Vicarious traumatization concept analysis

Periods of active investigation have observed throughout this review of the literature on psychological trauma and little systematic findings have been notorious (Pearlman and Mac Ian (1995). Despite that Pearlman and Saakvitine, (1995a) mentioned that therapists appeared to be attracted to working with traumatized population. In spite of this assumption, there are others studies that have evaluated the influence of gender as possible cause to a vicarious traumatization; but, no evidence have been found indicating that gender plays an active role in developing vicarious trauma (Nelson-Gardell & Harris, 2003; Pearlman & Mac Ian, 1995).

On the other hand, a history of prior traumatization in mental health workers or practitioners may be a risk factor. Cunningham (2003) indicated that a relationship between professionals having a reduced sense of personal safety and a higher levels of exposure to traumatic materials, especially if they had experienced sexual abuse themselves. Nelson-Gardell and Harris (2003) revised multiple cause potential risk factors in the population of child protection workers; and, discovered that a history of emotional abuse and sexual abuse associated with an increased risk of developing secondary traumatic stress. In 2004, Kadambnd Truscott did a comparison with mental health workers, who worked with sexual abuse survivors, cancer patients, and practitioners and found no differences in the degree of vicarious trauma among these diverse groups. According to these investigators, these special populations, who are perceived as highly vulnerable and depending on the nature of the trauma, dealt with a possible cause that might contribute to the degree of risk for practitioners or workers in the mental health field.

Kadambi and Truscott (2004) clarified there is limited and contradictory evidence for this assumption.

Proximity to traumatic events seems to increase the cause of developing vicarious traumatization. Even though, results of research with criminal lawyers suggested that evidence have shown that the prolonged exposure to traumatic materials is associated with a higher increased risk of developing vicarious traumatization (Vrklevski & Franklin, 2008; Musa & Hamid, 2008). Vrklevski & Franklin (2008) suggested that the cause of having a history of several traumas in their personal histories and proximity to the traumatic event could be one of the causes of exposing themselves to a higher risk of developing vicarious trauma symptoms.

Ultimately, the workplace environment has been considered as a potential cause risk factor. Professionals who work for the public sector seemed to find themselves at a higher risk of developing vicarious traumatization, than those working in the private practices (Vredenburgh, Carlozzi & Stein, 1999). By 2004, Goldsmith, Barlow, and Freyd suggested that workers of public agencies might also be exposed to a higher percentage of traumatized clients. This could lead to an effect on higher caseloads, inadequate or non-existent resources, and more complicated clients. They also suggested that agency workers might be exposed to an increased percentage of traumatized clients (Goldsmith, Barlow & Freyd, 2004; Cougle, Resnick & Kilpatrick, 2009).

Boscarino, Figley and Adams (2004) suggested that clients were more likely to experience multiple environmental stressors, like poverty, unemployment

and exposure to crime, as well as fewer social supports and higher rates of client comorbidity. Nevertheless, the long work hours could also appear to be one of the causes of risk factors in developing vicarious traumatization, as the caseloads with higher numbers of traumatized individuals.

Newell and MacNeil (2011) in their research, studied workers who were exposed to traumatic stories or clients' with traumatic stories at the veteran's hospital, and revealed that consistent evidence that workplace factors can increase practitioners risks of developing vicarious traumatization.

In comparison to other potential risk factors, Kadami and Truscott (2008) researched practitioners who work with sexual abuse victims in Canada, reported that the most important factors in causing therapist's perceptions of vicarious trauma in their workplace were included the lack of support, long hours of work, high caseloads and limited resources. Their research revealed that exposure to consistently, detailed factors of the trauma, societal injustice, and exposure to human cruelty and countertransference or highly emotional reactions within the practitioners working with sexual abuse victims were denoted. On the other hand, Kadami and Truscott (2008) pointed out that those practitioners who were not working with sexual abuse victims did not score significantly different on registering vicarious traumatization with the others Canada professionals.

Consequently, this raises another collateral effect that brings about an ethical issue. Trauma practitioners in addressing their countertransference reactions, protect the client and themselves. By not doing so, the effects are

likely to have an undesirable impact on the therapists' relationships with clients, personal and professional life (Trippany, White-Kress and Wilcoxon, 2004). However, as a cause and effect of the phenomenon of vicarious traumatization, Srdanovic (2007) and Hill (2003) have researched among therapists who have been working victims of sexual violence and other traumatic events. In reviewing the cognitive, emotional and behavioral reactions to being a victimized individual that there have uncovered several others dynamics at the personal level that might be influencing (Hill, 2003). Nevertheless, its psychological effects remain the same, regardless of the type of population, ethnicity, age or working responsibilities.

Another assumption that can cause vicarious traumatization symptoms is pointed out to the workplace cultural factors that appears to interact as an important role in the development or at risk factor symptoms for a vicarious victimization. Schauben and Frazier (1995) highlighted that a lack of a larger support systems contributes to the development of trauma-related problems for practitioners or workers in mental health. These researchers argued that cultures that discourage the expression of emotion, autonomy, and self-care place employees increased the risk of vicarious traumatization throughout the establishment of a dysfunctional institutional norm. Those practitioners who work within these institutions, according to Schauben and Frazier (1995) work in an unhealthy cultural norm, because not only discourage self-care, but, also discourage individuals from these cultures from being supportive to one another. These individuals present a tendency to internalize these dysfunctional norms and invalidate their need to self-protect and avoid the personal impact they may experience by being exposed to these traumas.

Pearlman and Mac Ian (1995) strongly support their argument that trauma practitioners need to active seeking professional consultation and support in order to transform their emotional, self-esteem, cognitive and behavioral reactions to the collateral effects of trauma work (Pearlman & Saakvitine, 1995a; Devilly, Wright & Varker, 2009). Since 2005, Marriage and Marriage focused on the importance of therapists on being aware of their feelings, therefore, using their diagnostic and therapeutic awareness for their benefit and the client. Furthermore, Toren (2008) during her research process explained that working with traumatized population most of the time can become rewarding effect for the therapist.

The limited research on the evidence remains unclear and limited. The only variable that remains consistent with all the literature review is the need for education among experienced and non-experienced practitioners (Cunningham, 2003; Newell & MacNeil, 2010). The lack of proper standardized instruments to measure these effects, and its variables are lacking. As well as, it becomes difficult assessing which ethnic population is more affected than others (Newell & MacNeil, 2010). Once again, the debate, of having clear and consistent definitions for various theoretical constructs. This continues to indicating that, even though, there have been various attempts to provide new literature that conceptualizes the phenomenon of vicarious trauma and others theoretical constructs, such as, countertransference and compassion fatigue the overlapping issue continues. The research evidence indicates that the phenomenon of vicarious traumatization were found in anecdotal recordings by trauma therapists, indicating that affected practitioners and clients (Sexton, 1999).