

A systematic literature review: exploring evolving and emerging themes in vicarious trauma research from 1990 to 2021

Alison Howarth

This study is a systematic literature review of research into vicarious trauma / vicarious traumatisation. The aim was to examine emerging and evolving key themes over time since 1990, when vicarious trauma was first named in a research title. All pieces of research and literature which included vicarious trauma or vicarious traumatisation were on the original inclusion list. Only the abstracts or descriptions of each piece were used in the analysis. The literature was explored using thematic analysis with a semantic lens.

The primary themes which emerged for exploration were vicarious trauma impacts; personal protective factors and personal risk factors; professions and contributing professional factors; organisational protective factors and organisational risk factors; exploration of post traumatic growth and vicarious resilience, and issues found in the body of research. Themes which remained relatively steady over time with little change were the impacts of vicarious trauma and contributing professional factors. Themes which evolved to become more nuanced over time were in personal risk factors and personal protective factors, and in post-traumatic growth and vicarious resilience factors. Perhaps the biggest evolution was the expansion of professional bodies being studied for their exposure to vicarious trauma risk, and an emerging dissatisfaction with the concept definitions and methods used in vicarious trauma research. Future areas for research are discussed.

Keywords: *Vicarious trauma; vicarious traumatisation; vicarious resilience; professional risk; inter-personal trauma.*

Introduction

This systematic literature review examined the existing literature and research about vicarious trauma and its impacts. The current body of work was initially explored from a broad perspective and then a narrower focus was used to analyse the themes which have emerged over the past 31 years. This gave a high-level view of the research to date and indicates potential avenues for further exploration.

Vicarious trauma has appeared in research since it was first named as such in 1990 by McCann and Pearlman in their

article: "Vicarious traumatization: A framework for understanding the psychological effects of working with victims". Since then, there have been relatively few studies in which vicarious trauma or vicarious traumatisation is named in the title. There have, however, in the same period, been thousands of research papers about burnout, and hundreds about secondary trauma and compassion fatigue (See Appendix 1). This literature review focusses upon vicarious trauma as a distinct and important impact of trauma work, hoping to move the discourse away from the slightly blaming overtones in the terminology of burnout and compassion fatigue.

Vicarious trauma is described as the impact upon a person from exposure to traumatic material.

The types of individuals who may be impacted by vicarious trauma include anyone who creates an empathic connection or bond with someone who is sharing the story of a traumatic event, or anyone who is repeatedly exposed to graphically disturbing or trauma content (Fohring, 2020). Individuals with higher empathy ratings have been shown to demonstrate a more greatly affected world view when impacted

Corresponding Author: Alison Howarth

Phone: 0497 443 799

Email: admin@apactraumaconsulting.com

Australian Counselling Research Journal ISSN1832-1135

by vicarious trauma (Feldman & Kaal, 2007). Vicarious trauma can be seen within families where one member has experienced trauma (Boulanger, 2018) or after witnessing or hearing about the trauma event of a friend (Howard, 2021). Vicarious trauma is particularly prevalent in those professions which require an individual to be exposed to traumatic material repeatedly over time, particularly inter-personal trauma, such as trauma therapists and mental health professionals.

Vicarious trauma impact definitions

The definitions of vicarious trauma impacts have evolved over the past few decades, with the current agreed definition including an altered world view (Raunick et al, 2015), particularly an increasingly negative world view (Jordan, 2010) and a negative change in the perceptions of the safety of self and others (Holder, 2015), which creates further impacts on an individual's relationship with self, including self-esteem, intimacy, and relationships with others. It is important to note that vicarious trauma is separate and distinct from secondary traumatic stress or worker burnout, although they may have similar initial presentations (Canfield, 2005). Vicarious trauma refers to "pervasive and cumulative" changes in a person's view of the world, other people, and themselves because of repetitive exposure to traumatic material of any kind (Fohring, 2020).

Current Study

This study is a systematic literature review of research into vicarious trauma / vicarious traumatisation. The study has been formulated to look at emerging themes over the past thirty-one years and to explore potential future avenues for research. This systematic review looks at research literature on vicarious trauma from 1990, which is when vicarious trauma was named as such for the first time as opposed to the use of terms like "compassion fatigue" or "burnout".

The online library search engine of the Australian College of Applied Psychology was used to search a variety of online libraries for research literature regarding vicarious trauma. Thematic analysis was then applied to examine evolving themes over time, in five (5) year increments.

The potential audience for this review includes professionals exposed to trauma and organisations who have a duty of care to their workers exposed to traumatic material. This study hopes to add a cohesive assessment of the evolution of current research regarding vicarious trauma to help inform workplace policy and processes as per current best practice, and to explore where future research may be directed.

Method

Eligibility criteria

For inclusion in this systematic literature review, the literature fulfilled the following criteria:

- Vicarious trauma or vicarious traumatisation is included in the TITLE.

This criterion was established to ensure that the *idea* of vicarious trauma was considered important enough by the researchers that it be included in the title for ease of search by others. This narrower search thus hopefully focusses on research which considers vicarious trauma itself to be an important area of study. By highlighting the term in the title, rather than the phrase "Vicarious trauma/vicarious traumatisation" appearing in the

description or subject, the search was narrowed to a reasonable volume. (See Table 1 and Table 2 for search results.)

Due the broad nature of this review only abstracts or descriptions were studied.

Search strategy

The online search engine of the Australian College of Applied Psychology was utilised for this search. The online libraries that returned items on search include:

- SAGE Journals
- ProQuest Psychology
- EBSCOhost
- Taylor & Francis
- APA PsycARTICLES
- SpringerLink Journals
- PubMed Central Open Access
- Directory of Open Access Journals
- Ebook Central

Further assessment for exclusion

All items returned on search, including books, journal articles, magazine articles (in professional publications, for example: Officer.com – an online Police force publication) were initially included.

There were very few exclusion criteria for this search, as it is a deliberately broad overview of research trends and theme evolutions.

Upon assessment of the returned research items, they were excluded from the review if:

- There was no abstract or description.
- If it was a duplicate.
- Vicarious Trauma as a *concept* was not included in the title. For example: Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma. (Hernandez, Gangsei & Engstrom, 2007) was not included.

Search Results

As shown in Tables 1 and 2, the initial literature search yielded 132 (Title includes vicarious trauma) and 100 (Title includes vicarious traumatisation) papers from the online library search engine at ACAP. These results were segmented into five (5)-year blocks for ease of screening and examining trends over time. After any duplicates were removed, and items which did not include an abstract or description were removed, there were 188 eligible research items to be potentially included in the review. Where the return in a 5-year segment (excluding repeats or items without an abstract or description) was greater than 25 items, a 33% sample was chosen to ensure the scope of the project was within capacities. (This sampling was performed in a purposive manner which aimed at including a wide variety of professions and perspectives.) In total, the final number of research items to be thematically analysed stands at 130.

Table 1. Search returns for *TITLE contains vicarious trauma*.

Title contains: Vicarious trauma			
Year range segment	Search returns	Search returns (excluding repeats and items without an abstract or description)	Included in analysis
1990–1995	0	0	0
1996–2000	0	0	0
2001–2005	13	10	10
2006–2010	20	12	12
2011–2015	31	26	9*
2016–2020	62	59	18*
2021–2021	6	5	5
Total	132	112	54

*For the 5-year segments where the search returns (excluding repeats and items without an abstract or description) was greater than 25 items, 33% was purposively sampled from the total for inclusion in the thematic analysis. The purposive sampling aimed at including a wide variety of professions and perspectives.

The research items included in the analysis (where the title contains “vicarious trauma”) are summarised in Appendix 2.

Table 2. Search returns for *TITLE contains vicarious traumatisation/traumatization*.

Title contains: Vicarious trauma			
Year range segment	Search returns	Search returns (excluding repeats and items without an abstract or description)	Included in analysis
1990–1995	6	4	4
1996–2000	10	4	4
2001–2005	17	14	14
2006–2010	18	15	15
2011–2015	16	13	13
2016–2020	28	22	22
2021–2021	5	4	4
Total	100	76	76

The research items included in the analysis (where the title contains “vicarious traumatisation/traumatization”) are summarised in Appendix 3.

Data analysis

As this research is studying emerging themes over time, all the included article descriptions/abstracts were grouped in five (5) year periods from 1990. Within each of these time periods the article description/abstracts were examined using thematic analysis (TA), where the selected text was colour coded for key ideas and word groupings to be used as building blocks for

broader themes and patterns of meaning (Clarke & Braun, 2017). When coding for key ideas a semantic lens (word meaning) was used as opposed to an interpretive lens (Boyatzis, 1998). This helped ensure the inductive nature (letting themes develop via empirical observation) of the analysis rather than deductive (testing an existing theory).

The data was extracted manually and laid out in Word documents for manual processing. Software was considered for this process (MAXQDA), but ultimately not used.

In the manual analysis, a visual scan of the data sets was conducted to get a high-level view of the potential themes. These were separated out into:

- Vicarious trauma itself – definitions, impacts, potential risk factors, potential protective factors.
- Profession – type, professional factors (associated with vicarious trauma), organisational factors, the personal factors of an individual professional which may influence vicarious trauma, professional settings
- Situational factors such as natural disasters.
- Research development – trauma informed language, vicarious resilience and post-traumatic growth (as opposed to post traumatic stress disorder) and issues found in the research.

These themes were then colour coded by word or blocks of words to relate to a particular theme and to narrow the themes down to emerging primary themes. The first stage of this coding is described by Strauss and Corbin (1998) as open coding where the individual lines of text are examined to identify key concepts and ideas. The second phase of this process is axial coding where the broad concepts and ideas are refined by closer scrutiny, which did result in a slight shift in the themes to be analysed as discussed in the Results section.

Results

The overarching aim of this systematic literature review is to examine the predominant emerging themes in vicarious trauma research over the past 31 years (1990–2021). To this end, thematic analysis was employed to examine the abstracts of 130 pieces of literature using a semantic lens.

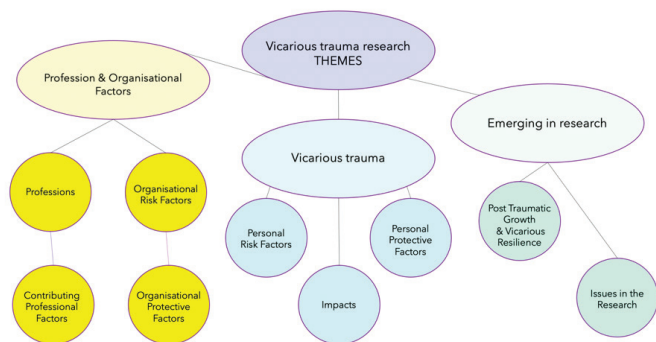
Theme Overview

On reviewing the abstracts and descriptions as laid out in 5-year segments, overarching primary themes started to emerge in the literature. The axial coding had some departures from the initial high-level scan. The primary themes (and sub-themes) that emerged after this refinement are:

- Vicarious trauma:
 - o Vicarious trauma impacts,
 - o Personal risk factors influencing vicarious trauma impacts,
 - o Personal protective factors influencing vicarious trauma impacts.
- Profession and organisational factors:
 - o Professions exposed to vicarious trauma risk,
 - o Contributing professional factors (such as client groups),
 - o Organisation risk factors influencing vicarious trauma impacts,
 - o Organisation protective factors influencing vicarious trauma impacts.
- What has been recently emerging in the research:

- o Exploration of post traumatic growth and vicarious resilience,
 - o Issues in the research.
- Tangential themes and ideas (not explored closely in this paper):
- o Situational factors contributing towards vicarious trauma impacts (such as natural disasters, terrorist attacks and pandemic),
 - o The growth of trauma-informed language.

Figure 1. Primary themes that emerged in the thematic analysis.



Themes emerging in each 5-year time period.
1990–1995 (4 search returns)

1990 was the first time the term vicarious trauma/vicarious traumatization was used in the title of a piece of literature (McCann & Pearlman, 1990).

The **impacts of vicarious trauma** were described as a negative effect related to the exposure to graphic material combined with the “therapist’s own schemas, expectations and assumptions” (McCann & Pearlman, 1990). The negative effect was further elaborated as: “imagery associated with the patient’s story and the same disruptions in relationships as the patient. ... lack of attention, poor work performance, medication errors, sick calls, treatment errors, irreverence, hypervigilance, and somatic complaints” (Crothers, 1995) and impacts to other-esteem.

The **personal risk factor** explored was a personal trauma history which exacerbates the negative effects of the work. **Personal protective factors** were not explored in this period.

The **professions** covered by the research were therapists, trauma therapists and psychotherapists. The **contributing professional factors** described were client groups of survivors of childhood trauma and other victims, and “the empathic engagement with trauma survivors” (Neumann & Gamble, 1995).

Organisational risk factors explored were a lack of training in trauma therapy, supervision support and team support. Inversely, **organisational protective factors** were seen as adequate levels of training, supervision support and team support.

Post traumatic growth was not discussed in this period.

No **issues in research** were discussed in this period.

1996–2000 (4 search returns)

Vicarious trauma impacts were described as “the deleterious effects of trauma therapy on the therapist” (Pearlman & Mac Ian, 1990). Vicarious trauma was described as causing

a disruption in the cognitive schemas of therapists, while counsellors working with trauma “experience greater emotional exhaustion and use more escape/avoidance coping strategies” (Johnson & Hunter, 1997). Further VT impacts on professionals were described as: “development of anxiety, depression, intrusive thoughts, alienation, dissociative episodes, feeling of helplessness, paranoia, hypervigilance, and disrupted personal relationships. (Blair & Ramones, 1996).

Personal risk or protective factors were not explored in this period.

The **professions** covered by the research were psychotherapists, counsellors, and therapists.

The **contributing professional factors** described were trauma survivor client groups, sexual abuse material, empathic engagement and victims of trauma and abuse.

No **organisational risk factors** or **organisational protective factors** were explored.

Post traumatic growth was not discussed in this period.

No **issues in research** were discussed in this period.

2001–2005 (24 search returns)

Vicarious trauma impacts were described as debilitating anxiety, distress, depressive symptoms, disruptions in self-intimacy and “profound changes in the way they experience self, others, and the world” (Crabtree, 2002). The posited cause of the **impact** was described as the process whereby “therapists go through an internal process as they try both to make sense out of the stories they hear from clients, and to integrate those stories into their own existing cognitive schemas” (Canfield, 2005).

Personal risk factors explored include gender, personal trauma history, therapist beliefs and psychosocial functioning. **Personal protective factors** described were education and knowledge about trauma, reflections on personal attitudes and reactions. “Self-care is described to ameliorate the emotional and cognitive effects of Vicarious Trauma.” (Clemans, 2005).

The **professions** covered by the research were therapists, psychotherapists, counsellors, sexual assault and domestic violence counsellors, social workers, law enforcement, healthcare professionals, emergency service personnel, genocide instructors and researchers, grief counsellors, mental health workers, social work students and researchers.

The **contributing professional factors** described were client groups of victims of trauma such as sexual assault, domestic violence or child abuse, juvenile sex offenders, sex offenders and survivors of sexual victimization; as well as traumatic material in the context of academe (not in the frontline client context).

Organisational risk factors were described as violence in the workplace, career longevity and number of offenders in a case load. **Organisational protective factors** were described as clinical supervision, peer supervision and “participants who reported having a venue to address the personal impact of their work were found to be more likely to score lower on the measure of vicarious trauma than those who did not.” (Kadambi and Truscott, 2003)

This is the first period in which **post-traumatic growth** was mentioned. It was described as “increased appreciation for the resilience and strength of survivors; a greater appreciation for one’s life; a stronger Jewish identity; and a greater sense of justice.” (Goldenberg, 2002).

This was also the first period in which **issues in the**

research were mentioned. Issues include a lack of baseline data, disparate results, meagre and inconsistent evidence, and includes a statement that “Vulnerable trauma therapists may too eagerly embrace the event countertransference and vicarious traumatization perspectives as a cover up for their own failures.” (Hafkenscheid, 2005).

2006–2010 (27 search returns)

Vicarious trauma impacts were described as disrupted cognitions about self-esteem and intimacy, post-traumatic stress, “disruption in cognitions about intimacy with others” (VanDeusen & Way, 2006), fatigue, emotional exhaustion, sleeplessness, decreased morale and increasingly cynical and negative feelings toward others.

Personal risk factors explored include gender, personal trauma history, childhood maltreatment and a non-productive coping style. **Personal protective factors** described were social support, resiliency, self-care, and leisure.

The **professions** covered by the research were therapists, mental health professionals, clinicians, teachers, therapist trainees, military therapists, psychiatrists, child welfare professionals, solicitors, counsellors, nurses who provide palliative and haematological cancer care, sexual violence counsellors, telephone counsellors, sexual abuse therapists, and psychotherapists.

The **contributing professional factors** described were client groups who are victims of family violence, combat veterans, adult survivors of sexual violence and child sexual abuse. Other areas of professional factors were nursing specialisations such as cancer, oncology, and AIDS nursing.

Organisational risk factors were described as work-related stressors, for example: “severity of combat trauma assigned/seen by the therapist” (Jordan 2010), and other professional trauma. **Organisational protective factors** were described as trauma sensitive supervision and therapist preparation with training in such coping strategies as “realistic goal setting and reframing” (Lucas, 2007), and theoretical frameworks deriving from “social justice principles, feminist, narrative theories and the ‘New Trauma Therapy’” (Pack, 2009).

Post-traumatic growth was described as the positive aspect of witnessing “human resilience and post-traumatic growth, personal growth, collegial support, increased sensitivity, compassion, insight, tolerance, spirituality and a sense of importance in providing a counselling service” (Todd, 2007).

Several **issues in the research** were discussed in this period including methodological limitations in terms of definitions and the literature, confusion about key terms and a “lack of conceptual clarity” (Boscarino et al, 2010), different scales using different concepts and researchers’ ability to clearly define vicarious trauma as a concept. A statement was also made that the research issues call into question “the existence of secondary trauma-related phenomena and enterprises aimed at treating the consultants.” (Devilly et al 2009).

2011–2015 (39 search returns; 22 search returns used)

Vicarious trauma impacts were described as negative effects in quality of life, sexual desire, levels of distress, personal, academic, and professional functioning, and staff turnover.

Personal risk factors explored include gender, personal trauma history, dysfunctional beliefs, and a negative coping style. **Personal protective factors** described were

personal wellness, compassion satisfaction and the development of resilience; vicarious trauma itself was described as determined by individual variables.

The **professions** covered by the research were trauma workers, social workers, trauma therapists, sports coaches, medical staff, behavioural health clinicians, hospital personnel such as physicians, nurses and paramedics, volunteers, mental health professionals, medical students, psychiatric nurses, child welfare professionals, sexual abuse counsellors, telephone and online counsellors, law enforcement.

The **contributing professional factors** described were trauma work, cancer patients, torture survivors, traumatized individuals, survivors of intimate-partner violence, abused children and their families, experiences of violence while on student placement, exposure to patients’ violence, working in emergency situations, witnessing human cruelty, and witnessing a serious athletic injury.

Organisational risk factors were described as a heavy counsellor trauma case load, lack of clinical supervision, debriefing and training, as well as a lack of specific support to be able to recognise vicarious trauma. **Organisational protective factors** were described as a supervisory working alliance, management support; and embracing “effective recognition, non-stigmatised acceptance, and management of vicarious traumatisation” (Howlett & Collins, 2014).

Post-traumatic growth was implied as part of a non-binary view of trauma work in that therapists are changed in both positive and negative ways; and that to experience vicarious resilience therapists must be exposed to the resilience of clients.

No **issues in research** were discussed in this period.

2016–2020 (81 search returns; 40 search returns used)

Vicarious trauma impacts were described as serious individual consequences such as PTSD, suicide ideation, substance abuse, impacts to affective and cognitive aspects, an altered world view and feelings of powerlessness. Impacts to organisations were described as reduced job satisfaction and efficiency, burnout and higher staff turnover, and a poor workplace environment.

Personal risk factors explored include relatively young age, low emotional stability, personal trauma history, low level of wellness, “insecure attachment styles” (Merhav et al, 2018) and poor empathy skills. **Personal protective factors** described were high levels of personal wellness and emotional stability, being in therapy, strong empathy skills and a clear “differentiation of self” (Halevi & Idisis, 2018).

The **professions** covered by the research were first responder agencies (e.g., police, fire, ambulance), dental care practitioners, refugee trauma counsellors, lawyers, mental health professionals, psychiatrists, academe: professors and scholars teaching, researching and writing violence, child welfare workers, early childhood educators, child welfare attorneys, early childhood professionals, victim advocates, alcohol and other drug clinicians, emergency medical services (EMS) personnel, nurses, medical staff, interpreters, probation officers, trainee clinical psychologists and environmental researchers.

The **contributing professional factors** described were client groups such as survivors of interpersonal trauma such as child sexual abuse, sexual assault and domestic violence, suicide grief, traumatised asylum seekers, as well as client pain and discomfort, and exposure to traumatic material (including

environmental deprecations).

Organisational risk factors were described as high weekly work hours, insufficient experience, poor quality in trauma training and a trauma-exposed client group. **Organisational protective factors** were described as a reflective practice, trauma-specific training and access to personal and professional support, in particular relational-oriented supervision, or supervision where therapists could process the stress caused by traumatic disclosures or a “supervision process to manage vicarious trauma and encourage vicarious post-traumatic growth” (Long, 2020).

Post-traumatic growth was proposed as a co-occurrence, or related phenomenon, to vicarious trauma, and vicarious trauma is seen as “essential in helping both clinicians and patients process the traumatic material” (Boulanger, 2018).

Several **issues in research** were discussed in this period including a failure to take socio-political factors into account, a confusion in terminology, and “conceptual, methodological, and analytical gaps in the empathy-based stress literature” (Rauvola et al., 2019). Lack of evidence is cited for an inability to support “belief changes in vicarious traumatization or a relationship between exposure to trauma work and general psychological distress” (Makadia et al., 2017).

2021 (9 search returns)

Vicarious trauma impacts were described as feelings of isolation and distress, impacts in both professional and personal lives, and the level of vicarious traumatization experienced was higher in non-front-line staff than in front-line (Norhayati et al., 2021).

The **personal risk factor** explored was where the experience of the client was familiar to the worker. Personal protective factors described were self-care strategies and reflexivity.

The **professions** covered by the research were criminal lawyers, jurors, researchers, psychotherapists, forensic interviewers, healthcare provider, frontline healthcare workers.

The **contributing professional factors** described were stories of trauma and interpersonal trauma, stories of domestic violence, gruesome details, emotional evidence, and working with trauma survivors.

No **organisational risk or protective factors** have yet been described in this period.

Post-traumatic growth was not discussed in this period.

Issues in the research were not discussed in this period.

In conclusion, there were several interesting evolutions of theme over the years, and some overarching themes that emerged as potentially important, particularly around the research issues concerning confusion in terminology and general lack of clarity in definitions.

Discussion

The aims of this research were to examine the emerging trends in vicarious trauma research and any evolution within those themes, to understand implications for individuals and organisations regarding vicarious trauma, and to explore areas for possible future research. The data examined a range of

themes which were collated into primary themes. This discussion is organised around these key themes.

Data Summary

In the area of **vicarious trauma impacts** the research shows a relatively steady set of definitions over the thirty years. The impacts are broadly defined as negative impacts on an individual's personal schemas and cognitions as they relate to self, others, and the world. These changes can then lead to displays of emotional dysregulation or development of mental wellbeing issues such as anxiety and depression. One theme that did evolve in vicarious trauma impact more recently (2016–2020) is that of the examination of the impacts on organisational health, such as high staff turnover, a reduction in efficiencies and a poor work environment.

In terms of the **personal risk and protective factors** that each individual brings to their role, the research evolved to become more nuanced and understanding of the intersectional nature of vicarious trauma at an individual level. The data evolved from broad strokes of “therapist's own schemas, expectations and assumptions” (McCann & Pearlman, 1990) to a more descriptive and nuanced view of personal attachment styles, productive and non-productive coping styles, personal resilience, and differentiation of self.

The data suggest an expansion in the **professions** being recognised as exposed to vicarious trauma risk; moving from a focus primarily on those professions in mental health support and expanding to include all professions which may be exposed to traumatic material in the course of their duties.

The data on **contributing professional factors** remain steady throughout the thirty years and describe an overarching theme of the exposure to traumatic material in its many and varied contexts as being a part of the professional's workday experience. The focus of this has been largely in the field of interpersonal trauma.

The results for **organisational protective and risk factors** are quite binary in that a lack of attention or investment in a domain will be a risk to staff, while attention or investment paid to that same domain will be a protection for them. For example: training in trauma, reasonable case load levels, clinical supervision and healthy peer support channels, and a general focus by the organisation on staff engagement in vicarious trauma awareness and bringing staff along a journey of affective connection with the organisation and its aims (and related job satisfaction). The evolution of theme in this area is related to the growing specificity and evolution of knowledge of inter-personal trauma therapy in general. For example, the data moves from recommending supervision in general, to recommending specific forms of supervision, such as reflective or relational-oriented supervision. There are also specific frameworks that are being recommended for use by therapists dealing with interpersonal trauma such as theoretical frameworks deriving from “social justice principles, feminist, narrative theories and the ‘New Trauma Therapy’” (Pack, 2009).

The data for **post traumatic growth and vicarious resilience** emerged in the period 2001–2005; and as with personal risk and protective factors began with broad brushstrokes and became more nuanced and individualised over time. A key evolving theme of post-traumatic growth and vicarious resilience is that of its natural co-occurrence with the incidence of vicarious trauma, in that individuals will be both negatively and positively impacted by the trauma of others in the processing of trauma in

the context of the therapeutic alliance.

The data describe **issues in the research**, particularly centring around a lack of conceptual clarity regarding vicarious trauma itself, and a general lack of consistency and clarity in terminology. Some studies cite a paucity of data; other studies cite disparate and inconsistent results. In addition, one study states that therapists use the notion of vicarious trauma ideas to cover their own failings (Hafkenscheid, 2005), and another study states that the research issues call into question “the existence of secondary trauma-related phenomena” and the subsequent businesses created with the aim of treating the consultants. (Devilley et al 2009).

Implications

The evolutions of the research data explored in this review reflect evolutions in the field of interpersonal trauma treatment itself, in terms of understanding the impacts of trauma, the methodologies, and frameworks of treatment for trauma and the understanding of the role of the professional.

The expansion of research to explore vicarious trauma impact and risk in a broadening range of professionals demonstrates the importance of the recognition of vicarious trauma and an increasing cohort of professionals who should be protected from this risk. In the initial years of vicarious trauma research, the focus was on the professions who dealt directly in the emotional and mental health support of people impacted by trauma. During the past few decades of research, the types of professions examined have evolved from being primarily focused upon the professions of trauma therapy and support, to include professions like trauma researchers (Eades et al 2021; Fohring, 2020), legal and judicial professionals (Vrklevski & Franklin, 2008), and first responders such as police and other emergency responders (Brown et al, 1999).

A primary implication arising from this review is that, over time, researchers have recognised the importance of moving away from generalisations and towards individualised viewpoints of trauma in general and vicarious trauma. This was borne out by the move away from broad brush strokes of meaning in both personal risk and protective factors, and in post-traumatic growth and vicarious resilience factors. As part of the evolution of the research literature, there is also a general move towards examining the phenomenon of vicarious post-traumatic growth, vicarious resilience, and personal and professional growth through trauma work (Michalchuk & Martin, 2019).

The impacts of vicarious trauma, and the professional factors that contribute to vicarious trauma did not display many changes over time and seem to be relatively stable.

The biggest implication arising from the data is in the issues uncovered in research. It is posited that much of the research is flawed and lacking in conceptual clarity. It may be a rewarding avenue of future research to clearly define vicarious trauma in terms of nomenclature and concept, and to clearly outline and demonstrate a consistent and repeatable methodology of measurement and analysis.

The limitations of this current study are in the breadth and shallowness of the examination. In an examination of abstracts there is little contextual or granular information available. However, this type of broad data search does give a high-level scan across the decades of data that might not otherwise be apparent or available and provides signposts for future research.

Bio

Alison Howarth has worked as frontline counsellor, manager and service designer for trauma support services for over 25 years. During that time, she developed programmes to manage vicarious trauma for staff and organisations, which were adopted by government, not for profit and corporate organisations. Alison now leads a team to create evidence based, trauma informed training, protocols and processes to help organisations whose staff are at risk from unmanaged vicarious trauma.

Alison has just completed her Masters in Counselling and Psychotherapy through ACAP.

apactraumaconsulting.com

References

- Blair, D. T., & Ramones, V. A. (1996). Understanding vicarious traumatization. *Journal of Psychosocial Nursing and Mental Health Services*, 34(11), 24–.
- Boscarino, J., Adams, R., & Figley, C. (2010). Secondary trauma issues for psychiatrists: identifying vicarious trauma and job burnout. *The Psychiatric Times*, 27(11), 24–26.
- Boulanger, G. (2018). When is vicarious trauma a necessary therapeutic tool? *Psychoanalytic Psychology*, 35(1), 60–69. <https://doi.org/10.1037/pap0000089>
- Boyatzis, R. (1998) *Transforming qualitative information: Thematic analysis and code development*. California, USA: Sage; 1998.
- Brown, J., Fielding, J., & Grover, J. (1999). Distinguishing traumatic, vicarious and routine operational stressor exposure and attendant adverse consequences in a sample of police officers. *Work and Stress*, 13(4), 312–325. <https://doi.org/10.1080/02678379950019770>
- Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: a review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work*, 75(2), 81–101. https://doi.org/10.1300/J497v75n02_06
- Clarke, V. & Braun, V. (2017) Thematic analysis, *The Journal of Positive Psychology*, 12(3), 297–298, DOI: 10.1080/17439760.2016.1262613
- Clemans, S. E. (2005). Recognizing vicarious traumatization: a single session group model for trauma workers. *Social Work with Groups* (New York. 1978), 27(2, 3), 55–74. https://doi.org/10.1300/J009v27n02_05
- Crabtree, D. A. (2002). *Vicarious traumatization in therapists who work with juvenile sex offenders*. ProQuest Dissertations Publishing.
- Crothers, D. (1995). Vicarious traumatization in the work with survivors of childhood trauma. *Journal of Psychosocial Nursing and Mental Health Services*, 33(4), 9–13.
- Devilley, G., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian and New Zealand Journal of Psychiatry*, 43(4), 373–385. <https://doi.org/10.1080/00048670902721079>
- Eades, A.-M., Hackett-Williams, M., Raven, M., Liu, H., & Cass,

- A. (2021). The impact of vicarious trauma on Aboriginal and/or Torres Strait Islander health researchers. *Public Health Research & Practice*, 31(1). <https://doi.org/10.17061/phrp30012000>
- Feldman, D., & Kaal, K. (2007). Vicarious trauma and assumptive worldview: beliefs about the world in acquaintances of trauma victims. *Traumatology* (Tallahassee, Fla.), 13(3), 21–31. <https://doi.org/10.1177/1534765607305437>
- Fohring, S. (2020). The risks and rewards of researching victims of crime. *Methodological Innovations*, 13(2). <https://doi.org/10.1177/2059799120926339>
- Goldenberg, J. (2002). The Impact on the interviewer of holocaust survivor narratives: vicarious traumatization or transformation? *Traumatology* (Tallahassee, Fla.), 8(4), 215–231. <https://doi.org/10.1177/153476560200800405>
- Hafkenscheid, A. (2005). Event countertransference and vicarious traumatization: theoretically valid and clinically useful concepts? *European Journal of Psychotherapy & Counselling*, 7(3), 159–168. <https://doi.org/10.1080/13642530500183804>
- Halevi, E., & Idisis, Y. (2018). Who helps the helper? Differentiation of self as an indicator for resisting vicarious traumatization. *Psychological Trauma*, 10(6), 698–705. <https://doi.org/10.1037/tra0000318>
- Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma. *Family Process*, 46(2), 229–241. <https://doi.org/10.1111/j.1545-5300.2007.00206.x>
- Holder, M. (2015) *Exploring the potential relationship between historical trauma and intimate partner violence among Indigenous women*. Ann Arbor, MI: University of Kansas; 2015
- Howard, S. (2021) A causal model of children's vicarious traumatization. *Journal of Child & Adolescent Trauma*. <https://doi.org/10.1007/s40653-020-00331-z>
- Howlett, S. L., & Collins, A. (2014). Vicarious traumatization: risk and resilience among crisis support volunteers in a community organisation. *South African Journal of Psychology*, 44(2), 180–190. <https://doi.org/10.1177/0081246314524387>
- Johnson, C. N. E., & Hunter, M. (1997). Vicarious traumatization in counsellors working in the New South Wales Sexual Assault Service: An exploratory study. *Work and Stress*, 11(4), 319–328. <https://doi.org/10.1080/02678379708252995>
- Jordan, K. (2010) Vicarious trauma: proposed factors that impact clinicians. *Journal of Family Psychotherapy*; 21(4) 225-237. DOI: 10.1080/08975353.2010.529003
- Kadambi, M. A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. *Traumatology* (Tallahassee, Fla.), 9(4), 216–230. <https://doi.org/10.1177/153476560300900404>
- Long, S. (2020). Supervisors' perception of vicarious trauma and growth in Australian refugee trauma counsellors. *Australian Social Work*, 73(1), 105–117. <https://doi.org/10.1080/0312407X.2018.1501587>
- Lucas, L. (2007). The pain of attachment – “you have to put a little wedge in there”: how vicarious trauma affects child/teacher attachment. *Childhood Education*, 84(2), 85–91. <https://doi.org/10.1080/00094056.2008.10522979>
- Makadia, R., Sabin-Farrell, R., & Turpin, G. (2017). Indirect exposure to client trauma and the impact on trainee clinical psychologists: Secondary traumatic stress or vicarious traumatization? *Clinical Psychology and Psychotherapy*, 24(5), 1059–1068. <https://doi.org/10.1002/cpp.2068>
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious trauma: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–149. <https://doi.org/10.1007/BF00975140>
- Merhav, I., Lawental, M., & Peled-Avram, M. (2018). Vicarious traumatization: working with clients of probation services. *The British Journal of Social Work*, 48(8), 2215–2234. <https://doi.org/10.1093/bjsw/bcx162>
- Michalchuk, S., & Martin, S. (2019). Vicarious resilience and growth in psychologists who work with trauma survivors: an interpretive phenomenological analysis. *Professional Psychology, Research and Practice*, 50(3), 145–154. <https://doi.org/10.1037/pro0000212>
- Neumann, D., & Gamble, S. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy* (Chicago, Ill.), 32(2), 341–347. <https://doi.org/10.1037/0033-3204.32.2.341>
- Norhayati, M. N., Che Yusof, R., & Azman, M. Y. (2021). Vicarious traumatization in healthcare providers in response to COVID-19 pandemic in Kelantan, Malaysia. *PloS One*, 16(6), e0252603–e0252603. <https://doi.org/10.1371/journal.pone.0252603>
- Pack, M. (2009). Revisions to the therapeutic relationship: a qualitative inquiry into sexual abuse therapists' theories for practice as a mitigating factor in vicarious traumatization. *Aotearoa New Zealand Social Work*, 21(4), 73–82. <https://doi.org/10.11157/anzswj-vol21iss4id263>
- Pearlman, L., & Mac Ian, P. (1995). Vicarious traumatization: an empirical study of the effects of trauma work on trauma therapists. *Professional Psychology, Research and Practice*, 26(6), 558–565. <https://doi.org/10.1037/0735-7028.26.6.558>
- Raunick, C., Lindell, D., Morris, D., & Backan, T. (2015) Vicarious trauma among sexual assault nurse examiners. *Journal of Forensic Nursing*. 11(3):123–8.
- Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: a qualitative review and research agenda. *Occupational Health Science*, 3(3), 297–336. <https://doi.org/10.1007/s41542-019-00045-1>
- Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Todd, B. (2007). Assisting the traumatised: vicarious traumatization and the preservation of meaning. *Psychotherapy in Australia*, 13(3), 44–49.
- Van Deusen, K., & Way, I. (2006). Vicarious trauma: an exploratory study of the impact of providing sexual abuse treatment on clinicians' trust and intimacy. *Journal of Child Sexual Abuse*, 15(1), 69–85. https://doi.org/10.1300/J070v15n01_04
- Vrklevski, L., & Franklin, J. (2008). Vicarious trauma: the impact on solicitors of exposure to traumatic material. *Traumatology* (Tallahassee, Fla.), 14(1), 106–118. <https://doi.org/10.1177/1534765607309961>

Appendix 1. A comparison of search returns (including repeats) where the TITLE contains “vicarious trauma/traumatisation”, “compassion fatigue”, “burnout” and “secondary trauma” (excluding physical trauma).

Year Range	Vicarious trauma/traumatisation	Compassion Fatigue	Burnout	Secondary Trauma
1950–1995	6 (first appearing in search in 1990)	7 (first appearing in search in 1988)	415	12 (first appearing in search in 1986)
1996–2000	10	18	392	27
2001–2005	30	24	822	53
2006–2010	38	77	1,409	96
2011–2015	47	115	2,589	203
2016–2020	90	238	5,118	281
2021–2021	11	30	639	33
Total	132	112		54

Appendix 2. A summary of research items (where the title contains “vicarious trauma”) included in the analysis.

Year range segment	Author/s	Title	Year
1990–1995	NIL returns		
1996–2000	NIL returns		
2001–2005	Adams, K., Matto, H., & Harrington, D.	The Traumatic Stress Institute Belief Scale as a Measure of Vicarious Trauma in a National Sample of Clinical Social Workers.	2001
2001–2005	Jenkins, S., & Baird, S.	Secondary traumatic stress and vicarious trauma: A validation study.	2002
2001–2005	Bell, H., Kulkarni, S., & Dalton, L.	Organizational Prevention of Vicarious Trauma.	2003
2001–2005	Trippany, R., Kress, V., & Wilcoxon, S.	Preventing Vicarious Trauma: What Counselors Should Know When Working With Trauma Survivors.	2004
2001–2005	Kadambi, M., & Ennis, L.	Reconsidering Vicarious Trauma: A Review of the Literature and Its' Limitations.	2004
2001–2005	Bischoping, K.	Timor mortis conturbat me: genocide pedagogy and vicarious trauma.	2004
2001–2005	Kadambi, M., & Truscott, D.	Vicarious Trauma among Therapists Working with Sexual Violence, Cancer and General Practice.	2004

2001–2005	Chamie, S.	Vicarious trauma: when the personal and professional collide	2004
2001–2005	Rasmussen, B.	An intersubjective perspective on vicarious trauma and its impact on the clinical process.	2005
2001–2005	Versola-Russo, J.	Vicarious Victims of Trauma: A Literature Review	2005
2006–2010	Rothschild, B., & Rand, M.	Help for the helper: the psychophysiology of compassion fatigue and vicarious trauma	2006
2006–2010	VanDeusen, K., & Way, I.	Vicarious Trauma: An Exploratory Study of the Impact of Providing Sexual Abuse Treatment on Clinicians' Trust and Intimacy.	2006
2006–2010	Versola-Russo, J.	Workplace Violence: Vicarious Trauma in the Psychiatric Setting.	2006
2006–2010	Way, I., VanDeusen, K., & Cottrell, T.	Vicarious Trauma: Predictors of Clinicians' Disrupted Cognitions About Self-Esteem and Self-Intimacy.	2007
2006–2010	Lucas, L.	The Pain of Attachment – “You Have to Put a Little Wedge in There”: How Vicarious Trauma Affects Child/Teacher Attachment.	2007
2006–2010	Feldman, D., & Kaal, K.	Vicarious Trauma and Assumptive Worldview: Beliefs About the World in Acquaintances of Trauma Victims.	2007
2006–2010	Vrklevski, L., & Franklin, J.	Vicarious Trauma: The Impact on Solicitors of Exposure to Traumatic Material.	2008
2006–2010	Adams, S., & Riggs, S.	An Exploratory Study of Vicarious Trauma Among Therapist Trainees.	2008
2006–2010	Devilly, G., Wright, R., & Varker, T.	Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals.	2009
2006–2010	Jankoski, J.	Is vicarious trauma the culprit? A study of child welfare professionals.	2010
2006–2010	Boscarino, J., Adams, R., & Figley, C.	Secondary trauma issues for psychiatrists: identifying vicarious trauma and job burnout.	2010
2006–2010	Jordan, K.	Vicarious Trauma: Proposed Factors That Impact Clinicians.	2010
2011–2015	Brockhouse, R., Msetfi, R., Cohen, K., & Joseph, S.	Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy.	2011
2011–2015	Mairean, C., & Turluc, M.	Predictors of Vicarious Trauma Beliefs Among Medical Staff.	2013
2011–2015	Day, M., Bond, K., & Smith, B.	Holding it together: Coping with vicarious trauma in sport	2013
2011–2015	Joubert, L., Hocking, A., & Hampson, R.	Social Work in Oncology- Managing Vicarious Trauma-The Positive Impact of Professional Supervision.	2013

2011–2015	Cohen, K., & Collens, P.	The Impact of Trauma Work on Trauma Workers: A Metasynthesis on Vicarious Trauma and Vicarious Posttraumatic Growth.	2013
2011–2015	Branson, D., Weigand, D., & Keller, J.	Vicarious Trauma and Decreased Sexual Desire: A Hidden Hazard of Helping Others.	2014
2011–2015	Măirean, C., Turluc, M., & Cimpoesu, D.	The associations between vicarious trauma dysfunctional beliefs and traumatic stress among hospital personnel.	2014
2011–2015	Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D.	Vicarious Resilience, Vicarious Trauma, and Awareness of Equity in Trauma Work.	2015
2011–2015	Ayza Yazdani, Zainab F. Zadeh, & Khalida Shafi	Gender differences in adolescents experiencing vicarious trauma.	2015
2016–2020	Neswald-Potter, R., & Simmons, R.	Regenerative Supervision: A Restorative Approach for Counsellors Impacted by Vicarious Trauma/ Supervision regenerative : une approche retablessante pour les conseillers affectes par traumatisme vicariant.	2016
2016–2020	Ayza Yazdani, Zainab F Zadeh, & Khalida Shafi.	Potentially Traumatic Events as Predictors of Vicarious Trauma in Adolescents.	2016
2016–2020	Officer.com	Vicarious Trauma: Screening Police Officers for Risk.	2017
2016–2020	Maguire, G., & Byrne, M.	The Law Is Not as Blind as It Seems: Relative Rates of Vicarious Trauma among Lawyers and Mental Health Professionals.	2017
2016–2020	Kochi, C., Liu, H., Zaidi, S., Atrooz, F., Dantoin, P., & Salim, S.	Prior treadmill exercise promotes resilience to vicarious trauma in rats.	2017
2016–2020	Huggard, P., Law, J., & Newcombe, D.	A systematic review exploring the presence of vicarious trauma, compassion fatigue, and secondary traumatic stress in alcohol and other drug clinicians.	2017
2016–2020	Benuto, L., Singer, J., Cummings, C., & Ahrendt, A.	The Vicarious Trauma Scale: Confirmatory factor analysis and psychometric properties with a sample of victim advocates.	2018
2016–2020	Boulanger, G.	When Is Vicarious Trauma a Necessary Therapeutic Tool?	2018
2016–2020	Isobel, S., & Angus-Leppan, G.	Neuro-reciprocity and vicarious trauma in psychiatrists.	2018
2016–2020	Andaházy, A.	Tuning of the self: in-session somatic support for vicarious trauma-related countertransference.	2019

2016–2020	Nikischer, A.	Vicarious trauma inside the academe: understanding the impact of teaching, researching and writing violence.	2019
2016–2020	Uziel, N., Meyerson, J., Giryas, R., & Eli, I.	Empathy in dental care – the role of vicarious trauma.	2019
2016–2020	Hallinan, S., Shiyko, M., Volpe, R., & Molnar, B.	Reliability and Validity of the Vicarious Trauma Organizational Readiness Guide (VT-ORG).	2019
2016–2020	Wines, M.	Multifaceted Traumatic Exposure: Simultaneous Direct and Vicarious Trauma Among EMS Personnel.	2019
2016–2020	Branson, D.	Vicarious Trauma, Themes in Research, and Terminology: A Review of Literature.	2019
2016–2020	Long, S.	Supervisors' Perception of Vicarious Trauma and Growth in Australian Refugee Trauma Counsellors.	2020
2016–2020	Hazen, K., Carlson, M., Hatton-Bowers, H., Fessinger, M., Cole-Mossman, J., Bahm, J., Hauptman, K., Brank, E., & Gilkerson, L.	Evaluating the Facilitating Attuned Interactions (FAN) approach: Vicarious Trauma, professional burnout, and reflective practice.	2020
2021–2021	Burton, K., & Paton, A.	Vicarious trauma: Strategies for legal practice and law schools.	2021
2021–2021	McQuiston, D. E., Hooper, M. D., & Brasington, A. E.	Vicarious trauma in the courtroom: Judicial Perceptions of Juror Distress.	2021
2021–2021	Cullen, P., Dawson, M., Price, J., & Rowlands, J.	Intersectionality and Invisible Victims: Reflections on Data Challenges and Vicarious Trauma in Femicide, Family and Intimate Partner Homicide Research.	2021
2021–2021	Eades, A.-M., HackettWilliams, M., Raven, M., Liu, H., & Cass, A.	The impact of vicarious trauma on Aboriginal and/or Torres Strait Islander health researchers.	2021
2021–2021	Drapeau, C. E., Drouin, M.-S., & Plante, P.	Vicarious trauma and response art: A professional development workshop for psychotherapists working with survivors of trauma.	2021
2021–2021	Middleton, J., Harris, L. M., Matera Bassett, D., & Nicotera, N.	"Your soul feels a little bruised": Forensic interviewers' experiences of vicarious trauma.	2021

Appendix 3. A summary of research items (where the title contains “vicarious traumatization/traumatization”) included in the analysis.

Year range segment	Author/s	Title	Year
--------------------	----------	-------	------

1990–1995	McCann, I. L., & Pearlman, L. A.	Vicarious traumatization: A framework for understanding the psychological effects of working with victims.	1990
1990–1995	Neumann, D., & Gamble, S.	Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist.	1995
1990–1995	Pearlman, L., & Mac Ian, P.	Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists.	1995
1990–1995	Crothers, D.	Vicarious traumatization in the work with survivors of childhood trauma.	1995
1996–2000	Blair, D. T., & Ramones, V. A.	Understanding vicarious traumatization.	1996
1996–2000	Johnson, C. N. E., & Hunter, M.	Vicarious traumatization in counsellors working in the New South Wales Sexual Assault Service: An exploratory study.	1997
1996–2000	Brady, J. L., Guy, J. D., Poelstra, P. L., & Brokaw, B. F.	Vicarious Traumatization, Spirituality, and the Treatment of Sexual Abuse Survivors: A National Survey of Women Psychotherapists.	1998
1996–2000	Sexton, L.	Vicarious traumatising of counsellors and effects on their workplaces.	1999
2001–2005	Crabtree, D.	Vicarious traumatization in therapists who work with juvenile sex offenders.	2002
2001–2005	Goldenberg, J.	The Impact on the Interviewer of Holocaust Survivor Narratives: Vicarious Traumatization or Transformation?	2002
2001–2005	Dane, B.	Duty to Inform: Preparing Social Work Students to Understand Vicarious Traumatization.	2002
2001–2005	Kadambi, M. A., & Truscott, D.	Vicarious Traumatization and Burnout Among Therapists Working with Sex Offenders	2003
2001–2005	McLean, S., Wade, T. D., & Encel, J. S.	The contribution of therapist beliefs to psychological distress in therapists: an investigation of vicarious traumatization, burnout and symptoms of avoidance and intrusion.	2003
2001–2005	Baird, S., & Jenkins, S. R.	Vicarious Traumatization, Secondary Traumatic Stress, and Burnout in Sexual Assault and Domestic Violence Agency Staff.	2003
2001–2005	Lerias, D., & Byrne, M. K.	Vicarious traumatization: symptoms and predictors.	2003
2001–2005	Sabin-Farrell, R., & Turpin, G.	Vicarious traumatization: implications for the mental health of health workers?	2003

2001–2005	Trippany, R., Wilcoxon, S., & Satcher, J.	Factors Influencing Vicarious Traumatization for Therapists of Survivors of Sexual Victimization	2003
2001–2005	Cunningham, M.	Teaching Social Workers about Trauma: Reducing the Risks of Vicarious Traumatization in the Classroom.	2004
2001–2005	Blanchard, E. B., Kuhn, E., Rowell, D. L., Hickling, E. J., Wittrock, D., Rogers, R. L., Johnson, M. R., & Steckler, D. C.	Studies of the vicarious traumatization of college students by the September 11th attacks: effects of proximity, exposure and connectedness.	2004
2001–2005	Canfield, J.	Secondary Traumatization, Burnout, and Vicarious Traumatization: A Review of the Literature as It Relates to Therapists Who Treat Trauma	2005
2001–2005	Clemans, S.	Recognizing Vicarious Traumatization: A Single Session Group Model for Trauma Workers.	2005
2001–2005	Hafkenschied, A.	Event countertransference and vicarious traumatization: Theoretically valid and clinically useful concepts?	2005
2006–2010	Baird, K., & Kracen, A. C.	Vicarious traumatization and secondary traumatic stress: A research synthesis.	2006
2006–2010	Dunkley, J., & Whelan, T. A.	Vicarious traumatising: current status and future directions.	2006
2006–2010	Sommer, C. A., & Cox, J. A.	Sexual violence counselors' reflections on supervision: Using stories to mitigate vicarious traumatization.	2006
2006–2010	Dunkley, J., & Whelan, T. A.	Vicarious traumatising in telephone counsellors: internal and external influences.	2006
2006–2010	Byrne, M. K., Lerias, D., & Sullivan, N. L.	Predicting vicarious traumatization in those indirectly exposed to bushfires.	2006
2006–2010	Sinclair, H. A., & Hamill, C.	Does vicarious traumatising affect oncology nurses?	2007
2006–2010	Palmer, S., Stalker, C. A., Harper, K., & Gadbois, S.	Balancing Positive Outcomes with Vicarious Traumatization: Participants' Experiences with Group Treatment for Long-Term Effects of Childhood Abuse.	2007
2006–2010	Pack, M.	The Concept of Hope in Gestalt Therapy: Its Usefulness for Ameliorating Vicarious Traumatization.	2007
2006–2010	Todd, B.	Assisting the traumatised: vicarious traumatising and the preservation of meaning.	2007

2006–2010	Sommer, C.	Vicarious Traumatization, Trauma-Sensitive Supervision, and Counselor Preparation.	2008
2006–2010	Sabo, B.	Adverse psychosocial consequences: Compassion fatigue, burnout and vicarious traumatization: Are nurses who provide palliative and hematological cancer care vulnerable?	2008
2006–2010	Harrison, R. L., & Westwood, M. J.	Preventing vicarious traumatization of mental health therapists: identifying protective practices.	2009
2006–2010	Ben-Porat, A., & Itzhaky, H.	Implications of Treating Family Violence for the Therapist: Secondary Traumatization, Vicarious Traumatization, and Growth.	2009
2006–2010	Chouliara, Z., Hutchison, C., & Karatzias, T.	Vicarious traumatisation in practitioners who work with adult survivors of sexual violence and child sexual abuse: Literature review and directions for future research.	2009
2006–2010	Pack, M.	Revisions to the therapeutic relationship: A qualitative inquiry into sexual abuse therapists' theories for practice as a mitigating factor in vicarious traumatisation.	2009
2011–2015	Tovar, L. A.	Vicarious traumatization and spirituality in law enforcement.	2011
2011–2015	Taylor, W., & Furlonger, B.	A Review of Vicarious Traumatization and Supervision Among Australian Telephone and Online Counsellors.	2011
2011–2015	Bishop, S., & Schmidt, G.	Vicarious traumatization and transition house workers in remote, northern British Columbia communities.	2011
2011–2015	Culver, L. M., McKinney, B. L., & Paradise, L. V.	Mental Health Professionals' Experiences of Vicarious Traumatization in Post-Hurricane Katrina New Orleans.	2011
2011–2015	Hunter, S. V.	Walking in Sacred Spaces in the Therapeutic Bond: Therapists' Experiences of Compassion Satisfaction Coupled with the Potential for Vicarious Traumatization.	2012
2011–2015	Pack, M.	Vicarious traumatisation : an organisational perspective.	2012
2011–2015	Williams, A. M., Helm, H. M., & Clemens, E. V.	The Effect of Childhood Trauma, Personal Wellness, Supervisory Working Alliance, and Organizational Factors on Vicarious Traumatization.	2012

2011–2015	Pack, M.	Vicarious traumatisation and resilience: An ecological systems approach to sexual abuse counsellors' trauma and stress.	2013
2011–2015	Furlonger, B., & Taylor, W.	Supervision and the Management of Vicarious Traumatization Among Australian Telephone and Online Counsellors.	2013
2011–2015	Howlett, S. L., & Collins, A.	Vicarious traumatisation: risk and resilience among crisis support volunteers in a community organisation.	2014
2011–2015	Al-Mateen, C. S., Linker, J. A., Damle, N., Hupe, J., Helfer, T., & Jessick, V.	Vicarious Traumatization and Coping in Medical Students: a Pilot Study.	2015
2011–2015	Zerach, G., & Shalev, T. B.-I.	The Relations between Violence Exposure, Posttraumatic Stress Symptoms, Secondary Traumatization, Vicarious Post Traumatic Growth and Illness Attribution among Psychiatric Nurses.	2015
2011–2015	Middleton, J. S., & Potter, C. C.	Relationship Between Vicarious Traumatization and Turnover Among Child Welfare Professionals.	2015
2016–2020	Daroch, E., & Dempsey, R.	Interpreters' experiences of transference dynamics, vicarious traumatisation, and their need for support and supervision: A systematic literature review.	2016
2016–2020	Setti, I., Lourel, M., & Argentero, P.	The Role of Affective Commitment and Perceived Social Support in Protecting Emergency Workers Against Burnout and Vicarious Traumatization.	2016
2016–2020	Makadia, R., Sabin-Farrell, R., & Turpin, G.	Indirect exposure to client trauma and the impact on trainee clinical psychologists: Secondary traumatic stress or vicarious traumatization?	2017
2016–2020	Peled-Avram, M.	The Role of Relational-Oriented Supervision and Personal and Work-Related Factors in the Development of Vicarious Traumatization.	2017
2016–2020	Gumani, M. A.	Vicarious traumatisation experiences among South African Police Service members in a rural setting: An exploratory study.	2017
2016–2020	Molnar, B. E., Sprang, G., Killian, K. D. et al	Advancing Science and Practice for Vicarious Traumatization/ Secondary Traumatic Stress: A Research Agenda.	2017

2016–2020	Halevi, E., & Idisis, Y.	Who Helps the Helper? Differentiation of Self as an Indicator for Resisting Vicarious Traumatization.	2018
2016–2020	Foreman, T.	Wellness, Exposure to Trauma, and Vicarious Traumatization: A Pilot Study.	2018
2016–2020	Merhav, I., Lawental, M., & Peled-Avram, M.	Vicarious Traumatization: Working with Clients of Probation Services.	2018
2016–2020	Waegemakers Schiff, J., & Lane, A. M.	PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector.	2019
2016–2020	DelTosta, J. E., Ellis, M. V., & McNamara, M. L.	Trainee Vicarious Traumatization: Examining Supervisory Working Alliance and Trainee Empathy.	2019
2016–2020	Borjanić Bolić, E.	Secondary traumatic stress and vicarious traumatization in child welfare professionals in Serbia.	2019
2016–2020	Rauvola, R. S., Vega, D. M., & Lavigne, K. N.	Compassion Fatigue, Secondary Traumatic Stress, and Vicarious Traumatization: a Qualitative Review and Research Agenda.	2019
2016–2020	Njoku, E. T.	The ligaments of counter-terrorism regime: sexual violence and the vicarious traumatised of female non-governmental organisation workers: evidence from Nigeria.	2019
2016–2020	Aafjes-van Doorn, K., Békés, V., Prout, T. A., & Hoffman, L.	Psychotherapists' Vicarious Traumatization During the COVID-19 Pandemic.	2020
2016–2020	Li, Z., Ge, J., Yang, M., et al	Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control.	2020
2016–2020	Liu, C., & Liu, Y.	Media Exposure and Anxiety during COVID-19: The Mediation Effect of Media Vicarious Traumatization.	2020
2016–2020	Serafim, A. de P., Gonçalves, P. D., Rocca, C. C., & Lotufo Neto, F.	The impact of COVID-19 on Brazilian mental health through vicarious traumatization.	2020
2016–2020	Rønning, L., Blumberg, J., & Dammeyer, J.	Vicarious traumatization in lawyers working with traumatised asylum seekers: a pilot study.	2020
2016–2020	Molnar, B. E., Meeker, S. A., Manners, K., et al	Vicarious traumatization among child welfare and child protection professionals: A systematic review.	2020
2016–2020	Nazia Mustafa, Fahad Haleem, Najm Us Saqib Khan, et al	Relationship of vicarious traumatization with family relations and coping strategies among healthcare professionals.	2020

2016–2020	Pihkala, P.	The Cost of Bearing Witness to the Environmental Crisis: Vicarious Traumatization and Dealing with Secondary Traumatic Stress among Environmental Researchers.	2020
2021–2021	Howard, S.	A Causal Model of Children's Vicarious Traumatization.	2021
2021–2021	Norhayati, M. N., Mofreh, S. A. M., & Azman, Y. M.	Vicarious Traumatization Questionnaire: Psychometric Properties Using Rasch Model and Structural Equation Modeling.	2021
2021–2021	Helpingstine, C., Kenny, M. C., & Malik, F.	Vicarious Traumatization and Burnout among Service Providers for Victims of Commercial Sexual Exploitation.	2021
2021–2021	Norhayati, M. N., Che Yusof, R., & Azman, M. Y.	Vicarious traumatization in healthcare providers in response to COVID-19 pandemic in Kelantan, Malaysia	2021