

# Traumatology

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# “Your Soul Feels a Little Bruised”: Forensic Interviewers’ Experiences of Vicarious Trauma

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Vicarious trauma among social workers is well documented in the literature, yet there is a paucity of research in this area pertaining to forensic interviewers. Forensic interviewers who conduct structured interviews with children who have made allegations of abuse might be particularly vulnerable to vicarious trauma as a result of their work. Using a phenomenological approach, qualitative interviews were conducted with nine forensic interviewers throughout one western state in the United States. Findings indicate that forensic interviews are significantly impacted by their work and report experiencing vicarious trauma across three realms: within the interview, outside of the interview but within their professional role, and in their personal lives. Implications for practice include assisting organizations develop and target interventions that promote healthy coping responses to the inevitable traumatic nature of the work.

*Keywords:* vicarious trauma, forensic interviewing, secondary trauma, child sexual abuse, forensic social work


On the front lines, social workers and other helping professionals are frequently exposed to secondary traumatic material disclosed by their clients, thereby increasing their risk of developing vicarious trauma (Lerias & Byrne, 2003). Research on the secondary impact of trauma, particularly among helping professionals who work with survivors of trauma, suggests a negative impact on the quality of client care (Conrad & Kellar-Guenther, 2006; Tehrani, 2011), as well as potential adverse consequences for the worker and the agency (Arnold et al., 2005; Horwath & Tidbury, 2009; Regehr et al., 2004; Schauben & Frazier, 1995; VanDeusen & Way, 2006).


Although the impact of secondary trauma exposure on social workers and other helping professionals is fairly well documented in the literature, there is a paucity of research in this area pertaining to forensic interviewers, particularly in regards to vicarious trauma. Yet, forensic interviewers who are tasked with routinely interviewing children who are victims or witnesses to a criminal act may be particularly vulnerable to vicarious trauma as a result of their work. The limited research conducted with forensic interviewers regarding their work-related trauma experiences is focused primarily on disengagement and secondary trauma (Bonach

& Keckert, 2012; Perron & Hiltz, 2006). Findings from these preliminary studies indicate that while tenure and interviewing load are related to higher levels of disengagement among interviewers (Perron & Hiltz, 2006), external social support and internal job support are important predictors of interviewer’s levels of secondary traumatic stress (Bonach & Keckert, 2012). However, research also suggests that vicarious trauma has a direct effect on turnover among professionals who work in fields closely related to forensic interviewing (Middleton & Potter, 2015). Due to the dearth of research available regarding vicarious trauma, and the implications that high annual turnover rates have for the organizations that employ forensic interviewers, there continues to be a need to understand how forensic interviewers are impacted by the content of interviews.

This study focuses on forensic interviewers who work specifically with children and youth who have reported sexual abuse, physical abuse, and/or witnessing violence. While there has been an increase in the number of empirically supported publications pertaining to the process and procedures of forensic interviewing, few studies address the training, support, and consequences related to forensic interviewers (Perron & Hiltz, 2006). Vicarious trauma is indicated as a potential consequence of forensic interviewing due to constant exposure to traumatic material within the interview setting. Forensic interviewers typically work within a multidisciplinary investigative team, comprised of professionals from law enforcement, social services, medical staff, and prosecution teams. However, forensic interviewers are often the first professionals to directly speak with children about their alleged abuse (i.e., sexual, physical, or witness of violence). Their role requires them to “determine whether or not abuse has occurred and, if so, elicit detail in a court suitable manner” (Perron & Hiltz, 2006, p. 216).

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To make this determination, the forensic interviewer must maintain a neutral stance and utilize developmentally sensitive and noncoercive techniques to gather details of the abuse event in a legally defensible manner (Lamb et al., 1998). The demands of the forensic interview are often difficult to balance, as the content of the children's stories and the responses of the children during the interview are considerable sources of traumatic stress and their role *does not* allow the interviewers to voice empathy with the child in order to prevent bias in the interview process (Perron & Hiltz, 2006).

The imbalanced role of forensic interviewers combined with the traumatic details that children report are factors that lead to occupational stress, burn out, secondary trauma and/or vicarious trauma. The occupational stress of social workers serving traumatized populations has begun to receive significant attention as a workforce issue within child welfare organizations. This kind of occupational stress has been most commonly referred to as: compassion fatigue (Figley, 1995), secondary traumatic stress (Figley, 1995; Stamm, 1999), and vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Although overlap exists between the concepts underlying these terms, there are differences. Specifically, compassion fatigue is viewed as the helper's reduced capacity for compassion and encompasses the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another person (Figley, 1995). Secondary traumatic stress refers to a cluster of psychological symptoms that mimic posttraumatic stress disorder (PTSD) acquired through exposure to persons suffering trauma (Figley, 1995; Stamm, 1999). Vicarious traumatization involves profound changes to professionals' cognitive schemas and core beliefs about themselves, others, and the world, that occur as a result of exposure to graphic and/or traumatic material relating to their clients' experiences (Trippany et al., 2003).

It is important to note that vicarious trauma "has been conceptualized as being exacerbated by, and perhaps even rooted in, the open engagement of empathy, or the connection, with the client that is inherent in counseling relationships" (Trippany et al., 2003, p. 31). Because of the nature of forensic interviewing, this type of engagement may present differently for an interviewer, indicating a unique effect for the interviewer. More specifically, forensic interviewers do not typically have an ongoing relationship with the child they are interviewing. Rather, while a deep, intense connection with the child may occur during the interview, once the interview ends, the opportunity for the forensic interviewer to continue the connection ends. However, by listening to explicit details of children's traumatic experiences during the forensic interview process, interviewing professionals "become witness to the traumatic realities" that children themselves experience and "this exposure can lead to transformation within the psychological functioning" of interviewing professionals (Trippany et al., 2003, p. 31). In such a manner, vicarious trauma effects transcend the forensic interview itself.

### Theoretical Orientation

Vicarious trauma is grounded in constructivist self-development theory (CSDT; McCann & Pearlman, 1990). This theory depicts the resulting changes from vicarious trauma to be pervasive, cumulative, and permanent. Because vicarious traumatization is a

theory-driven construct, emphasizing more gradual, covert, and permanent changes in a helping professional's cognitive schema, it may hold significant implications for understanding workforce outcomes such as job retention. For this reason, the term vicarious traumatization is employed throughout this paper except in cases where another term has been used specifically by other scholars' research that we reference. By the same token, for the purposes of this study, vicarious traumatization is defined as the response of helping professionals who have witnessed, have been subjected to explicit knowledge of, or had the responsibility to intervene in a seriously distressing or traumatic event.

CSDT is the theoretical orientation that was originally applied to primary trauma survivors, but is now used to help explain the impact of trauma, particularly vicarious trauma, on helping professionals. In an effort to describe the effects of vicarious trauma experiences, McCann and Pearlman (1990) conceptualized the impact within CSDT. CSDT combines psychoanalytic theories, such as self-psychology and object relations theory, with social cognition theories to develop a framework for understanding the phenomenon (Pearlman & Mac Ian, 1995). CSDT perceives individuals' adaptations to trauma "as interactions between their own personalities (defensive styles, psychological needs, coping strategies) and salient aspects of the traumatic events, all in the context of social and cultural variables that shape psychological responses" (Pearlman & Mac Ian, 1995, p. 558). Thus, although the context for the trauma survivor may include social and cultural details pertaining to the traumatic event and its aftermath, when applying this theoretical tenet to forensic interviewing, the context for the forensic interviewing professional may include the interview room itself, as well as the culture and climate of the professional's organization and team. In this manner, a professional's immediate work environment (e.g., peer support, supervisor support, child advocacy setting, interview room) may help shape the interviewer's psychological response as it is contained within the worker's professional role (e.g., professional efficacy, professional satisfaction).

Our qualitative study adds to this limited research. Gaining insights into this issue is key for future development and testing of approaches that promote effective and appropriate organizational responses to forensic interviewers experiencing vicarious traumatization. Forensic interviewers may experience vicarious trauma in an ongoing, cumulative fashion due to their often-daily exposure to traumatic material, which could have a significant impact on their professional life and personal life, as well as their ability to maintain a healthy work-life balance. Although this is an understudied area, the implications of this experience can include negative professional efficacy, burnout, and high turnover rates, which can be costly to the organizations who employ forensic interviewers, and can negatively impact case outcomes for children and families. Organizations who employ forensic interviewers as well as other mental health professionals should be attuned to the nature of vicarious trauma among forensic interviewers in order to provide support for this workforce.

This study aims to provide an exploratory context to understand and describe the experiences of vicarious trauma through the lens of forensic interviewers. Therefore, the primary research question guiding this study is, "How do forensic interviewing professionals experience vicarious trauma?" The secondary question is, "What is

the textual and structural experience of the phenomenon of vicarious trauma?"

## Method

### Phenomenological Approach

The current study utilized a *descriptive phenomenological approach* (Husserl, 1964, 1970; Koch, 1995) in order to explore and describe the subjective and unique meanings of forensic interviewers' vicarious trauma. This included an in-depth understanding of forensic interviewers' everyday experiences, and activities as they perceived them, with the analytic goals of the research team to interpret and understand the phenomena of vicarious trauma with all of the forensic interviewers' contradictions (Annells, 1999; Caelli, 2000; Giorgi, 2005; Husserl, 1964; Van Manen, 1990), and how the meaning of vicarious trauma is generated and transformed throughout their work roles. Specifically, a phenomenological approach was used because the researchers did not want to influence the interviewees' definition and perception of vicarious trauma; rather, the researchers wanted to see what would emerge, or be defined by the participants when forensic interviews reflected in their experiences in their working environment (Patton, 2002; Rubin & Rubin, 2011).

The research team used data grounded in the interviews to devise the structure of the phenomenon portraying the vicarious trauma experienced by forensic interviewers. Due to the fact that vicarious trauma is an understudied topic, phenomenology was a reasonable approach, which encourages the research team to pay attention to the participants' subjectivity, individual life situation and circumstance, which enables and facilitates the description of human experience (Archer, 2000; Caelli, 2000; Giorgi, 2005; McCosker et al., 2003).

### Researcher Subjectivity and Reflexivity

Jennifer Middleton was a forensic interviewer for 7 years, and worked as a forensic interviewer at two children's advocacy center agencies, interviewing over 4,000 children during her career. She also codirected the state's peer review team and provided forensic interviewing training to local social services and law enforcement personnel. She has not practiced forensic interviewing for several years, but the shared identity of having been a forensic interviewer impacted her relationships with the participants by being able to acknowledge similar experiences and connect emotionally with the participants during interviews. This connection allowed for deep, raw, reflective responses on the part of the participants. Through this process, Jennifer Middleton learned how to be "the instrument," as it is natural to identify with some of the same experiences, because common experiences are bound to happen and they are part of the reflexive process (Rennie, 2004). Throughout the data analysis, Jennifer Middleton was reminded of her career as a forensic interviewer and found parallels between her experiences and those of the participants, which allowed her to integrate her own biases within the data collection and analysis (Maxwell, 2012). Due to the subject matter so closely reflecting Jennifer Middleton's experiences with vicarious trauma throughout her career, she employed certain safe guards to reduce researcher subjectivity throughout data collection and analysis, including the

utilization of bracketing (Tufford & Newman, 2012), field notes, consultation, and pre/post interview reflection journaling.

### Procedure

Purposive typical case sampling (Patton, 2002; Rubin & Rubin, 2011) was utilized to recruit forensic interviewers throughout a large, western state in the United States. Rather than focusing on the number of participants, it was essential to elicit the unique experience of each forensic interviewer (Kleiman, 2008). The majority of the forensic interviewers who were interviewed were social workers. In this particular western state, there is only an average of 10–15 total full time forensic interviewers at any given time in the entire state, and a majority of the interviewers are housed within child advocacy center settings. A total of nine interviews were completed out of 12 potential, invited participants for a participation rate of 75%.

### Instruments

A demographic questionnaire and a semistructured interviewing protocol was utilized, which included several sociodemographic questions, as well as six questions pertaining to the overall aim of the study. Findings from the larger study have been published elsewhere (McDonald et al., 2017). However, this article addresses the data related to one of those questions: Describe a typical forensic interview. Try to pick an interview that you feel has had a lasting impact on you. Walk me through from your perspective. All interviews were audio-recorded, and the average length of the interview was 2.5 hr.

### Data Analysis

The research team analyzed the interview transcripts using Colaizzi's (1978) approach, which is commonly used in studies utilizing phenomenology. Our process involved first recording the individual preunderstandings of vicarious trauma by each member of the research team to bracket our experiences (Tufford & Newman, 2012) as persons with expertise in (a) forensic interviewing, (b) child welfare, and (c) qualitative methodology.

The team then read all of the interview transcripts in their entirety in order to gain an overall understanding of the phenomenon of vicarious trauma within the context of forensic interviewers. This also gave the team the opportunity to record key defining features of each of the stories, including characteristics, life situations, styles of communication in order to preserve the subjectivity of each of the participant's stories. The researchers then each coded half of the interview transcripts, identified meaning units, and noted how in vivo codes clustered. The researchers were sure to extract exact words, sentences and phrases which described the phenomenon of vicarious trauma. From there, the researcher came together to develop an initial codebook, which was comprised of the most frequent and significant meaning units, and to integrate biases as a part of the analysis process (Maxwell, 2012). The codebook was then transferred into Atlas.ti, and the team then coded all of the transcripts as a group using the codebook. In Atlas.ti, the team utilized the family manager function to create code families for each of the realms, elements and properties of vicarious trauma. Once the code families were created, the team

engaged in an intercoder reliability test. The researchers met frequently to discuss coding and analysis, maintained memos related to all analytic decisions (Charmaz, 2014) and their agreement level as measured by Cohen's kappa was 95.07% (Cohen, 1968; De Vries et al., 2008; Landis & Koch, 1977).

The research team then developed an exhaustive description of vicarious trauma within the forensic interviewers' context. Our initial analysis indicated forensic interviewers experience vicarious trauma at three different points of their life experiences. As the researchers delved further into the codes and quotations described by participants, the need for the in vivo groupings to be organized into three specific coding families became clear. The overarching categories developed by the researchers included: (a) within the forensic interview; (b) outside the interview: professional role; and (c) outside the interview: nonprofessional role. These three categories supported by properties, or characteristics that comprised each category. It was later agreed that the research team would replace the word "categories" with "realms" in order to emphasize that the forensic interviewers were impacted in three specific locations or arenas of their everyday lives.

In an effort to understand "the heart of the matter," emphasis in this final stage was placed on examining how the themes link together in a meaningful way. The overarching question the researchers asked is, "What is the textual and structural experience of the phenomenon?" Therefore, we engaged in analytic exercises such as examining creation of verbal expressions of vicarious trauma, grounded in the voices of forensic interviewers to describe the essence of the experience of vicarious trauma, as well as the structure of vicarious trauma (Priest, 2002). We maintained a connection to the original data to describe the core meaning of vicarious trauma within the forensic interviewers' context with the goal of creating thick and rich description and structure of the phenomenon (Dinkel, 2005).

## Results

The sample contained predominantly female (78%) forensic interviewers with a mean age of 38 years. The dominant ethnicity of the participants was Euro American/Caucasian (77.8%) and

44.4% of the forensic interviewers reported being parents. Education level varied with five participants completing a 4-year degree and the remaining four completing a Master's degree. In regards to professional experience, five of the forensic interviewers indicate working at child advocacy centers (55.6%), two at law enforcement (LE) agencies (22.2%), and two at departments of human services (DHS/DSS; 22.2%). The majority of the participants reported being very satisfied (56%) with their jobs. Other participants reported being satisfied (33%) or very unsatisfied (11%) with their jobs. In regards to years of experience in the field, participants reported an average of 9.5 years, with a range of 2.5 to 18 years. In regard to forensic interviewing specifically, the participants reported a mean of 5.5 years of experience, with a range of 0.5 to 18 years. When comparing the research sample to the parent population, the researchers concurred that the sample is representative of the larger parent population of forensic interviewers throughout the United States.

The findings revealed that forensic interviewers shared common intrinsic responses that were brought on by vicarious trauma. Another common theme was that forensic interviewers were working within the context of an inadequate "system" which led to feeling unsupported by the structures which were meant to protect children. This created barriers to syncretism, and having work-related stress and trauma "spill out" into their personal lives. Forensic interviewers who had years of experience commonly turned to disengagement from the emotional intensity of the work as a self-protection strategy.

The results of this study included descriptions of the elements, realms and properties of vicarious trauma for forensic interviewers (Table 1). Within each of the realms named (a) within the forensic interview, (b) outside of the forensic interview: professional role and (c) outside the forensic interview: nonprofessional role. Three realms were the locations in which the forensic interviewers reported being impacted by vicarious trauma. Within the forensic interview space, forensic interviewers described "the actual interview room" were they were conducting interviews with the child. Forensic interviewers reported that stepping into the room created a change within their physical state. One forensic interviewer

**Table 1**  
*Elements, Realms and Properties of Vicarious Trauma for Forensic Interviewing Professionals*

Elements of vicarious trauma	Realm	Properties
1. Triggers	a. Within the interview	Disclosures of severe physical/sexual trauma; tentative disclosures; child's physical and emotional response
	b. Outside: Professional role	Viewing photos and images; working in isolation
	c. Outside: NonProfessional role	Forensic interviewer's personal trauma history
2. Coping strategies	a. Within the interview	Shifting into a mode to a) modulate <i>emotionality</i> b) engage <i>cognitively</i>
	b. Outside: Professional role	Becoming hypercompetent
	c. Outside: Nonprofessional role	Engaging in high-risk behavior; disassociating
3. Cognitive dissonance	a. Within the interview	Gathering necessary details for the case vs. attending to child's emotional needs
	b. Outside: Professional role	Taking in anger and injustice vs. moving on
	c. Outside: Nonprofessional role	Being constrained vs. being a change agent
4. Vicarious trauma presents barriers to syncretism	a. Within the interview	Losing credibility and trust
	b. Outside: Professional role	Losing sense of reality; post-interview
	c. Outside: Nonprofessional role	Struggling to feel benefits of the work role/helplessness and despair

stated, "I think there's this weird thing that happens, like when you go into that room, there's a shift for me." Outside of the forensic interview, and working in their professional role, forensic interviewers experienced trauma through interactions with coworkers (the investigative team), viewing evidence and photographs, documentation and attending meetings. While working in their office space, forensic interviewers were not as impacted by immediate trauma, but were impacted by the strain and weight of the work or "feeling burned out at work." Another forensic interviewer described the process, "I was feeling like we were spinning our wheels and there was just a constant influx of kids coming in. Um, who horrible, horrible things had happened to them. Um, and it was kind of never ending. And so I think in that way my world view got skewed." Lastly, work stress crept into the nonprofessional roles occupied at home and in the community, when the forensic interviewer was completely removed from work. One forensic interviewer described how the job impacted her worldview,

I guess I call it your soul gets a little, um, jaded in a way, I guess. You know it becomes a little bit harder to see good things that happen in life and in the world. Um, and, and, and so, yeah, you just, your soul feels a little bruised, I guess would be a way of describing it.

Additionally, the forensic interviewers report experiencing four distinct elements of vicarious trauma, regardless of which realm they were in. These four elements include: triggers, coping strategies, cognitive dissonance, and syncretism. Each element of vicarious trauma and its corresponding properties are described in Table 1 and in detail below.

### Triggers

Interviewers identified triggers that commonly occurred within the interview itself. The participants described that triggers often stimulated trauma and stress. At times, triggering was subtle, meaning that it varied in terms of the intensity experienced by the forensic interviewers. Triggers were often difficult to anticipate, so caught interviewers "off guard" in the midst of the interview with the child.

A social worker describes a triggering moment, and the conflict that she experienced trying to contextualize her work-role. She said, "I can see it in my mind's eye, because I'm visual which makes it difficult to separate completely from it." The social worker goes on to describe how descriptions of sexual abuse could also be triggering and elicited a lasting physical response from her, "... he put his penis where? ... and it felt like what? It's all here (gestures to head). But it gets here (gestures to heart) it gets down to an emotional level afterwards."

These are examples of triggers that occur in the mind's eye; interviewers discussed how visualizing the graphic details of the abuse incident were triggering for them. Specifically, the forensic interviewers identify three types of interviews or scenarios which are the most difficult and cause the most vicarious trauma: disclosures of severe physical trauma (within the interview); tentative disclosures (within the interview); and system failures (outside interview professional role crosses over into within the interview). When identifying the type of interview that is most traumatic, the participants describe how disclosures of severe physical trauma as a result of child sexual abuse impacted them the most. One

participant describes an interview in which a young child needed to have his anus and colon stitched back together due the tearing caused by the sodomy. Other participants identify similar types of sexually abusive behaviors that can be "traumatic to hear." The participants report it is challenging for them to maintain professional composure throughout the interview process due to the traumatic nature of the abuse scenarios. Forensic interviewers describe that as a result of these types of interview dynamics, they sometimes feel "helplessness" and "guilty."

When working with children who are in the tentative phase of the disclosure process (e.g., a series of disclosures of abuse followed by recantations of these disclosures), participants describe having to "push a child" to talk about their experience. When the child is visibly upset and resistive to questioning, it is difficult for the interviewer. In response to this, one participant reports having to "turn-off your humanness" and "sacrifice yourself." Another participant describes this process:

It is vital to this child's welfare, for me to get what I need, and maybe that is what overrides my desire to not react in shock, but, you know, show empathy in that moment. Um, and I never get to show the empathy, actually, as I'm thinking out loud. I never get to show that. I get what I get, I get what I need, and then we're done. And then I never see him again.

Also within the interview, forensic interviewers discuss how the child's physical and emotional response to disclosing abuse is a trigger for them. One forensic interviewer describes this process, "So, after all of that, then she started to disclose about her dad ... she was terrified that she was going to be killed ... she started to really fall apart ... at one point disassociated so severely that she was almost in a coma."

Within the forensic interview, the most common trigger reported by participants was related to the child's communication, with frequencies split somewhat evenly across a child's verbal versus nonverbal communication. Another forensic interviewer described how the child's body language impacted her ability to keep her composure during the interview while the child was disclosing, "She sat in fetal position in the chair, she would put her head down."

Outside of the interview, while still in their professional role, forensic interviewers describe viewing traumatic photos as being a significant trigger, causing them to feel overwhelmed. One participant who was considering leaving her role as a forensic interviewer at the time of the interview said, "To see a photo of a battered child is something that I still don't know if I have room for."

In addition, one interviewer reported being more impacted by a particular case because she was alone at the child advocacy with no support staff present, while conducting a late-night interview. She said, "I was doing the interview by myself. I don't recall anybody else being there [at the child advocacy center]." The isolation of being the only forensic interviewer on the investigative team, combined with late night hours without the support of coworkers increased feelings of stress and isolation within the forensic interviewers' work role. Another forensic interviewer went further to say that the disclosure of sexual abuse often feel like "a burden" and creates further distancing from peers within the work role. She describes this state, "I think it adds to the

feeling of isolation. I have to protect everybody from what I'm walkin' around with."

Several participants reported that they felt most impacted when the system failed the child. Participants generally describe the system as encompassing what occurs from the time a child discloses through the child protection process and concluding with the criminal prosecution outcome. One participant describes her guilt about the systemic process which led to the outcome where "we put him [perpetrator] back in the house to do it all over again." She then reported not wanting to continue with reinterviewing the child [upon subsequent disclosure] because of "my own guilt" for "the system failing her." When discussing criminal prosecution outcomes, another participant reported, "the results (of the criminal prosecution) were so horrible . . . I felt guilty for having to prod her to tell."

Not surprisingly, outside of the interview, in their personal life realm, interviewers report that their own history of abuse and trauma is a trigger for them to experience vicarious trauma. One forensic interviewer explained, "My own trauma, and my own abuse. For years, therapists have said, and I had no idea what they were talking about, you're intellectualizing it, you're intellectualizing it . . . one of the things that I've been working on for twenty years."

### Coping Responses

Interviewers described that over time, they developed very specific coping responses to the stress that they experienced in their work role. These responses included (a) shifting into a mode within the interview setting, (b) becoming hyper-competent within their professional role as a forensic interviewer, (c) engaging in high risk behavior as a way to cope with stress outside of their work role, and (d) disassociating from reality outside of their workplace.

In regards to coping responses, when forensic interviewers conducted interviews they all report "shifting into a mode" to conduct the interview and gather the details regarding the child's experience. Once the forensic interviewers have shifted, they describe the ability to take in the information by "becoming disengaged and more technical" and by "intellectualizing the trauma." One of the participants said that she has "trained" herself much like an "actor" to be emotionally "muted in that moment." Another participant explained that she initially trained herself to mute her emotional responses in order to cope with the traumatic information that the children would share within the interview setting. One forensic interviewer stated, "I had to sit on my hands so that she [the child] would not see me trembling."

The process of "shifting into a mode" helped modulate disengagement and engagement for forensic interviewers. The process of shifting was used to accomplish two tasks which were required to meet the expectations of their work roles. Participants reported most commonly shifting to a disengaged mode in order to (a) modulate *emotionality*, or being able to cope effectively as a professional who was hearing about traumatic violent and sexual abuse from the child. On the other hand, participants reported most commonly shifting to an (b) engaged *cognitive* mode in order to gather details regarding the traumatic event from the child's perspective in order to gather the needed details from the child to be

able to give evidence to the investigative team. One forensic interviewer describes this process:

And during the interview, during that moment where I'm getting information, I believe that I am consciously aware of obtaining the facts, getting everything that I need, despite getting this traumatic information. I don't react to it right in that moment. I don't know where I go. I mean, I'm there, but I don't react. I get the information. I hang in there as long as I need to. I don't show any shift in any kind of response. Even if the child is disclosing in a painful way.

Specifically, when engaging in a professional role outside the interview, the forensic interviewers noted that circumstances of the case, system failures, and job demands trigger vicarious trauma. In order to cope with this, forensic interviewers commonly and clearly identify going into a hyper-competent framework, as they report focusing on being the "best" interviewer, or admit to hiding their responses from other professionals and coworkers. One forensic interviewer describes, "I'm able to just do that one thing, and do that one thing really well." Some participants noted that this response sometimes mirrored the abused children that they interviewed who became hyper-vigilant as a response to trauma, and not wanting to burden their parents.

As stated earlier, forensic interviewers experienced their work role as isolating, both physically (being the only one on the team) and emotionally. One interviewer described being secretive about being impacted by the interview she completed,

I was also afraid of showing anybody, this new team of people I'm working with, that, maybe I couldn't do it. I was afraid to let on that I was having an emotional response. It was all I could do to not cry, and to just keep my shit together, and focus on whatever I was supposed to do. I feel a very strong responsibility to keep my own emotionality about the case, to myself. I rarely even share with my coworkers. There is a self-imposed sense of. . . 'they have enough of their own trauma. Go somewhere and deal with your own.'

In regard to coping responses outside of work, interviewers predominantly describe engaging in risky personal behaviors such as unprotected sex, sex with strangers, drinking and driving, and extreme sports (e.g., skydiving). One forensic interviewer described high risk behavior as a way of "*resisting*" the impacts of vicarious trauma when she went home at the end of the day, "Wanting to fight it, wanting to do something, wanting to change it, and I can't, and so I sit in that frustration and, and, and, and (sighs), then maybe I just drink until I can't even, till I don't think about it anymore." It is evident that these are coping responses related to the challenging nature of forensic interviewing because interviewers would say that they would do these things because they are thinking, "kids are getting fucking fucked, so fuck it."

### Cognitive Dissonance

Forensic interviewers also experienced trauma through cognitive dissonance, or conflicting thoughts or beliefs that occur at the same time, or when engaged in behaviors that conflict with one's beliefs, such as sitting calmly with a child and processing stories of sexual abuse and violence without acting or being able to protect the child. One forensic interviewer reported that being in this position confused her, "I'm so deeply impacted by human suffering, that it's puzzling to me . . . how I can sit there and intellectualize it."

If there is no formal disclosure by the child during the course of the interview, and no corroborating physical evidence, in many cases, the child may return to the home with the accused perpetrator of sexual abuse. Often children are scared and nervous in the interview setting, placing the forensic interviewer in the difficult role of having to ask the child to disclose potentially painful and traumatic information in order to protect the child in the future. When referencing vicarious trauma, this interviewer describes how during a forensic interview, she experienced the conflicting role of the forensic interviewer—gathering details for the case versus attending to the child’s immediate emotional needs.

It was the only time I’ve ever really felt like, I mean I, I really keep the kids that I’m interviewing, um, in perspective, and I, you know, I try to really care for their feelings, but I also, you know have to keep in mind that I’m trying to get information to be able to do something about it.

Interviewers described experiencing cognitive dissonance outside of the interview setting, as a professional trying to make sense of the injustice and trauma contained within these cases. This often led the conflicting feelings of taking in anger and injustice versus moving on with one’s career and leaving the job due to vicarious trauma. One forensic interviewer was considering leaving her position due to the traumatic impact of the work, “If it would change things for this child, or that child, or children to come, to sit in the anger, and the injustice and the trauma of it all, I would stay there, but it isn’t, so I don’t know how to stay there . . . and I know I’m not gonna make any sense of it.”

Cognitive dissonance is also noted by forensic interviewers when they attempt to engage in the personal realm of their lives. Forensic interviewers often reported feeling constrained by the function of their work, which was in direct conflict with their training (most often social work/being an agent of change). One forensic interviewer describes the challenges of not being able to let go of the exposure of trauma that she experienced at work when she went home at the end of the day:

Maybe it’s a subconscious needing to make it ok . . . an attempt at resisting the information I’ve just been given. Ah, resisting, not denial. Wanting to fight it, wanting to do something, wanting to change it. And I can’t. So I sit in that frustration . . . I live in a constant state of, ‘this will never make sense’ . . .

### Syncretism

Forensic interviewers reported that one of the greatest barriers to coping with vicarious trauma in their work role involved not being able to achieve syncretism. Syncretism is viewed as a process that helps individuals achieve complete self-realization and build a social structure in which the physical, mental and spiritual needs of all people can be fulfilled. As previously stated, forensic interviewers often have to reinterview young children who the system previously failed. This is an example of how forensic interviewers commonly struggle with moving toward building meaning and fulfillment within their work roles. One forensic interviewer describes not being able to achieve syncretism due to system failures, which inhibited their ability to build or maintain credibility and trust with the children that they interviewed:

. . . he was put back in her home, to do it to her again, and (sniffs), I just, um, so that’s what makes me so sad, is just to see a little girl who this has happened to again. It’s not like I couldn’t sit there and know in my heart, we’re gonna fix this, we’re gonna, we’re gonna take him out of this home and we’re gonna get him some help. We promised her all these things before, and we, and it didn’t work. So, why would she trust us, why would she trust anyone? And she loves her brother (sniffs), who’s her perpetrator, and so, our credibility was . . . was in the toilet, you know (sniffs).

Along those same lines, interviewers also commonly struggle with achieving syncretism outside of the interview setting, while still at work. This often led to the feeling of losing sense of reality after leaving the interview room and returning to the office space. One interviewer described what she experienced shortly after completing an interview, when she returned to her office to decompress.

Is there something I can identify with in this case? If there is, what does that mean? Does that mean that there’s more for me to heal? Or, does that just mean that I identify at a level that is bringing it closer to me? And, maybe I don’t identify at all. It’s just wrong. There are times . . . I wish that I knew exactly what triggers it. Not often, but there are times when I have actually said out loud recently, ‘I have no room to know that this is real.’ What does that mean?

In an effort to describe how interviewers make meaning of the work, forensic interviewers often describe their meaning making process being impacted by intense feelings of vicarious trauma, even after their work day is over. Forensic interviewers often struggled to feel the benefits of their work in helping children, which often led to depression after they returned to their homes. These feelings are powerful and often unpredictable:

It isn’t until I leave the building, that I feel (deep breath). . . how the vicarious trauma is gonna present. Then it comes. Sometimes it’s anger. Sometimes it’s sadness. Sometimes it’s anger I think or sadness, but there’s a common theme of incredible helplessness and despair.

### Discussion

Forensic interviewers reported that they experienced vicarious trauma in three realms of their lives: (a) within the interview space, (b) outside of the interview while working, and (c) in their personal lives outside of work. The participants all experienced four distinct elements of vicarious trauma, within each realm, which included, triggers, coping strategies, cognitive dissonance, and syncretism. Our findings indicate that forensic interviewers engage in many strategies to cope with vicarious trauma within their work role that actually make them better at their job, such as hyper-competence or vigilance. These coping strategies may garner forensic interviewers positive attention in the workplace, which may further reinforce their behavior. It is only when the impacts of vicarious trauma leak out into the forensic interviewer’s personal life through engagement in high-risk behavior and disassociation that they might experience negative reinforcement, which can potentially push them further away from peers and family. The research team also noted that activities outside the work place often involved adrenaline-seeking behaviors, such as sky diving and sexual encounters with strangers. Future research should examine the relationship between adrenaline seeking and vicarious trauma.



Both cognitive dissonance and barriers to syncretism were noted as two elements of vicarious trauma. Although, our participants were interviewing children, these results are similar to studies on clinical professionals who interview offenders who have committed sexual crimes. Barros et al., (2020) found that the clinicians described a process of becoming more “pessimistic, skeptical, and hopeless about human nature” the longer they stayed in the job. In a study on forensic interviewers’ burnout and coping mechanisms, it was found that forensic interviewers experienced burn out due to their work-lives, such as being consistently overwhelmed at work, not being supported by leadership and the organization, and having more intensive and consistent exposure to images of child sexual abuse (Fansher et al., 2020).

Our participants reported that they were often triggered within their workplace, but outside of the forensic interview. Having to review disturbing images of children that involved physical or sexual abuse created a long-lasting psychological impact and contributed to vicarious trauma. In a study that examined the impact of viewing similar photos, but within law enforcement computer forensics, the researchers found that secondary traumatic stress and burnout spilled over into their participants’ home and personal lives. This caused the participants to become more withdrawn from family and friends over time as a coping mechanism. Unlike the forensic interviewers that were interviewed for this study, the participants in law enforcement professionals scored high on self-efficacy, or believed that their work was making a difference in the world (Perez et al., 2010). Their ability to achieve some kind of syncretism in the work place might have mitigated the impact of vicarious trauma. Unlike the law enforcement professionals, the forensic interviewers interviewed in our study coped through mechanism such as, “turn-off your humanness” and “sacrifice yourself,” which they ultimately found to be maladaptive coping strategies, which increased vicarious trauma over time. In addition to other studies, the researchers found that participants with great connections and support from coworkers have lower rates of STS and burnout (Perez et al., 2010), thus again pointing to organizational factors having a significant impact on employees’ ability to engage in this work long term.

Forensic interviewing is a highly specialized field, in which individuals need several years of training to gain clinical expertise. Interviewers described the importance of considering the realm in which vicarious trauma elements occur, the specific types of triggers, and their own often-fluctuating baseline capacity when predicting a coping response. Perhaps one explanation or framework for understanding this phenomenon lies in the analogy of the teeter totter, depicting a continuum of coping or shifting responses ranging from engagement-type responses to disengagement-type responses. Within this analogy, different types of triggers predict the tilting of the teeter totter, while the base of the scale consists of the forensic interviewer’s initial capacity or baseline for trauma exposure as experienced in professional and nonprofessional roles outside of the forensic interview setting. In a study that focused on students who were learning how to be forensic interviewers, they found that role play was the most critical component to training. Forensic interviewers should have ample opportunities within their training to not only role play the forensic interviewer, but also role play the child being interviewed (Duron & Cheung, 2016). This study also mentions noting psychological and physical responses noted by the interviewer, and the importance of students knowing

firsthand what it is like to explain sexual details in a child’s language.

## Implications

When considering the phenomenon of vicarious trauma, of particular note in the current research study was the participants’ report of use of a shift or mode to modulate levels of engagement and disengagement within the forensic interview. Prior research infers that disengagement is a negative outcome of vicarious trauma (Perron & Hiltz, 2006). However, the current study suggests that disengagement, when utilized intentionally, may in fact have a positive impact on the forensic interviewer’s experience of vicarious trauma. Further research is needed to clarify the function of disengagement.

Moreover, because forensic interviewers experience the impact of vicarious trauma in compartmentalized realms of their lives, self-care frameworks and interventions should promote posttraumatic growth and include opportunities for forensic interviewers to practice different, targeted coping and recovery strategies, depending on the time point and realm they are currently experiencing. One core skill in building resiliency to vicarious trauma is an awareness of our physical, emotional, and cognitive reactions during the different time points in relation to initial trauma exposure: before, during, immediately after, and later/ongoing (Middleton, 2015). Awareness allows us to recognize trauma reactions, choose responses and control reactions, and develop plans for managing vicarious trauma and strengthening our resiliency long term. One such strategy, termed “The Four Quadrants of Self-Care,” has been found to help may be useful when helping professionals implement intentional self-care planning and man also be useful in helping forensic interviewers mitigate the impact of vicarious trauma across the different realms (Middleton, 2015).

Another area warranting additional research concerns forensic interviewers’ positionality and disempowerment as identified by participants. Betrayal trauma theory could be applied to this finding as interviewers report experiencing vicarious trauma caused by the very system they are a part of and serve (Freyd, 1994). This might help explain why disengagement, much like dissociation experienced by child victims due to betrayal trauma, is such a common coping response for forensic interviewers.

In summary, not only does the current study have implications for forensic interviewers and their unique experience of vicarious trauma, the study also has organizational and policy implications for all first responders and their agencies. Perron and Hiltz (2006) found that although forensic interviewers experience a significant amount of stress while interviewing children who are victims of physical and sexual abuse, the organizations that they work for may have the capacity to buffer this stress. Suggestions from other studies involving professionals similar to forensic interviewers, found that leadership at organizations can lessen vicarious trauma experienced by employees by rotating their employees to different positions to take a break from viewing graphic images, decreasing workloads, and increasing leaderships’ support regarding employee stress (Perez et al., 2010).

In studies involving forensic interviewers, burnout and job satisfaction, it was found that organizational factors again played into higher levels of job satisfaction and control, such as flexible scheduling, having effective and supportive supervision, and men-

torship of less experienced forensic interviewers. Supportive work environments also included positive relationships with coworkers, which led to high satisfaction and less burnout (Chiarelli-Helminiak, 2014). Organizations could enforce policies that decrease vicarious trauma, such as minimizing employee's exposure to graphic content and images, or limiting the number of interviews that forensic interviewers should engage in over the course of a day. Another study on forensic interviewers (McDonald et al., 2017) suggests that organizations can increase support for forensic interviewers by not having them work in isolation (such as the case of our participant who worked late nights, and often by herself). This study also suggests that employees and leaders be trained in the Sanctuary Model, which is an evidence-based, trauma-informed organizational development approach, which enables teams to design their own workplaces, and increase moral climates of agencies. These practices have shown to increase retention and decrease vicarious trauma in the workplace (Bloom, 2017).

### Limitations

Several limitations exist in regards to the current study. Although the sample represents almost 100% of forensic interviewers in the state, it only represents one state. In addition, while this is probably representative of forensic interviewers around the United States, we still need to include other groups, including more nonwhite participants to better understand the phenomenon. The forensic interviewers who participated in our study were not asked about their own trauma histories; however, these narratives appeared in the interviews. Further research is needed to understand how previous trauma impacts vicarious trauma, which was a limitation of our current study.

### Conclusion

We have often tried to understand vicarious trauma and other occupational stressors and health hazards (such as secondary trauma, compassion fatigue, and burnout) within a framework of symptoms. However, understanding how vicarious trauma functions within each of the three realms compartmentalized by the interviewers themselves, we can help organizations develop and target interventions that promote healthy coping responses to the inevitable traumatic nature of the work.

### References

Anells, M. (1999). Evaluating phenomenology: Usefulness, quality and philosophical foundations. *Nurse Researcher*, 6(3), 5–19. <https://doi.org/10.7748/nr1999.04.6.3.5.c6084>

Archer, M. (2000). *Being human*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511488733>

Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239–263. <https://doi.org/10.1177/0022167805274729>

Barros, A. J., Teche, S. P., Padoan, C., Laskoski, P., Hauck, S., & Eizirik, C. L. (2020). Countertransference, defense mechanisms, and vicarious trauma in work with sexual offenders. *The Journal of the American Academy of Psychiatry and the Law*, 48(3), 1–13. <https://doi.org/10.29158/JAAPL.003925-20>

Bloom, S. L. (2017). The sanctuary model: Through the lens of moral safety. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Trauma practice* (Vol. 2, pp. 499–513). American Psychological Association. <https://doi.org/10.1037/0000020-024>

Bonach, K., & Keckert, A. (2012). Predictors of secondary traumatic stress among child advocacy center forensic interviewers. *Journal of Child Sexual Abuse*, 21(3), 295–314. <https://doi.org/10.1080/10538712.2012.647263>

Caelli, K. (2000). The changing face of phenomenological research: Traditional and American phenomenology in nursing. *Qualitative Health Research*, 10(3), 366–377. <https://doi.org/10.1177/104973200129118507>

Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Chiarelli-Helminiak, C. M. (2014). *Job satisfaction and burnout among forensic interviewers*. <https://opencommons.uconn.edu/dissertations/397>

Cohen, J. (1968). Weighted kappa: Nominal scale agreement provision for scaled disagreement or partial credit. *Psychological Bulletin*, 70(4), 213–220. <https://doi.org/10.1037/h0026256>

Colazzi, P. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. Kings (Eds.), *Existential phenomenological alternative for psychology* (pp. 48–71). Oxford University Press.

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse and Neglect: The International Journal*, 30(10), 1071–1080. <https://doi.org/10.1016/j.chiabu.2006.03.009>

De Vries, H., Elliott, M. N., Kanouse, D. E., & Teleki, S. S. (2008). Using pooled kappa to summarize interrater agreement across many items. *Field Methods*, 20(3), 272–282. <https://doi.org/10.1177/1525822X08317166>

Dinkel, S. (2005). Phenomenology as a nursing research method. *The Kansas Nurse*, 80(5), 7.

Duron, J. F., & Cheung, M. (2016). Impact of repeated questioning on interviewers: Learning from a forensic interview training project. *Journal of Child Sexual Abuse*, 25(4), 347–362. <https://doi.org/10.1080/10538712.2016.1161687>

Fansher, A. K., Zedaker, S. B., & Brady, P. Q. (2020). Burnout among forensic interviewers, how they cope, and what agencies can do to help. *Child Maltreatment*, 25(1), 117–128. <https://doi.org/10.1177/1077559519843596>

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). The Sidran Press.

Freyd, J. J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior*, 4(4), 307–329. [https://doi.org/10.1207/s15327019eb0404\\_1](https://doi.org/10.1207/s15327019eb0404_1)

Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly*, 18(1), 75–82. <https://doi.org/10.1177/0894318404272112>

Horwath, J., & Tidbury, W. (2009). Training the workforce following a serious case review: Lessons learnt from a death by fabricated and induced illness. *Child Abuse Review*, 18(3), 181–194. <https://doi.org/10.1002/car.1066>

Husserl, E. (1964). *The idea of phenomenology*. Martinus Nijhoff.

Husserl, E. (1970). *The crisis of European Sciences and transcendental phenomenology*. Northwestern University Press.

Kleiman, P. (2008). Towards transformation: Conceptions of creativity in higher education. *Innovations in Education and Teaching International*, 45(3), 209–217. <https://doi.org/10.1080/14703290802175966>

Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21(5), 827–836. <https://doi.org/10.1046/j.1365-2648.1995.21050827.x>

Lamb, M. E., Sternberg, K. J., & Esplin, P. W. (1998). Conducting investigative interviews of alleged sexual abuse victims. *Child Abuse & Neglect*, 22(8), 813–823. [https://doi.org/10.1016/S0145-2134\(98\)00056-8](https://doi.org/10.1016/S0145-2134(98)00056-8)

Landis, J. R., & Koch, G. G. (1977). An application of hierarchical kappa-type statistics in the assessment of majority agreement among

- multiple observers. *Biometrics*, 33(2), 363–374. <https://doi.org/10.2307/2529786>
- Lerias, D., & Byrne, M. K. (2003). Vicarious traumatization: Symptoms and predictors. *Stress and Health*, 19(3), 129–138. <https://doi.org/10.1002/smi.969>
- Maxwell, J. A. (2012). *Qualitative research design: An interactive approach* (3rd ed.). Sage.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131–149. <https://doi.org/10.1007/BF00975140>
- McCosker, H., Barnard, A., & Gerber, R. (2003). Phenomenographic study of women's experiences of domestic violence during the childbearing years. *Online Journal of Issues in Nursing*, 7(1), 1–13.
- McDonald, A., Middleton, J., Matera Bassett, D., & Harris, L. M. (2017). Organizational culture and climate factors impacting Forensic Interviewers' experiences of vicarious trauma. *Forensic Research and Criminology International Journal*. Advance online publication. <https://doi.org/10.15406/frcij.2017.04.00118>
- Middleton, J. (2015). Addressing secondary trauma and compassion fatigue in work with older veterans: An ethical imperative. *Journal of Aging Life Care*, 8(1), 35–52.
- Middleton, J. S., & Potter, C. C. (2015). Relationship between vicarious traumatization and turnover among child welfare professionals. *Journal of Public Child Welfare*, 9(2), 195–216. <https://doi.org/10.1080/15548732.2015.1021987>
- Patton, M. Q. (2002). *Designing qualitative studies*. 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(6), 558. <https://doi.org/10.1037/0735-7028.26.6.558>
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. WW Norton & Co.
- Perez, L. M., Jones, J., Englert, D. R., & Sachau, D. (2010). Secondary traumatic stress and burnout among law enforcement investigators exposed to disturbing media images. *Journal of Police and Criminal Psychology*, 25(2), 113–124. <https://doi.org/10.1007/s11896-010-9066-7>
- Perron, B. E., & Hiltz, B. S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, 23(2), 216–234. <https://doi.org/10.1007/s10560-005-0044-3>
- Priest, H. (2002). An approach to the phenomenological analysis of data. *Nurse Researcher*, 10(2), 50–63.
- Regehr, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of post-traumatic distress in child welfare workers: A linear structural equation model. *Children and Youth Services Review*, 26(4), 331–346. <https://doi.org/10.1016/j.childyouth.2004.02.003>
- Rennie, D. L. (2004). Reflexivity and person-centered counseling. *Journal of Humanistic Psychology*, 44(2), 182–203. <https://doi.org/10.1177/0022167804263066>
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. Sage.
- Schauben, L. I., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, 19(1), 49–64. <https://doi.org/10.1111/j.1471-6402.1995.tb00278.x>
- Stamm, B. (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Sidran Press.
- Tehrani, N. (2011). *Managing trauma in the workplace: Supporting workers and organisations*. Routledge.
- Trippany, R. L., Wilcoxin, S. A., & Satcher, J. F. (2003). Factors influencing vicarious traumatization for therapists of survivors of sexual victimization. *Journal of Trauma Practice*, 2(1), 47–60. [https://doi.org/10.1300/J189v02n01\\_03](https://doi.org/10.1300/J189v02n01_03)
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work: Research and Practice*, 11(1), 80–96. <https://doi.org/10.1177/1473325010368316>
- VanDeusen, K. M., & 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](https://doi.org/10.1300/J070v15n01_04)
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Althouse Press.

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