 female4 therapists working with sexually abused children	In-depth interviews	
Satkunanayagam et al. (2010)	Sri Lanka	Exploring struggles and rewards of trauma work	12 (5 women, 7 men) counsellors, psychologists, psychiatrists and medical officers	Semi-structured interviews	IPA
Schauben & Frazier (1995)	US	Asses the effects of working with sexual violence survivors, the impact of personal trauma on vicarious trauma and coping strategies	118 psychologists 30 counsellors working with sexual violence survivors	Questionnaire with closed & open ended questions	Mixed methods with a content analysis
Shamai & Ron (2009)	Israel	Explore the subjective experiences of social workers who intervene with terror victims	29 social workers in areas that have suffered severe terror attacks	Semi-structured interviews	Thematic analysis
Smith et al. (2007)	Netherland	Explore hoe therapists react to traumatic material compared to other difficult situations	5 expert trauma therapists & 6 therapists	Semi-structured interviews	Grounded theory
Somer et al. (2004)	Israel	Exploring emotional reactions of hospital-based social workers to their work following a terror attack	38b social workers (37 women,1 man)	Four focus groups	Thematic analysis
Splevins et al. (2010)	UK	Explore the experiences of interpreters working with asylum seekers	6 interpreters	Semi-structured interviews	IPA
Steed & Downing (1998)	Australia	Explore the experiences of female therapists working with sexual abuse/assault survivors	4 counsellors and 8 psychologists working in organisations for sexual abused/assault survivors	Semi-structured interviews	Thematic content analysis

Table 2

Criteria for the Evaluation of Quality of the Reviewed Studies

Paper	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12
Bell (2003)	Partially	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Partially	Yes	Yes
Ben-Porat, & Itzhaky (2009)	Yes	Partially	Yes	Yes	No	Yes	Partially	Yes	Yes	Partially	Yes	No
Benatar (2000)	Yes	Yes	Yes	Yes	No	Yes	Yes	Partially	Yes	No	?	Yes
Clemans (2004)	Partially	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Etherington (2007)	No	No	?	Yes	Yes	Yes	?	No	?	No	?	Yes
Goldblatt et al. (2009)	Yes	Yes	Yes	Yes	No	Partially	?	Yes	Yes	Yes	Yes	Yes
Harrison, & Westwood (2009)	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hunter & Schofield (2006)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Partially	Yes	Yes
Iliffe & Steed (2000)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lonergan et al. (2004)	Yes	Yes	Yes	Partially	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Naturale (2007)	Yes	Yes	Yes	Yes	No	No	?	No	?	No	Yes	Yes
O'Neill (2010)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pistorius et al. (2008)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Partially	Yes	Partially
Satkunanayagam et al. (2010)	Yes	Yes	Yes	Yes	No	No	?	Partially	?	Yes	Yes	Yes
Schauben & Frazier (1995)	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Partially	Yes	Partially	Partially
Shamai & Ron (2009)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Smith et al. (2007)	Yes	No	Yes	Partially	No	No	?	Yes	Yes	Partially	Yes	No
Somer et al. (2004)	Yes	Yes	Yes	Yes	Partially	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Splevins et al. (2010)	Yes	Yes	Yes	Yes	Partially	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Steed & Downing (1998)	Yes	Yes	Yes	Partially	No	No	?	No	?	Partially	Yes	Yes

Note. **C1** Are the research questions clearly stated? **C2** Is the qualitative approach clearly justified? **C3** Is the approach appropriate for the research question? **C4** Is the study context clearly described? **C5** Is the role of the researcher clearly described? **C6** Is the sampling method clearly described? **C7** Is the sampling strategy appropriate for the research question? **C8** Is the method of data collection clearly described? **C9** Is the data collection method appropriate to the research question? **C10** Is the method of analysis clearly described? **C11** Is the analysis appropriate for the research question? **C12** Are the claims made supported by sufficient evidence. ? = there are no sufficient details in the study to determine whether the criterion was met