VICARIOUS TRAUMA EXPOSURE IN RELATION TO TRAUMA AND RESILIENCE AMONG MENTAL HEALTH PROFESSIONALS AND TRAINEES WITH SENSE OF COHERENCE AS MODERATOR

NURFARAHAIN BINTI NORDIN

SULTAN IDRIS EDUCATION UNIVERSITY

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NURFARAHAIN BINTI NORDIN

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ABSTRACT

This study aimed to examine the relationships between vicarious trauma exposure (VTE), vicarious trauma (VT), vicarious resilience (VR) and sense of coherence (SOC) among mental health professionals and trainees in Malaysia. Specifically, the study sought to examine the relationships between VTE and VT as well as VR, to assess differences in levels of VTE, VT and VR between professionals and trainees and to determine the moderating role of SOC in the relationships between VTE and VT and VR. The study employed a quantitative correlational research design. A total of 91 mental health professionals and trainees were selected using purposive sampling. Data were collected using self-administered questionnaires and analysed using descriptive statistics, regression analyses, Mann–Whitney U tests and crosstabulation analyses. The findings showed that VTE did not significantly predict VT or VR. However, trainees reported significantly higher levels of VT compared to professionals. Hierarchical multiple regression analysis indicated that SOC significantly predicted VR but did not moderate the relationships between VTE and VT or VR. Crosstabulation analysis further revealed a significant non-linear distributional association between VTE and VT. Overall, the findings suggest that VTE alone does not determine levels of trauma or resilience, whereas internal factors such as SOC are more closely associated with resilience among mental health practitioners. The study highlights the importance of strengthening psychological resources and training support to promote the well-being of mental health professionals and trainees.

HUBUNGAN PENDEDAHAN TRAUMA TIDAK LANGSUNG DENGAN TRAUMA DAN DAYA TAHAN DALAM KALANGAN PROFESIONAL KESIHATAN MENTAL DAN DAN PELATIH DENGAN KEUTUHAN DIRI SEBAGAI MODERATOR

ABSTRAK

Kajian ini bertujuan meneliti hubungan antara pendedahan trauma tidak langsung (vicarious trauma exposure, VTE), trauma tidak langsung (vicarious trauma, VT), daya tahan tidak langsung (vicarious resilience, VR) dan keutuhan diri (sense of coherence, SOC) dalam kalangan profesional kesihatan mental dan dan pelatih di Malaysia. Kajian ini juga bertujuan untuk melihat hubungan antara VTE dengan VT dan VR, menilai perbezaan tahap VTE, VT dan VR antara profesional dan pelatih, serta menentukan peranan SOC sebagai pemboleh ubah moderator dalam hubungan antara VTE dengan VT dan VR. Kajian ini menggunakan pendekatan kuantitatif dengan reka bentuk kajian korelasional. Pemilihan sampel kajian dijalankan secara persampelan bertujuan yang melibatkan seramai 91 orang profesional dan pelatih kesihatan mental. Data dikumpulkan menggunakan soal selidik dan dianalisis menggunakan statistik deskriptif, regresi, ujian Mann–Whitney U serta analisis tabulasi silang. Dapatan kajian menunjukkan bahawa VTE tidak meramalkan VT dan VR secara signifikan. Walau bagaimanapun, pelatih melaporkan tahap VT yang lebih tinggi secara signifikan berbanding profesional. Analisis regresi berbilang hierarki menunjukkan bahawa SOC meramalkan VR secara signifikan, namun tidak memoderasi hubungan antara VTE dengan VT atau VR. Analisis tabulasi silang pula menunjukkan hubungan taburan tidak linear yang signifikan antara VTE dan VT. Secara keseluruhan, dapatan kajian menunjukkan bahawa pendedahan trauma secara tidak langsung sahaja tidak menentukan tahap trauma atau daya tahan, manakala faktor dalaman seperti SOC lebih berkait dengan daya tahan dalam kalangan pengamal kesihatan mental. Implikasi kajian ini menekankan kepentingan pengukuhan sumber daya psikologi serta sokongan latihan bagi menyokong kesejahteraan profesional kesihatan mental dan pelatih.

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LIST OF ABBREVIATION

CSDT	Constructivist Self-Development Theory
LogVTE	Log-transformed Vicarious Trauma Exposure
NHMS	National Health and Morbidity Survey
SOC	Sense of Coherence
SOC-R	Sense of Coherence–Revised
VT	Vicarious Trauma
VTE	Vicarious Trauma Exposure
VTS	Vicarious Trauma Scale
VR	Vicarious Resilience
VRS	Vicarious Resilience Scale

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter presents the background of the study and outlines the problem statement, research objectives, research questions and hypotheses, as well as the scope of the study. It further presents the definitions of key terms, the conceptual framework, the significance of the study and concludes with a chapter summary.

1.2 Background

Mental health problems have become an increasing concern in Malaysia, accompanied by greater public awareness and acceptance of seeking psychological support. According to the National Health and Morbidity Survey (NHMS) 2023, the prevalence

of depression doubled from 2.3 percent in 2019 to 4.6 percent in 2023 (Institute for Public Health, 2024). This rising prevalence has led to increased demand for mental health services, resulting in greater clinical contact between mental health professionals and individuals experiencing psychological distress and trauma.

As a consequence of this growing demand, mental health professionals and trainees are increasingly required to engage with clients who disclose traumatic life experiences. While such exposure is a common component of helping professions, repeated and sustained listening to clients' trauma narratives carries psychological implications for professionals and trainees. This indirect exposure to trauma referred to as vicarious trauma exposure (VTE), which reflects the extent to which professionals are exposed to traumatic material through their clinical work.

One documented psychological outcome of trauma related work is vicarious trauma (VT). VT refers to cumulative negative changes in cognitive schemas, emotional functioning and worldview resulting from repeated engagement with clients' traumatic experiences and it was first conceptualized by McCann and Pearlman (1990). According to their work, VT is understood as a natural and expected response to prolonged trauma work rather than an indicator of professional weakness, similar to how post-traumatic stress symptoms are considered expected responses to abnormal events. Research has consistently shown that VT may manifest as intrusive thoughts, emotional distress and altered beliefs about safety, trust and meaning which potentially impairing both personal well-being and professional functioning (McCann & Pearlman, 1990).

However, focusing solely on the adverse effects of trauma work provides an incomplete understanding of practitioners' experiences. In parallel with VT, research has increasingly documented vicarious resilience (VR), a positive psychological outcome arising from exposure to clients' resilience, recovery and coping. Mental health professionals have reported personal growth, enhanced meaning in their work, strengthened emotional regulation and renewed professional motivation through trauma-focused practice (Hernández-Wolfe, Engstrom & Gangsei, 2010; Engstrom, Hernández & Gangsei, 2008). These findings suggest that trauma exposure may give rise to both distress and growth, indicating that VT and VR may coexist rather than function as opposing outcomes (Murcia Álvarez et al., 2024; Hernández-Wolfe, Killian, Engstrom & Gangsei, 2015).

Importantly, the psychological impact of trauma exposure may not be uniform across practitioners. Mental health professionals and trainees differ in clinical experience, training, role expectations and perceived preparedness for trauma work. Trainees, in particular, may encounter trauma material while still developing professional identity and coping resources, whereas qualified professionals may draw on accumulated experience and established coping strategies. These differences suggest the possibility of variation in levels of VTE, VT and VR between professionals and trainees.

Beyond exposure and experience, individual psychological resources may further shape how practitioners respond to trauma work. One such resource is sense of coherence (SOC), derived from Antonovsky's (1987) salutogenic model. SOC reflects an individual's capacity to perceive life events as comprehensible, manageable and

meaningful, and has been consistently associated with resilience, adaptive coping and psychological well-being. Cronin, Allen, Hou and Walker (2023) note that resilience is not only an outcome of workplace culture or external conditions but is also rooted in one's internal resources such as personal attributes, inherent temperament and core values.

Despite increasing recognition of both the risks and potential benefits of trauma focused practice, empirical research examining the interrelationships among VTE, VT, VR and SOC remain limited, particularly within the Malaysian context and among mixed samples of mental health professionals and trainees. For example Ali, Harun, Othman & Kamarudin (2023) found that trainee counsellors in Malaysia reported moderate levels of VT, while Nen et al. (2011) highlighted the impact of VT among professionals handling child sexual abuse cases. While these studies have provided valuable insights into negative effects, the potential for positive outcomes such as VR and the role of protective factors, like SOC, remain areas for further exploration. This gap highlights the need for systematic investigation into how trauma exposure relates to both negative and positive psychological outcomes and how individual resources such as SOC may shape these relationships.

1.3 Problem Statement

Mental health professionals and trainees are routinely exposed to clients' traumatic experiences as part of their clinical work, placing them at risk for significant psychological consequences. Indirect exposure to trauma, referred as VTE has been

widely associated with VT, which can impair emotional functioning, cognitive processes and professional effectiveness. This has been linked to burnout, emotional exhaustion and increased turnover intentions among helping professionals.

While the adverse impact of trauma work has been extensively documented, research on VR remains comparatively limited, particularly in Malaysia. Existing local studies have primarily focused on VT among specific professional groups (Ali et al., 2023; Nen et al., 2011), with less attention given to the co-existence of distress and resilience or the conditions under which positive outcomes may emerge. Although prior studies suggest that differences in training, level of experience and coping-related resources play an important role in shaping both negative and positive psychological outcomes among helping professionals (Ball, Watsford, & Scholz, 2022; Tsirimokou, Kloess & Dhinse, 2023), research that directly compares mental health professionals and trainees in terms of VTE, VT and VR remains limited. This highlights the need for group-based comparisons to better understand how these experiences may differ across career stages.

Furthermore, although SOC has been proposed as an important personal resource for coping with stress, few studies have empirically examined its role in moderating the relationship between trauma exposure and both negative and positive psychological outcomes (McGee, Höltge, Maercker, & Thoma, 2018; Veronese, Fiore, Castiglioni, El-Kawaja & Said, 2012). Limited understanding of how SOC affects vulnerability to VT and the development of VR makes it more difficult to design interventions that are optimally tailored to professionals' and trainees' resiliency. Therefore, there is a need to systematically examine the relationships between VTE,

VT and VR among mental health professionals and trainees in Malaysia, as well as to investigate the moderating role of SOC.

1.4 Purpose of Study

The purpose of this study is to examine the relationships between VTE, VT and VR among mental health professionals and trainees in Malaysia, as well as to compare these variables across professional roles. Specifically, the study investigates the extent to which exposure to clients' traumatic narratives is associated with both negative and positive psychological outcomes across different career stages. Given the role of individual psychological resources in shaping responses to trauma work, the study further aims to examine SOC as a moderating factor in the relationships between VTE and VT, as well as between VTE and VR. Finally, the study aims to identify distributional patterns among VT, VR, and SOC to provide a descriptive understanding of how these constructs interact across varying levels of VTE. Through these objectives, the study seeks to contribute to a more balanced understanding of impact of the exposure to clients' trauma stories by considering both vulnerability and resilience among mental health professionals and trainees.

1.5 Research Objectives

This study aims to explore how trauma exposure among mental health professionals and trainees relates to both negative and positive psychological outcomes with the role

of SOC as a personal attribute and resource that may influence these relationships. This study has six main objectives:

1.5.1 To examine the extent to which VTE predicts VT among mental health professionals and trainees.

1.5.2 To examine the extent to which VTE predicts VR among mental health professionals and trainees.

1.5.3 To examine differences in VTE, VT and VR between mental health professionals and trainees.

1.5.4 To determine whether SOC moderates the relationship between VTE and VT among mental health professionals and trainees.

1.5.5 To determine whether SOC moderates the relationship between VTE and VR among mental health professionals and trainees.

1.5.6 To identify distributional patterns among VT, VR and SOC across levels of VTE.

1.6 Research Questions

The main purpose of this study is to examine relationship between VT and VR, in addition to see the moderating effect of SOC. Specifically, this study attempted to answer the following questions:

1.6.1 To what extent does VTE predict VT among mental health professionals and trainees?

1.6.2 To what extent does VTE predict VR among mental health professionals and trainees?

1.6.3 Are there significant differences in VTE, VT and VR between mental health professionals and trainees?

1.6.4 Does SOC moderate the relationship between VTE and VT among mental health professionals and trainees?

1.6.5 Does SOC moderate the relationship between VTE and VR among mental health professionals and trainees?

1.6.6 What are the distributional patterns of VT, VR and SOC across different levels of VTE?

1.7 Research Hypotheses

The null hypotheses of the study are as follows:

1.7.1 VTE does not significantly predict VT among mental health professionals and trainees.

1.7.2 VTE does not significantly predict VR among mental health professionals and trainees.

1.7.3 There are no significant differences in VTE, VT and VR between mental health professionals and trainees.

1.7.4 SOC does not significantly moderate the relationship between VTE and VT among mental health professionals and trainees.

1.7.5 SOC does not significantly moderate the relationship between VTE and VR among mental health professionals and trainees.

1.7.6 There is no association between levels of VTE and the distribution of VT, VR and SOC.

1.8 Conceptual Framework of the Study

The theoretical framework of the study is based on two main components which are the Constructivist Self-Development Theory (CSDT) by McCann and Pearlman (1992) and the Salutogenic Model by Antonovsky (1987). This study adopts a framework that accounts for both the challenges and growth potential inherent in trauma work. CSDT provides insight into how exposure to clients' trauma can lead to VT or alternatively, VR which unique process to individuals. For this reason, mental health practitioners' responses differently even towards similar VTE.

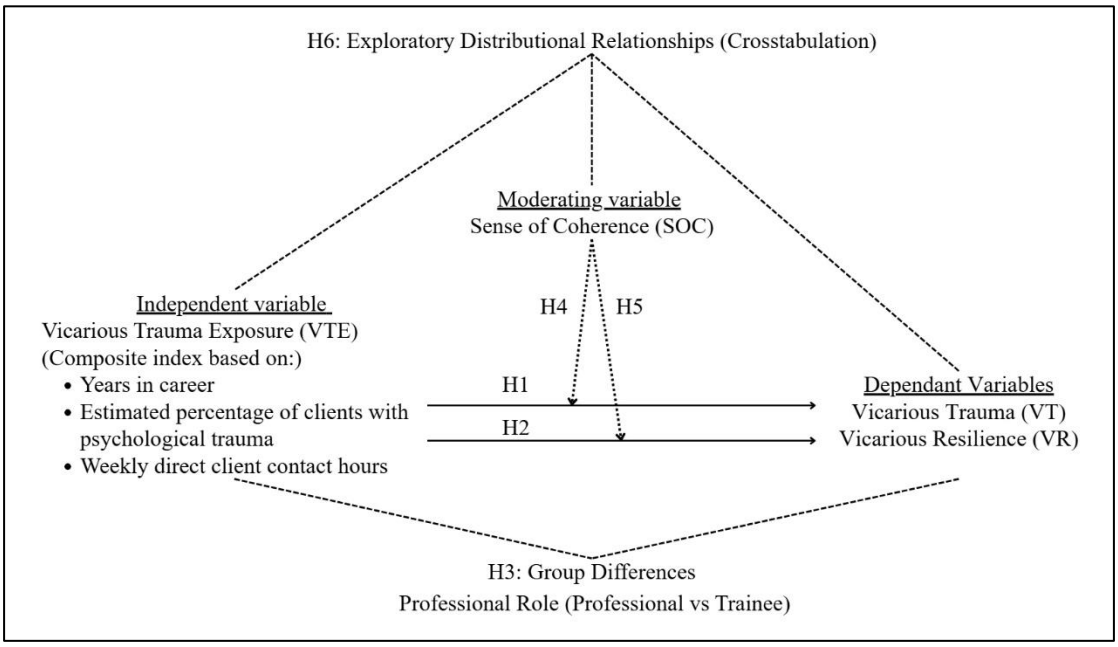
When applied to trauma work, CSDT explains how repeated exposure to clients' trauma can restructure the way of thinking process in mental health practitioners particularly cognitive schemas, beliefs and emotional functioning. This may lead to VT which reflects negative impacts such as disruptions in the sense of looking into self and relates to others in terms of safety and trust. At the same time, the theory also acknowledges the possibility of growth through, where professionals experience positive changes, such as increased empathy, strengthened coping and a deeper appreciation for human resilience.

The Salutogenic Model emphasizes the protective role of SOC in supporting mental health professionals' coping and adaptation. In the context of this study, SOC is conceptualized as a moderator that influences the extent to which exposure to vicarious trauma translate into VT or VR. This interaction highlights on individual strengths to reduce negative effect and at the same time enhance the positive outcomes of trauma exposure. This integrated framework allows for a better understanding of how mental health professionals in Malaysia navigate occupational stress while cultivating resilience.

Figure 1.1 integrates the theoretical assumptions CSDT and the Salutogenic model within the context of this study. Consistent with CSDT, VTE is proposed to influence professionals' psychological outcomes, manifesting as VT or VR (H1–H2), reflecting differential meaning-making processes in trauma work. Drawing on the Salutogenic model, SOC is positioned as a moderating variable that shapes how trauma exposure is interpreted and managed, thereby influencing the strength and direction of these relationships (H4–H5). Group differences based on professional role (H3) acknowledge variations in experience and resources and the exploratory crosstabulation analysis (H6) provides an overview of distributional patterns across exposure, outcomes and SOC levels. Together, the figure operationalises both theories into testable hypotheses guiding the empirical analyses.

Figure 1.1

Conceptual Framework of Vicarious Trauma Exposure, Vicarious Trauma, Vicarious Resilience, and Sense of Coherence Among Mental Health Professionals and Trainees



1.9 Definitions of Key Terms

This section provides operational definitions of the main constructs as applied in the context of this study to ensure consistency and understanding. The key terms used in this research are presented below:

1.9.1 Vicarious trauma exposure (VTE)

According to Brockhouse, Msetfi, Cohen and Joseph (2011), VTE was used to quantify the amount of contact with traumatic material and measured through duration of therapy career (years), hours per week with clients, percentage of vicarious trauma exposure

over last month (0, 1–20, ... 81–100) and exposure to clients who could be classed as suffering from PTSD (5 point Likert scale). The percentage of career involving vicarious trauma exposure was measured twice, using a 10-point scale of percentages (0, 10, 20, . . . 100) and by requesting an exact number to represent the percentage.

Operational definition: In this study, VTE calculated similarly as Brockhouse (2011) however without the exposure to clients who could be classed as suffering from PTSD of 5-point Likert scale. Thus, VTE was calculated using the following formula: (years of practice ÷ 100) × (percentage of trauma clients) × (weekly client-contact hours ÷ 40), a 40-hour work week was used as the standard for full-time employment.

1.9.2 Vicarious Trauma (VT)

VT describes enduring psychological changes that can occur in helping professionals through ongoing, empathic involvement with people who have experienced trauma and with their traumatic stories (McCann & Pearlman, 1990). Jimenez, Andersen, Song and Townsend (2021) emphasise VT as a gradual transformation of the professional's inner experience over time, distinguishing it from more acute, short-term stress reactions.

Operational definition: In this study, VT is assessed using the Vicarious Trauma Scale (VTS), an 8-item brief self-report instrument developed by Vrklevski and Franklin (2008) to evaluate the impact of VT among mental health professionals and trainees. The items focus on emotional and cognitive reactions to clients' trauma

narratives, including feelings of being overwhelmed, intrusive trauma-related thoughts and alterations in one's view of self, others and the world.

1.9.3 Vicarious Resilience (VR)

Vicarious resilience (VR) refers to the process through which helping professionals experience positive personal and professional growth as a result of exposure to clients' survival, strength and recovery from adversity (Hernández-Wolfe et al., 2015). Rather than only internalising the emotional burden of trauma work, professionals may also internalise clients' capacity to cope and create meaning, which in turn giving them a sense of hope and positive transformation.

Operational definition: In this study, VR is assessed using the Vicarious Resilience Scale (VRS) developed by Killian, Hernández-Wolfe, Engstrom and Gangsei (2017) to measure the positive psychological effects that helping professionals experience as a result of working with trauma survivors and witnessing their resilience and recovery. VRS is a multidimensional construct comprising seven interrelated factors, as follows:

1. Changes in life goals and perspectives

   This factor refers to changes in how professionals view their own lives following exposure to clients' trauma narratives. Professionals may re-evaluate their priorities, values and long-term goals, often developing a greater appreciation for life.

2. Client-inspired hope

   This factor captures the sense of hope that arises from observing clients' ability to cope, adapt and recover. Such experiences may reinforce professionals' optimism that recovery is possible, even following severe trauma.

3. Increased self-awareness

   This factor reflects a greater understanding of one's emotional responses, personal limits and coping strategies developed through trauma-focused work.

4. Enhanced resourcefulness

   This factor refers to a growing sense of competence and flexibility in managing complex clinical situations involving trauma-exposed clients.

5. Recognition of clients' spirituality

   This factor reflects increased awareness of the role of spirituality and meaning making in clients' healing processes. Professionals may become more sensitive to spiritual beliefs or practices that support resilience.

6. Awareness of power and privilege

   This factor involves increased recognition of social, cultural and structural differences between professionals and clients. It may lead to greater reflexivity regarding one's own position of power and a stronger commitment to socially just practice.

7. Capacity to remain present with trauma narratives

   This factor refers to the ability to remain emotionally present and engaged while listening to clients' traumatic experiences.

1.9.4 Sense of Coherence (SOC)

Antonovsky (1987) introduced the concept of SOC by describes a broad life orientation that reflects how far individuals feel confident that their lives are understandable, that enough resources are available to handle demands and that these demands are worth engaging with. In the original salutogenic model, SOC is framed through three interrelated components such as comprehensibility, manageability and meaningfulness.

Building on this frame, Bachem and Maercker (2016) revised the construct to improve its psychometric clarity and internal consistency. In their revision, SOC is understood as a general capacity to experience life as interconnected and to hold a balanced view of both positive and negative aspects of life events, particularly in relation to resilience and psychological adjustment. The revised model retains manageability but introduces two additional facets named reflection and balance as core elements.

Operational definition: In this study, the SOC of mental health professionals and trainees is conceptualized according to the revised model by Bachem and Maercker (2016), emphasizing three components as following: manageability, reflection and balance. SOC is assessed using the Sense of Coherence–Revised (SOC-R) scale. The scale measures three related components reflecting how individuals perceive and make sense of life experiences: manageability, reflection and balance. Manageability refers to the perception of having sufficient internal and external resources, such as coping skills and social support to meet life demands. Reflection refers to the tendency to think about and learn from experiences particularly stressful or challenging situations, rather

than avoiding them. Balance refers to the ability to integrate both positive and negative experiences into a coherent perspective, while still recognising meaning and available resources.

1.9.5 Mental Health Professional and Trainees

Mental health professionals are trained practitioners who deliver psychological care and therapeutic support to people facing emotional, behavioral or mental health challenges. This broad group covers several disciplines, including psychiatry, nursing, clinical and counselling psychology, and psychiatric social work, each contributing different skills to the assessment and treatment of mental health issues (EBSCO, 2024).

Operational definition: In this study, the term mental health professionals is used in an inclusive way to cover fully qualified practitioners specifically, it refers to psychiatrists, counsellors and clinical psychologists. Mental health trainees refer to individuals in recognised training pathways, including psychiatry trainees, clinical psychology trainees and counselling trainees who are completing their internship semester. Respondents must be currently practicing in Malaysia and directly involved in providing care or psychological services to clients. For some analytical purposes, respondents were grouped into either professionals or trainees. It is acknowledged that this classification may not fully reflect real-world professional status, as psychiatry trainees are already licensed medical doctors, however this grouping was applied to ensure consistency in data analysis.

1.10 Limitations of the Study

Several limitations should be considered when interpreting the findings of this study. First, the relatively small sample size may have limited statistical power, particularly for detecting small effects and interaction terms in the moderation analyses. As a result, some meaningful relationships may not have gone undetected. Second, the cross-sectional design of the study limits causal interpretation. The relationships observed represent associations at a single time point and do not capture changes in VT, VR and SOC over time.

Third, respondents were drawn from a range of work settings. This heterogeneity may have introduced variability in trauma exposure patterns, supervision structures and organisational support, which could have diluted potential associations. A more focused sample, such as hospital-based professionals only, may yield clearer findings. Fourth, VTE was operationalised using quantitative indicators of exposure. This approach did not capture qualitative aspects of trauma work, such as perceived threat, emotional intensity, or meaning making, which may be more closely related to VT and VR outcomes.

Fifth, all measures relied on self-report data, which may be subject to recall bias or social desirability effects, particularly in professional populations. Sixth, key contextual factors including supervision quality, organisational support, workload intensity and recovery opportunities were not directly assessed. These factors may have influenced psychological outcomes and could help explain variability in the findings. Finally, respondents were broadly categorised as professionals or trainees. This

grouping may not fully reflect differences in experience, role demands or clinical responsibility across disciplines, which may have reduced the sensitivity of group comparisons.

1.11 Significance of the Study

This study contributes to a clearer understanding of how exposure to clients' traumatic experiences relates to both psychological distress and resilience among mental health professionals and trainees in Malaysia. By examining VTE in relation to VT and VR, the study highlights that trauma-focused work may involve both vulnerability and growth, rather than negative outcomes alone. This balanced perspective adds further context to existing local studies that have mainly focused on adverse effects.

The inclusion of SOC as an individual psychological resource further contributes to the understanding of how practitioners respond differently to trauma exposure. By examining the moderating role of SOC, this study offers insight into why some professionals and trainees may experience greater distress, while others are better able to maintain psychological stability or derive positive meaning from trauma work. These findings may inform future research and support the development of interventions that focus not only on reducing risk, but also on strengthening internal coping resources.

From a practical perspective, the findings of this study have direct relevance for mental health professionals and trainees. For qualified professionals, the results may

increase awareness of how ongoing exposure to trauma material can affect psychological functioning over time, particularly at certain levels of exposure. This awareness may encourage reflective practice, appropriate workload management and the use of self-care and supervision as protective strategies. For trainees, the findings underscore the importance of early preparation for trauma work, including realistic expectations, skills development and support during clinical training.

At the organisational and training levels, the study provides empirical input that may be useful for supervisors, training institutions, and service providers. Understanding patterns of VT and VR across levels of trauma exposure can support the design of training programmes that address both risk and resilience, as well as the provision of supervision structures that are responsive to practitioners' needs at different career stages. Overall, this study aims to support the sustainability of mental health practice by promoting informed, balanced, and psychologically supportive approaches to trauma-focused work.

1.12 Chapter Summary

Chapter One establishes the foundation of the study by examining the psychological effects of trauma exposure among mental health professionals and trainees. It highlights the outcomes of working with trauma narratives, recognising both possible negative outcomes, such as VT and positive outcomes, such as VR, while emphasising the limited empirical evidence within the Malaysian context. The chapter outlines the study's objectives, research questions, hypotheses and introduced a conceptual

framework illustrating the relationships among the key variables. The chapter concludes by underscoring the study's significance and setting the stage for the literature review in Chapter Two.