Exploring secondary trauma in caregivers of young people exposed to trauma and identifying factors that may support resilience to this type of trauma.

**Introduction**

Vicarious trauma (VT) and secondary trauma (ST) are widely researched in the population of professionals working with children who have experienced potentially traumatic events (PTE). VT is defined as a change in cognitive schema, with a gradual onset (Jenkins & Baird, 2002; O’Neill, 2010) and ST is more likely to be considered as similar symptoms to that of the client for instance mirroring post-traumatic stress (PTSD) symptoms (Jenkins & Baird, 2002; O’Neill, 2010). Despite these findings in professional settings the possibility of these phenomenon are ignored within the caregiver population. Existing literature with regards to caregivers explores the factors of practical issues such as low income and time (Richardson, Lee, Berg-Weger & Grossberg, 2013). Due to the lack of intervention success previously this study will attempt to explore these phenomenon in the population of caregivers and attempt to propose therapeutic resilience factors in response to these types of trauma in this given population. Given the finding that caregiver responses to a child after they have experienced a PTE have an extremely large predicting factor on the outcomes of the child (Goslin, Stover, Berkowitz & Marans, 2013) it is so important to explore this phenomenon in the caregiver population.

**Aim**

The aim of this research is to identify factors that support or hinder resilience in caregivers of children who have experienced potential trauma. The research will attempt to understand if resilience is observed in the caregiver population and also to understand the individual experiences of caregivers who look after children who have experienced potential trauma. The research also aims to propose a screening tool to determine the level of trauma experienced by the caregiver.

**Research Questions**

1) How does physical and mental wellbeing differ in carers of children who have and have not experienced trauma?
2) To what extent does secondary trauma occur in carers of children who have been exposed to traumatising life events?
3) What is the lived experiences of carers of young people who have been traumatised?
4) What factors support or hinder their resilience in the face of trauma?
5) What role does resilience play in the secondary trauma and wellbeing of carers?
6) What role does social support play in the secondary trauma and wellbeing of carers?

**Method**

**Design**

Two part mixed-method study;
Part One: Comparative Study to compare caregivers of children with trauma (Group 1) and caregivers of children with no trauma (Group 2) via collection of data from a number of different surveys
Part Two: Participants from group 2, part one will be invited back for an interview to discuss their individual experiences

**Participants, Recruitment & Sampling**

40-60 participants will be recruited via snowball sampling for Part 1 of the study. 5-12 participants from Part 1, Group 2 will be invited back to complete Part 2 of the study. Participants will be recruited from parent support groups and the general population for caregivers of children without trauma. Recruitment will also involve approaching agencies where trauma in children is more likely, for example via organisations such as Team Around The Child (TAC), Foster Care Associates, The Windsor Centre for Children and Families and foster and adoption services in Wolverhampton

**Materials & Procedure**

In Part 1 of the study the following shall be administered to both groups of participants; The Questionnaire of Secondary Traumatisation, The impact of Events Scale, the SF-8, the Multidimensional Scale of Perceived Social Support and the RS-14. Group 2 will then be invited back for a semi-structured interview to understand some of the experiences of caregivers who care for children who have experienced potential trauma. The interview schedule will include items regarding what the individual found difficult, their coping strategies and generally their wellbeing and support.

**Data Analysis & Possible Results**

**Part One**

For part one, data analysis will include T-tests or MANOVA tests using SPSS for comparisons of each participant group.

Possible results may include a difference in level of secondary trauma between participant groups while monitoring for the dependent variables of wellbeing and social support. Secondary dependent variables may include social support and resilience.

Another possibility is that there are no differences in between groups of caregivers that care for children who have experienced trauma and those who have not. If this is the case, it may be necessary to explore what makes the caregiver population resilient from a phenomenon that is so commonly found among professionals working with similar children.

**Part Two**

Part two of the research involves semi-structured interviews which will be analysed via Interpretive Phenomenological Analysis (IPA) to understand the participants individual experiences of caregiving for a child who has experienced potential trauma. The interview will have items to understand experiences about coping strategies, what they found difficult etc...

The process will aim to understand about resilience factors and what hindered and helped resilience to the individuals wellbeing and self-care.

**Possible Contributions and Outcomes**

- It is intended that the field will be more informed about the factors that support and hinder resilience to secondary trauma.
- It is expected that the caregiver population will be exposed to some level of trauma or potential risk factors. Therefore the outcome of the research will be to tentatively propose a screening tool to determine the level of potential trauma experienced.
- It is intended that there will be greater understanding about the role of secondary trauma in caregivers and identification of factors that influence a caregivers resilience to this type of trauma, with a focus on vicarious resilience.
- It is intended to inform the field with regards to carer training and strategies to support carers, in addition to the screening tool to identify those at risk of developing different types of trauma.

**References**


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