

Exploring School Counselors' Perceptions of Vicarious Trauma: A Qualitative Study



The Professional Counselor
Volume 2, Issue 2 | Pages 134–142
© 2012 NBCC and Affiliates
www.nbcc.org
<http://tpcjournal.nbcc.org>
doi:10.15241/mpp.2.2.134

Mashone Parker
Malik S. Henfield

The purpose of this qualitative study was to examine school counselors' perceptions of vicarious trauma. Consensual qualitative research (CQR) methodology was used. Six school counselors were interviewed. Three primary domains emerged from the data: (a) ambiguous vicarious trauma, (b) support system significance, and (c) importance of level of experience. Supervision, discrepancies with burnout, and implications for counselor educations and school counselors are discussed.

Keywords: vicarious trauma, consensual qualitative research (CQR), school counselors, support system, counseling experience

Trauma occurs after a person experiences an event that involves or threatens death or serious injury, or a threat to self or other's well-being (Trippany, White Kress, & Wilcoxin, 2004). Exposure to traumatic events and psychological stress has been found to be associated with significant physical and mental health concerns (Briggs-Gowan et al., 2010). Children and adolescents, particularly those growing up in poverty-stricken areas, are increasingly susceptible to traumatic events such as bullying (Lawrence & Adams, 2006; Newman, Holden, & Delville, 2005), community violence (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009), and abuse (Reilly & D'Amico, 2011). For example, children ages 12–17 have been found to be more than twice as likely as adults to be victims of serious violent crimes (Snyder & Sickmund, 2006). Furthermore, every year millions of children and adolescents in the U.S. are exposed to violence in their homes, schools and communities (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). In addition, according to recent reports, homicide and suicide were found to be the second and third leading causes of death for persons ages 15–24 (U.S. Department of Health and Human Services, 2008–09).

Whether working in a school or mental health setting, there is a chance that a professional counselor will work with an individual who has experienced trauma (Trippany et al., 2004). School counselors, however, by virtue of working in schools, have even more direct contact with youth who may have been exposed to traumatic events. As a result, they are likely to be the first counseling professionals with whom traumatized students come into contact. Functioning as the first line of intervention for students in crisis makes the school counseling position one of vital importance to students' positive development (Chambers, Zyromski, Asner-Self, & Kimemia, 2010). Exposure to students who have experienced trauma puts school counselors at particular risk for internalizing students' emotions associated with traumatic events. This process of internalization is otherwise known as vicarious trauma (VT), which is associated with professionals developing harmful changes in their view of themselves, others and the world (Baird & Kracen, 2006).

If a counselor begins to over-identify with a client's issues they can experience the client's pain, sadness or distress (Skovholt, 2001). McCann and Pearlman (1990) found that some counselors experienced symptoms similar to those associated with Post-Traumatic Stress Disorder (PTSD) such as nightmares, anger and sadness related to their clients' traumatic experiences. Clinicians working with sexual abuse victims, for example, may experience feelings of stigmatization and isolation which may be closely aligned with clients, the actual victims of the abuse (Canfield, 2005). Little is known about counselors' ability to manage VT (Harrison & Westwood, 2009), but some extant literature can be reviewed.

For example, factors such as level of experience (Way, VanDeusen, Martin, Applegate, & Jandle, 2004) and educational training (Adams & Riggs, 2008) impact the prevalence of VT. Seminal articles examining VT concluded that counselors

Mashone Parker, NCC, is a doctoral candidate in the counselor education program at the University of Iowa. Malik S. Henfield is an Associate Professor in the counselor education program at the University of Iowa. Correspondence can be addressed to Mashone Parker, University of Iowa, RCE N338 Lindquist Center, Iowa City, IA 52242, mashone-parker@uiowa.edu.

with more clinical experience have a buffer in preventing VT (Pearlman & Mac Ian, 1995). Adams and Riggs (2008) conducted a study with 129 therapist trainees. The purpose of their study was to explore the relationship between vicarious traumatization among trainees and variables recognized as potentially influential in this process among practicing therapists (i.e., history of trauma, clinical experience, trauma-specific training), and to explore the relationship between defense style and vicarious traumatization symptoms, as well as its possible interaction with the previous three factors in relation to reported symptoms. Consistent with previous research, the researchers found that novice therapists/counselors may be more vulnerable to experiencing VT (Adams & Riggs, 2008).

Level of peer support and supervision also play a role in buffering symptoms of VT (McCann & Pearlman, 1990). Supervision practices that address VT have been encouraged (Woodard, Meyers, & Cornille, 2002). Specifically, trauma-sensitive supervision is seen as helpful in minimizing the effects of vicarious exposure to trauma (Sommer & Cox, 2005). As Sommer and Cox (2005) conclude, multiple perspectives, collaboration, a calming presence and attention to self-care are most helpful when examining the supervisee's perspective of adequate supervision. Clinicians must work through painful experiences in a supportive environment. McCann and Pearlman (1990) have suggested that weekly case conferences can be helpful for clinicians that use two-hour weekly support groups aimed at conceptualizing difficult victim cases (with client consent) and exploring personal meaning for themselves related to how they respond to the painful experiences of their clients. Other studies have identified coherence and organizational support as being linked to positive responses to stress (Linley & Joseph, 2007).

There is some overlap between conceptualizations of VT and burnout (McCann & Pearlman, 1990). Burnout is described as the result of the stress that working with difficult clients can produce, and is seen as having three content domains: emotional exhaustion, depersonalization and reduced personal accomplishments (Jenkins & Baird, 2002). There lies a feeling of complete overload which in turn may affect the counselor's work performance. Burnout also can be described as a general reaction to feeling overwhelmed, where vicarious trauma is related to specific traumatic events. Moreover, Trippany et al. (2004) shared that many counselors who work with trauma patients may experience burnout and vicarious trauma simultaneously.

Most research related to VT focuses on mental health counselors and social workers. Little, if any, published research literature has examined this phenomenon among school counseling professionals. Exposure to a child's trauma is usually described as more challenging for professionals when compared to adult trauma (Figley, 1995). Therefore, school counselors, by virtue of their work setting, may be at great risk for experiencing VT.

The primary purpose of this study was to investigate counselors' knowledge and perceptions of VT. The information gathered in this project will increase the level of understanding and awareness of vicarious trauma on school counseling professionals, allowing school counselors to implement strategies to ameliorate the effects of vicarious trauma.

Method

Participants

Participants were individuals who met either one of two criteria: (a) persons licensed or certified as a school counselor, and/or (b) individuals endorsed as a school counselor and currently working in a school. Six school counselors ranging in age from 27 to 54 were recruited from schools located in a midwestern state (3 females and 3 males). Participants worked at least part-time with 3 to 14 years of counseling experience. Four of the six participants graduated from a master's degree program accredited by the Council for Accreditation of Counseling and Related Educational Programs. All participants were European-American. In addition to school counseling experiences, participants had a range of other work experiences including mental health and social work.

Procedures

Due to the exploratory nature of the study, convenience sampling procedures were used to recruit participants (Marshall, 1996). A recruitment e-mail was sent to individuals on listservs serving school counselors in a midwestern

state. Those interested in participating in the study replied to the e-mail indicating their desire. Once the e-mail was received by the primary researcher, participants were e-mailed a consent form and asked to sign and return it to the primary researcher. A verbal consent was then given at the beginning of each interview.

One phone or Skype interview was conducted with each participant. Each participant was emailed a copy of their transcriptions verbatim (member checking) to ensure participants' voices were being heard and interpretations were accurate. Through member checking, participants were able to identify areas that may have been neglected or misconstrued (Lietz, Langer, & Furman, 2006); all participants verified the interviews were accurate. Asking for participant feedback helps build rapport between the researcher and participants and establishes trustworthiness (Williams & Morrow, 2009).

Researchers

As Patton (2002) writes, qualitative researchers are the major instrument of data collection, and their credibility is critical. The research team consisted of two individuals: a counselor education doctoral student (primary researcher) and an assistant professor in counselor education. An advanced counselor education doctoral candidate served as an auditor, whose role was to verify findings developed by the research team (Patton, 2002). One researcher had prior experience performing CQR investigations.

Trustworthiness refers to the quality or validity in qualitative research (Morrow, 2005). Staying aware of biases related to being a human instrument (Patton, 2002), as well as avoiding getting enmeshed in the data are important for qualitative researchers. Biases may arise from demographic characteristics of the researchers or values and beliefs about the topic. One potential bias for the study was one team member being familiar with the research on VT and possibly having preconceived expectations before analyzing data. The use of a research team of two researchers helped foster multiple perspectives (Hill et al., 2005). An external auditor and member checking strategies also were employed to ensure trustworthiness of the data (Patton, 2002).

The purpose of the external auditor in CQR is to ensure that the research team did not overlook important facts in the data (Hill, Knox, Thompson, & Nutt-Williams, 1997). During the data analysis process, the researcher engaged in an audit trail that described the specific research steps. An audit trail is an important part of establishing rigor in qualitative work as it describes the research procedures (Johnson & Waterfield, 2004). This audit trail was given to the external auditor who verified domains and core ideas.

Interview Protocol

Based on a review of current literature on vicarious trauma, a semi-structured interview guide was constructed. The interview guide included demographic questions as well as open-ended topics related to participants' perceptions and understanding of trauma in relation to its impact on school counselors. Some examples of interview questions used are as follows: How do you define Vicarious Trauma (VT) of counselors? To what degree is VT a problem in the counseling profession? And, who do you believe to be at greater risk for experiencing VT? Specifically, the study was concerned with gaining an understanding of how participants perceived the importance of VT as an issue in the school counseling profession. Interviews were conducted by either Skype or telephone as a cost-effective means of collecting data (Hill et al., 1997). Each interview lasted 30 to 60 minutes. All interviews were taped and transcribed verbatim.

Data Analysis

The data were analyzed according to CQR methodology (Hill et al., 1997). In CQR, the goal is to arrive at a consensus along with other research team members regarding data classification and meaning. Grounded theory was the most influential theory in developing CQR. Although CQR combines aspects of various qualitative approaches, there are some factors that differ and provide its uniqueness. For example, unlike grounded theory, CQR emphasizes the use of research teams rather than one judge (Hill et al., 1997). CQR researchers also code data in domains (i.e., themes),

then abstract the core ideas of each participant. Coding of the data was completed individually by the research team. Each researcher read all transcribed interviews and wrote what he or she thought to be the core ideas that captured each interview. Categories were developed from core ideas across all participants within each domain (Hill et al., 2005). These core ideas were identified as pertinent in the lives of these school counselors and were verified by the external auditor. Categories mentioned by all participants (i.e., all six counselors) were thought to be “general.” Those categories with more than half, but not all of the respondents were considered “typical” (i.e., 4–5 out of 6 counselors); those with half or fewer respondents were considered “variant” (i.e., 2–3 out of 6 counselors). Next, a consensus was reached regarding the core ideas captured from the data, followed by the auditor examining the resulting consensus and assessing the accuracy of the coding and core ideas. Finally, the research team reviewed the auditor’s comments to verify all findings (Hill et al., 1997).

Results

This section outlines three domains that emerged from the data: (a) ambiguous VT, (b) support system significance and, (c) importance of level of experience. These findings shed light on participants’ perceptions of the meaning of VT, as well as ways to avoid it and effectively respond to it should it occur.

Vicarious Trauma Ambiguity

In general, participants had an idea of what VT entailed, but for the most part it was ambiguously defined. One participant referred to it as taking on the issues that students or clients have and “carrying those things home.” Also, the counselor explained it was about living the experiences clients are living. Another counselor reported that VT occurs without realization.

Participants’ past experience was indicative of their understanding of trauma and VT. Specifically, those individuals who had previous social work careers (two participants) or a mental health background (one participant) had a greater knowledge of VT and its effects. They reported having more trauma training in their previous graduate programs when compared to their school counseling programs.

Typically, participants stated that they did not know much about VT, with three counselors reporting it to be synonymous with *burnout*. One counselor shared that VT was learned after participating in a research study exploring the topic. Another counselor shared that he did not have a clear understanding of VT, but assumes it refers to how he reacts to students with serious issues. Burnout was mentioned sporadically, but for some the concept served as a key feature of their understanding of VT. For example, one participant stated not knowing a ton about the topic, but understanding it as burnout, as did another participant. One counselor shared that VT was viewed as transference and that transference was something often discussed in graduate school.

Support System Significance

In general, school counselors reported that support systems are significant and needed to help alleviate vicarious trauma symptoms, or prevent it from occurring. Typical reports suggested they viewed peer supervision as quite useful for dealing effectively with VT. For example, one participant stated the importance of having others around who are willing to tell you when you are too close to a case. Another participant responded that counselors also have to be willing to accept an evaluation from staff members and others with similar career experience. Similarly, one participant discussed obtaining ongoing support from various avenues within the school environment to prevent her from experiencing VT. This counselor noted providing time for counselors to be with one other in a group setting or one-on-one consulting as a particularly good way to garner support for school counselors. This participant thought supervision would be helpful, but was not sure how to go about seeking it. Essentially, finding time to talk through issues was the most helpful thing to do according to this participant.

Someone or something to help unwind was viewed as a significant means of support. Participants explained that support also can come in the form of family or those not involved with the mental health profession at all. Furthermore, one participant noted that having an outlet such as an athletic or creative activity could be viewed as a form of support as well.

In addition, another participant shared the importance of a supportive work environment. According to this individual, without a healthy work environment VT can easily occur. Other participants also spoke of experiences with administrators and other staff at their workplace. For example, one participant addressed this support, sharing the fortune of having an administrative team to watch one another. They discussed keeping an eye out on issues and problems that colleagues may be experiencing, including VT.

Interestingly, participants also suggested that separation between work and home also has the potential to help alleviate these symptoms. According to one participant, “you must leave your hat at the door,” while another stated that once home, it was necessary to decompress and separate from work. Another school counselor felt as though technology created a hindrance in the separation of school and work. This participant felt that counselors should give themselves permission to separate themselves from work if they so desire. It was recommended that school counselors be given permission to separate themselves from work by not being forced to respond to e-mails and other forms of communication once arriving at home. As this school counselor noted, people have the ability to make contact at any time of day if they are allowed. This participant felt it is important not to give out phone numbers, or only give a personal number to those you trust will not abuse it.

Level of Experience

Generally, participants agreed that level of experience determined counselors’ risks of experiencing VT. Experience was perceived in a number of different ways ranging from formal training to work/life experience, with all participants mentioning how either life or work experiences helped them avoid or overcome VT.

Relatedly, many participants also discussed how either a lack of training or the need for more training could be related to how school counselors experience VT. Five out of six participants discussed the importance of receiving more training, or having an open discussion about their negative reactions to other colleagues or supervisors. Three out of six counselors shared that they had no classes related to trauma from their school counseling training. As one participant stated, not much training was offered and they wished more classes could have been taken on VT. A lack of life experience also was said to place a novice counselor at great risk for VT. One participant voiced concern about a student going straight into a master’s program with little life experience. Concern was voiced about students that go straight from a baccalaureate to a master’s program without taking time to live and work. According to this participant, inexperienced school counselors are unaware of the challenges they will face upon entering the counseling profession and may be more susceptible to VT. Similarly, another participant talked about how her relationship to the profession changed after four years as a school counselor. This school counselor discussed going home really frustrated or angry, feeling like more should have been done for students when starting out as a school counselor. Eventually, this counselor noted that work as a school counselor started to come together and that patience was important when working with children. This school counselor discussed frustration and anger as being signs of VT. This individual also felt that after more experience in the counseling field, symptoms such as these begin to vanish.

One participant mentioned a desire to save the world after graduation, which is typical of most new school counselors, but did not always work in the counselor’s favor. This individual felt that it only made the job more difficult when he realized he could not save every child he encountered. Another participant shared that new school counselors are often shocked because they haven’t seen as many issues as more seasoned counselors. However, this participant also shared that working with the issues kids face became easier each year, and the shock associated with hearing students’ issues decreased.

Discussion

The purpose of this study was to explore school counselors’ knowledge and perceptions of VT. Consistent with the literature regarding preventive and protective measures of VT (Adams & Riggs, 2008), these counselors named newer helping professionals as particularly susceptible to VT. They also discussed factors such as types of support systems and amount of experience with VT as playing a role in preventing VT. This finding is consistent with the research as

well, which concludes that as level of support and work experience increase, the counselor is less likely to suffer from VT (Chrestman, 1999; Skovholt & Ronnestad, 2003; Sommer & Cox, 2005). All participants mentioned collaboration with other counselors as a primary means of averting VT. This finding suggests that counselors look to one another for assistance. Forming peer groups and having consultations with other staff within the school environment appeared to be vital in the lives of these participants. McCann and Pearlman (1990) support this notion and have stated the importance of counselors seeking potential sources of support in their professional networks, and that activities such as case conferences can be beneficial to counselors.

Participants proposed that lack of training on the topic made them more susceptible to experiencing VT, which is supported by literature on VT (Pearlman & Saakvitne, 1995). Studies have indicated that as level of experience, education and post-graduate training increases, trauma symptoms in counselors decrease (Adams & Riggs, 2008; Sommers, 2008).

School counselors discussed the difficulty associated with being a beginner counselor and how, with experience, one learns to set boundaries as a method of protecting oneself from VT. They also shared the strong relationship between life experience and being an effective counselor, which is vital to warding off VT symptomology. This finding is consistent with the literature that concludes that newer, more novice therapists may be more vulnerable to experiencing VT (Adams & Riggs, 2008). Many participants discussed how their level of confidence in their work increased over time. Previous literature and findings from the current study suggest that newer professionals may need more support for VT when starting their careers. Scholars have referred to helpful practices such as conferences (McCann & Pearlman, 1990), support groups or supervision (Sommers & Cox, 2005) as useful.

Supervision, although discussed in the literature as an alleviating factor in preventing VT (Sommers & Cox, 2005), was not salient in the current study. Only one participant discussed supervision as playing a role in preventing VT. The other school counselors did discuss that support from peers and administrators were helpful, but not supervision practices. This is worth mentioning, as supervision is one of the key methods counselor educators use to train counselors. It is not known if these counselors viewed support as part of supervision or if they do not see this as being available to them. For example, one participant spoke about an interest in forming peer supervision groups, but did not feel knowledgeable enough to do so.

Some participants stated they did not know much about VT, while others assumed it was similar to burnout. Vicarious trauma and burnout, although sometimes used simultaneously throughout the literature, have some differences in how each is displayed. Burnout may progress gradually, whereas vicarious traumatization can sometimes seem abrupt in onset with little or no knowledge of early recognition (Jenkins & Baird, 2002). Participants who compared VT to burnout did not distinguish any differences in the two constructs. Although not the focus on this study, one participant mentioned personally experienced symptoms related to VT (which this participant described as *burnout*). This finding suggests that counselors are aware of both VT and burnout. *Burnout* is a term documented throughout the literature, making it more accessible to counselors' understanding of occupational stress and hazards.

The findings suggest that counselors feel unprepared to work with trauma cases due to lack of training in their master's programs. Although the counselors in this study were able to form a working definition of what VT entailed, they wished they possessed more knowledge on the topic. What is important is that these counselors reported that with adequate support from one another they can help prevent or alleviate symptoms of VT. These school counselors also felt that as they become more settled in their profession, they are more apt in dealing with difficult case loads. This suggests that novice counselors should receive more support from colleagues, administrators and others in their professional network. The changes that occur when a counselor experiences VT may have a direct impact on the students they serve, therefore making it salient to address in both the school counseling profession as well training programs.

Implications for Counselor Educators and School Counselors

School counselors make an outstanding contribution to our society through serving our children. An awareness of VT may allow school counselors to implement strategies to ameliorate its effects. The information gathered in this project will increase the level of understanding and awareness of VT on school counseling professionals. VT is a phenomenon

that has gained increasing attention in the counseling literature (Hafkenscheid, 2005; Harrison & Westwood, 2009; Sommer, 2008; Way et al., 2004). The findings seem to suggest school counselors feel they lack adequate knowledge and training regarding VT.

Findings from this study also suggest that it would be useful for counselors, especially those working with trauma survivors, to gain more knowledge and awareness on the topic. Counselor educators should offer more training in their counseling programs to increase awareness of VT and other trauma-related topics. For instance, school counselors in the current study expressed a need for more specific training related to VT or trauma in general. Courses related to trauma may be useful for fostering counselor growth (Sommer, 2008). Supervision also can be a reliable source for providing awareness of VT (Sommer & Cox, 2005) since supervision is used to monitor supervisees' level of functioning and growth (McCann & Pearlman, 1990; Woodard Meyers, & Cornille, 2002).

The counselors in this study expressed the need for support in their work environments. School counselors should maintain collegial relationships as well as offer support to peers within their work environments. Peer groups, weekly case conferences and consultation may be useful for counselors to maintain their wellness and avoid experiencing VT (McCann & Pearlman, 1990). School counselors are in a good position to initiate support for students in their learning environments because they have direct access to children. Therefore, adequate training of school counselors is essential.

Limitations and Future Research

As with all research, there were limitations associated with the current study. First, Skype interviews may have generated pertinent information; however, such interviews were not feasible or accessible to all participants. Subtleties in body language cannot be accounted for during phone interviews. Future studies could include all Skype or face-to-face interviews. Second, given the limited understanding most participants in this study had on the topic, it may have been difficult for them to understand the prevalence of VT in the counseling field. It is possible that what they described as being VT in other school counselors can actually be symptoms of burnout, which the research concludes is different (Jenkins & Baird, 2002).

Conclusion

The current study provided an overview of the phenomenon and also some implications for both school counselors and counselor educators. There has not been much research supporting specific forms of treatment for VT and it should be examined further in the future. Research examining how individuals overcome symptoms of VT may be helpful for counseling professionals. Such research would provide others in the counseling field with a knowledge base that may be helpful in preventing the phenomenon. Since research on VT tended to focus on mental health professionals, social workers or trauma workers, future studies could specifically focus on preventative strategies for school counselors. Such information may elicit responses that capture how school counselors understand and experience VT, which could offer a clearer picture of what training programs can do to recognize and prepare for combating VT prior to entering the profession.

References

- Adams, K. B., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2*, 26–34.
- Briggs-Gowan, M., Carter, A., Clark, R., Augustyn, M., McCarthy, K., & Ford, J. (2010). Exposure to potentially traumatic events in early childhood: differential links to emergent psychopathology. *Journal of Children Psychology & Psychiatry, 51*, 1132–1140.
- Baird, K., & Kracen, A. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Journal of Counseling Psychology Quarterly, 19*, 181–188.
- Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization. *Smith College Studies in Social*

- Work*, 75, 81–101.
- Chambers, R. A., Zyromski, B., Asner-Self, K. K., & Kimemia, M. (2010). Prepared for school violence: School counselors' perceptions of preparedness for responding to acts of school violence. *Journal of School Counseling*, 8, 1–35.
- Chrestman, K. (1999). Secondary exposure to trauma and self-reported distress among therapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed., pp. 29–36). Lutherville, MD: Sidran Press.
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In: Figley, C.R. (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). Philadelphia, PA: Brunner/Mazel.
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). Children's exposure to violence: A comprehensive national survey. *Juvenile Justice Bulletin*, 1–11.
- Fowler, P., Tompsett, C., Braciszewski, J., Jacques-Tiura, A., & Baltes, B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology*, 21, 227–259.
- Hafkenscheid, A. (2005). Event countertransference and vicarious traumatization: Theoretically valid and clinically useful concepts. *European Journal of Psychotherapy, Counseling and Health*, 7, 159–168.
- Harrison, R., & Westwood, M. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training*, 46, 203–219. doi: 10.1037/a0016081.
- Hill, C. E., Knox, S., Thompson, B. J., & Nutt-Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517–572.
- Hill, C. E., Knox, S., Thompson, B. J., Nutt-Williams, E., Hess, S., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196–205.
- Jenkins, S., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validation study. *Journal of Traumatic Stress*, 15, 423–432.
- Johnson, R., & Waterfield, J. (2004). Making words count: The value of qualitative research. *Physiotherapy Research International* 9, 121–131.
- Lawrence, G., & Adams, F. D. (2006). For every bully there is a victim. *American Secondary Education*, 35, 66–71.
- Lietz, C., Langer, C. L., & Furman, R. (2006). Establishing trustworthiness in qualitative research in social work: Implications from a study on spirituality. *Qualitative Social Work*, 5, 441–458.
- Linley, P., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology*, 26, 385–403.
- Marshall, M. (1996). Sampling for qualitative research. *Family Practice*, 13, 522–526. doi: 10.1093/fampra/13.6.522.
- McCann, L., & Pearlman, A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–149.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52, 250–260.
- Newman, M. L., Holden, G. W., & Delville, Y. (2005). Isolation and the stress of being bullied. *Journal of Adolescence*, 28, 343–357. doi:10.1016/j.adolescence.2004.08.002.
- Patton, M. (2002). *Qualitative research & evaluation methods*. Thousand Oaks, CA: Sage.
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26, 558–565.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York, NY: W.W. Norton.
- Reilly, R., & D'Amico, M. (2011). Mentoring undergraduate women survivors of childhood abuse and intimate partner violence. *The Journal of College Student Development*, 52, 409–424.
- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Boston, MA: Allyn & Bacon
- Skovholt, T., & Rønnestad, M. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development*, 30, 45–58, doi: 10.1023/A:1025125624919.
- Sommer, C. (2008). Vicarious traumatization, trauma sensitive supervision, and counselor preparation. *Journal of Counselor Education & Supervision*, 48, 61–71.

- Sommer, C., & Cox, J. (2005). Elements of supervision in sexual violence counselors' narratives: A qualitative analysis. *Counselor Education and Supervision, 45*, 119–134.
- Snyder, H. N., & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Trippany, R., White Kress, V., & Wilcoxin, A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development, 82*, 31–37
- U.S. Department of Health and Human Services (2008-2009). *Child health USA*. Rockville, MD: U.S. Department of Health and Human Services.
- Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence, 19*, 49–71.
- Williams, E., & Morrow, S. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research, 19*, 576–582.
- Woodard Meyers, T., & Cornille, T. (2002). The trauma of working with traumatized children. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 39–55). New York, NY: Brunner-Routledge.