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IDENTIFYING CUMULATIVE HARM IN HELPING PROFESSIONALS: A MEASURE OF IMPACT

A Thesis submitted by

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BEd, MGuidCouns, MSW(*Forensic Studies*)

For the award of
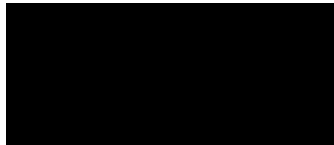
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ABSTRACT

The impact of accumulated adverse childhood events, known as cumulative harm often results in lifelong consequences, including complex trauma. The pervasive effects of cumulative harm may influence all aspects of an individual's life course, including relationships, parenting strategies and career decisions. The primary objectives of this research were to a) examine the lived experience of cumulative harm from the perspective of those who have experienced it first-hand, b) investigate the influence of cumulative harm on career choice, and c) develop a scale for the identification and assessment of cumulative harm and its impact. Initially, the gap in the literature was synthesised and clarified using a Systematic Literature Review in Study 1. Then two further studies were conducted using an exploratory sequential mixed methods (ESMM) approach. Firstly, in Study 2, a qualitative study using Interpretative Phenomenological Analysis was used to explore the lived experience of cumulative harm in adults and understand its influence in the context of pre-service helping professionals. Then, following an inductive-deductive mixed-methods cycle, Study 3 used quantitative measures to confirm the relationships identified in the qualitative phase and to validate the findings proposed and the scale developed. The intention of this strategy was to determine if qualitative themes can be generalised to a larger sample. The findings of this study reveal that cumulative harm influences career choice in the helping professions through the impact it has on the development of the individual, particular through the formation of identity conclusions and self-concept. Cumulative harm also influences career decision-making through a desire to make meaning of trauma, to find value in trauma, and to remediate the trauma experienced. Accumulated childhood adversity also influences career choice through the development of characteristic adaptations such as advocacy and insight, as well as skills, interests and preferences developed through their trauma. Career choice has in fact a powerful remedial influence on cumulative harm which can ameliorate and mitigate the lifelong deleterious impacts of childhood trauma. Through vocational decision-making, life, career and trauma narratives converge to foster a reauthoring experience. Identity conclusions that are formed through cumulative harm construct a life narrative that then influences the ensuing career narrative. Then, the way that the participants use, adapt to, and find value in

their trauma reshapes their life narrative and can promote growth, and healing and has a remedial effect on their sense of self. This reauthoring then contributes to a new territory of identity.
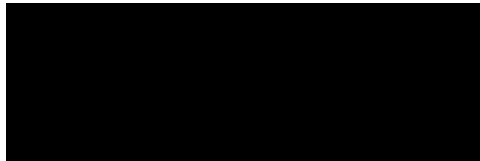
CERTIFICATION OF THESIS

I, India Bryce , declare that the PhD Thesis entitled "Identifying Cumulative Harm in Helping Professionals: A Measure of Impact" is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes. The thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signed: ███████████   Date: 27/06/2022

Endorsed by: ████████████████

Associate Professor Gavin Beccaria
Principal Supervisor

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Associate Supervisor

Student and supervisors' signatures of endorsement are held at the University.

STATEMENT OF CONTRIBUTION

Although presented as a standard thesis, several papers have been published during the research period. An acknowledgment of the collective contribution of all authors in the three papers (2 published and the third paper is under review) is outlined below.

Bryce, I., Beccaria, G., McIlveen, P., & Du Preez, J. (2022). Lived Experiences of Cumulative Harm: A Retrospective Exploration of the Contributors to and Manifestations of Accumulated Childhood Maltreatment. *Journal of Aggression, Maltreatment and Trauma* or *Child Abuse Review* (Under Review)

Student (I Bryce.) contributed 70% to this paper. Collectively, Beccaria, G., McIlveen, P, & Du Preez, contributed the remainder 30%.

Bryce, I. et al. (2022). Reauthoring: The lived experience of cumulative harm and its influence on career choice. *Australian Journal of Career Development.*

Student (I Bryce.) contributed 70% to this paper. Collectively, Beccaria, G., McIlveen, P., & Du Preez, J, contributed the remainder 30%.

Bryce, I., Pye, D., Beccaria, G., McIlveen, P., & Du Preez, J. (2021). The Influence of Cumulative Harm on Career Choice in the Helping Professions: A Systematic Literature Review. *Trauma, Violence and Abuse.* https://doi.org/10.1177/15248380211016016

Student (I Bryce.) contributed 70% to this paper. Collectively, Beccaria, G., McIlveen, P., & Du Preez, J, contributed the remainder 30%.

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CHAPTER 1: INTRODUCTION

The impact of adverse childhood conditions, and the associated complex trauma that often results, is a pervasive social concern nationally and internationally. Trauma experienced early in life, has the potential for life-long negative outcomes across the major domains of personal and social functioning. Evidence for this is growing, and the implications for individuals, families, support services and, social policy for prevention, protection and intervention, are being clarified. Further research is needed to explore the possible links between many aspects of adult life outcomes and early adverse childhood experiences (ACEs).

The Adverse Childhood Experiences Study (Felitti et al.,1998) was one of the largest investigations of childhood abuse and neglect and later-life health and wellbeing. The study discovered a direct link between childhood trauma and adult onset of chronic disease, mental illness as well as poor social outcomes, such as incarceration, unemployment and substance misuse. The study also identified that 87% of maltreated individuals had experienced two or more types of adverse childhood experiences, highlighting that ACEs rarely occur in isolation (Edwards et al., 2003). The more ACEs a person has is associated with an increased risk of medical, mental and social issues as an adult (Felitti, et al., 1998, Edwards et al., 2003).

The recent Australian Royal Commission into Institutional Responses to Child Sexual Abuse identified that 80% of the 5000 participants they have interviewed to date had experienced multiple incidents of abuse by multiple perpetrators, with the average length of abuse being 2.5 years (Fitzgerald, 2016). Commissioner Robert Fitzgerald has argued that "the lack of trauma-informed practice and inadequate understanding of the long-term impacts of trauma are the reasons for the large population of dysfunctional and struggling traumatised individuals in Australia" (Fitzgerald, 2016). Also in an Australian study, Kezelman and Colleagues (2015) estimated that the annual cost of childhood trauma to the government is $16 billion. The report stated that $9.1 billion could be saved by addressing the deleterious impacts of childhood trauma on the 5 million adults affected by it (Kezelman Am, et al., 2015.

Cumulative harm was a label coined by Australian researchers in the early 2000s to describe the impact of an accumulation of adverse childhood experiences

or traumas on an individual (Bromfield et al., 2007). Bromfield et al. define cumulative harm as being the "effects of multiple adverse circumstances and events in a child's life the impacts of which can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing" (2007, p.1).

Motivation to Explore Cumulative Harm and Career Choice

Any research is influenced by a range of contextual factors that impact the researcher. Researcher motivation is a significant dimension in the formulation of a research topic. Motivation for undertaking a research project emerges and is sustained by intrinsic and extrinsic factors. In my case, powerful experiences associated with career roles as a helping professional have made a significant contribution to formulating this research. My career as a helping professional includes serving in roles as a teacher in an alternative education setting, a guidance officer and counsellor in government and non-government agencies and a front-line investigator in child protection. Throughout, I have developed a firm commitment to supporting vulnerable adults and protecting vulnerable children.

As a Lecturer of courses offered across education, psychology, counselling and human services disciplines, I have noted that a significantly high number of students in the course reported having experienced childhood trauma and are likely to have experienced cumulative harm. It was identified through student self-reports that the experience of childhood trauma was impacting their academic performance and capacity. It also influenced their choice to seek qualification and employment in the helping professions field. Whilst it is acknowledged that a personal history of trauma can provide strengths that may support an individual's professional capacity, adverse experiences in childhood may also increase the risk of bias or countertransference and impair or diminish objectivity (Tsarkova, 2015; Yager et al., 2021). Whilst this has been observed and noted through my professional engagement with students, following an extensive search using several databases, there appears to be a gap in the research to explore and explain these observations.

Focus of the Research

Thorough exploration and analysis of the existing literature have identified several gaps or absences in research, relevant to the initial research topic. There is considerable research focusing on the effect of chronic maltreatment or harm caused by re-victimisation (DeGregorio, 2012; Messmen-Moore & Long, 2003; Finkelhor et

al., 2006; Hamilton, et al., 2002; Frederick & Goddard, 2008; Edwards et al., 2003; Felitti et al., 1998). The existing research into chronic maltreatment and re-victimisation has provided a comprehensive body of knowledge attesting to the prevalence and pervasiveness of experiencing multiple maltreatment types in childhood and as an adult. This body of literature contributes robustly to the development of a foundational understanding of the elements contributing to cumulative harm, and more broadly, complex trauma.

Similarly, the large amount of ACEs research (Struck et al., 2021) provides clear conclusions regarding the impact of childhood maltreatment on adulthood and corroborates the Australian research regarding cumulative harm and the impact of the accumulation of ACEs (Bromfield & Higgins, 2005, Bromfield et al., 2007, Anda et al., 1998, Edwards, et al., 2003). However, there appears to be no updated research regarding cumulative harm or studies which explore the ACEs Study findings through the lens of cumulative harm. Since the original study in 2005 (Bromfield & Higgins, 2005), no new research appears to have been conducted into the phenomenon, prevalence or impact of cumulative harm. The label has been coined and the term defined, but not universally understood and without this cumulative harm cannot be assessed or measured. There is a dearth of research into the specific phenomenon of cumulative harm and the impact it has on individuals across the lifespan, particularly those entering the helping professions. After exploring a broad range of university and public access databases, only mentions of cumulative harm as a descriptor for the accumulation of ACEs could be found in a small number of practice focused articles (Bath, 2014; Broadley, 2014; Bromfield et al., 2007; Bryce, 2018a, Bryce 2018b; Collier & Bryce, 2021; Sheehan 2018; Sheehan 2019). There appears to be no recent research exploring cumulative harm across the lifespan and the implications for adulthood. Additionally, no research focuses on the impact of cumulative harm on vocational behaviour and decision-making as a lifespan implication.

Altruistic and intrinsic factors have been identified as motivating an individual's decision to enter the helping professions, with an emphasis placed on the desire to make a difference and to use traits they perceive as well aligned with the profession (Thirkield, 2007). When considering these career motivators in the context of childhood adversity experienced by helping professionals, research also cautions as

to the potential risks of burnout, retraumatisation and vicarious secondary trauma. Further research is needed to explore the possible links among many aspects of adult life outcomes and early adverse childhood experiences, to develop self-reflection frameworks, career counselling approaches, appropriate training for service providers, psycho-educational resources, and treatment resources.

Post-traumatic growth refers to the positive changes a victim of trauma can experience as a result of their struggles (Calhoun et al., 2000) . This view adopts a positive psychological perspective on growth beyond survival which may help to explain career motivation as an outcome of thriving (Lev-Wiesel et al., 2004). Post-traumatic growth argues individuals who experience adversity can be propelled into a higher level of functioning following adversity and acknowledges post-traumatic distress and growth can coexist (Lev-Wiesel et al., 2004). To date, there appears to be no research exists that considers post-traumatic growth as it relates specifically to cumulative harm. Whilst this field of research provides a potential lens through which to view recovery and change following adversity, more exploration is needed to investigate post-traumatic growth as a motivating factor in career choice, professional capacity and academic performance.

Following observations of students and an extensive search using several databases, there appears to be a gap in the research into the experience of cumulative harm and career choice. The studies that have been conducted internationally have often been profession-specific. Racusin, Abramowitz and Winter (1981) found in their study that 50% of the therapists (participants) interviewed disclosed abuse, neglect or household dysfunction in childhood. Similarly, Pope and Feldman-Summers (1992) identified that 33.1% of mental health professionals reported a history of child abuse, with 36.6% reporting some form of abuse in adulthood. In a study of 558 mental health practitioners and law enforcement personnel, 29.8% of therapists and 19.6% of police officers reported experiencing some form of childhood adversity (Follette et al., 1996). Elliott and Guy (1993) also concluded that women working in the helping professions experienced higher rates of childhood trauma than those women in other fields. Research has highlighted a relationship between trauma and career choice, which adds weight to my observations, however, there is a dearth of research that pertains specifically to

cumulative harm, experienced by pre-service guidance officers and human service professionals, in the Australian context.

No current research could be identified that specifically explored the link between cumulative harm and career choice in the helping professions. No research appears to have been conducted specific to the role of adverse childhood experiences in influencing career choice in teachers and education professionals, therefore the study may focus on teachers as the focus cohort in order to contribute new information to the field. Minimal research could be located in relation to the specific impact of cumulative harm on academic performance and professional capacity in the helping professions. Therefore, this study seeks to contribute new and valuable information to the field regarding the effect of cumulative harm on the preservice professional, both positive and negative. In light of this discussion, this study will address the question: *How does the lived experience of cumulative harm influence the choice to enter the helping professions?*

Research Aims and Objectives

This research seeks to address several identified gaps in the literature pertaining to the lived experience of cumulative harm in adulthood and the influence of cumulative harm on career choice, thus contributing significantly to the field. A more comprehensive understanding of cumulative harm and a measure by which to assess it will allow for significant improvements in the prevention and intervention of cumulative harm. The focus on career choice and the impact of cumulative harm on academic success will contribute a new body of information to the field as this has not been explored to date. An understanding of the role of cumulative harm both in career choice and professional capacity will contribute significantly to the field of career development, as well as childhood trauma and wellbeing. A measure by which pre-service helping professionals can reflect on and self-assess the impact of their adverse childhood experiences on professional and academic capacity will promote valuable advancement in student wellbeing, success and practitioner retention. An exploration of post-traumatic growth, specific to cumulative harm and career decision-making, will provide a new layer of understanding of the positive psychology perspective of adversarial growth. This study will also contribute a comprehensive review of existing literature regarding the research, which explains, supports and investigates cumulative harm, as at this time there has been no

thorough and comprehensive review of the literature since its conception in the early 2000s.

The primary objectives of the thesis are to a) examine the lived experience of cumulative harm from the perspective of those who have experienced it first-hand; b) investigate the influence of cumulative harm on career choice, and c) develop a scale for the identification and assessment of cumulative harm and its impact. Please refer to Appendix A for the diagrammatic outline of the proposed research.

This study intends to contribute significantly to the field by:

- Exploring, defining and explaining the phenomenon of cumulative harm as it affects adults.
- Determining the impact cumulative harm may have on professional capacity, both positive and negative.
- Identifying ways in which experiencing cumulative harm may influence career choice and pathways into the helping professions.
- Identifying the ways in which factors such as resilience and insight might mitigate the effects of cumulative harm.
- Exploring post-traumatic growth as a factor in thriving following adversity and the relationship between post-traumatic growth and pathways to careers in the helping professions.
- Developing and constructing a means of identifying the presence and level of impact of cumulative harm on an individual, is useful in the self-reflection and assessment of cumulative harm in individuals in adulthood.

Defining Helping Professions

Helping Professions, in the context of this proposed research study, are defined as those professions which respond to the welfare of individuals and address challenges in a person's physical, psychological, intellectual, and emotional wellbeing. These professions include but are not limited to psychology, nursing, counselling, social work, human services, criminal justice, medicine, and education.

Research Design

An exploratory sequential mixed methods (ESMM) approach begins with qualitative methodology, and then, using the findings, develops a quantitative instrument (Creswell, 2015). By building data, one data set (qualitative) is used to inform the design of the second study or phase of research (quantitative; Leavy,

2017). In this mixed-methods approach, qualitative approaches will be employed to gather perspectives from a range of voices and to understand the lived experiences of cumulative harm and its influence on career choice. The use of quantitative methodologies provides the opportunity to validate the data and demonstrate outcomes that have credibility and trustworthiness for the broader community. Rowan and Wulff (2007) maintain quantitative research can be enriched by first being situated in real-life situations and observations through open conversations or interviews.

In this study, inductive qualitative methods will be used to develop a comprehensive understanding of cumulative harm as it pertains to professionals qualified to be employed in a professional stream, within the helping professions. This will form the basis of Study 2 and will use IPA to explore the lived experience of cumulative harm in adults and understand its influence in the context of pre-service helping professionals. Following an inductive-deductive mixed-methods cycle, Study 3 will use quantitative measures, to confirm the relationships identified in Study 2, and to validate the findings proposed and the model developed. The intention of this strategy is to determine if qualitative themes can be generalised to a larger sample (Creswell, 2014).

Overview of Thesis

Following this introductory chapter, Chapter 2 provides a comprehensive review of the existing literature related to the phenomenon of cumulative harm, and aims to explore the precursors and contributing factors, impacts and lifespan implications and the positive and negative outcomes, specifically as they relate to career choice in the helping professions. This thorough review of literature, examining and presenting the significant research which has contributed to and provides evidence for cumulative harm, is one of the contributions this study will make to the discipline. Chapter 3 outlines the methodology, an overview of the theoretical frameworks, mixed-method research approaches, and individual methodological approaches employed for each study. Chapter 4 describes the methods used in Study 1, the systematic Literature Review, including a discussion of the methods and procedures, a description of core themes, and results. This chapter summarises the results of Study 1 and discusses the implications for Study 2. Chapter 5 discusses the qualitative methodology and results of Study 2, including in-depth descriptions based

on the participant's lived experiences of cumulative harm and career decision-making. Chapter 6 discusses the methodology and results of the quantitative study, Study 3. Chapter 7 provides a discussion of the studies' findings as they seek to answer the initial research question and identify the overall contributions of the study findings to existing literature Chapter 7 also provides recommendations for future research. and for utilising the Cumulative Harm Impact Questionnaire as a self-reflection tool in trauma-informed career counselling, tertiary education and training, and recruitment. A concluding summary will also be provided in this chapter.

CHAPTER 2: LITERATURE REVIEW

This chapter provides a comprehensive review of the literature that informs and underpins this study. The literature review will be approached chronologically, presenting research on cumulative harm, the accumulations which contribute to cumulative harm, and the body of research which explores the relationship between childhood experiences, trauma and career choice. The review will present the historical and contemporary context, relevant to the field of cumulative harm and will highlight the gaps in the research. Appendix B presents a diagrammatic outline of the literature review and how my research will address this gap.

Cumulative Harm: Research to Date

Cumulative harm refers to the effects of an accumulation of adverse childhood experiences in a child's life (Bromfield et al., 2007). Research to date has shifted from a conceptualisation of isolated events of maltreatment to an understanding of the chronicity of abuse and neglect and the lifespan implications of prolonged and repetitive trauma (Edwards et al., 2003; Higgins, 2004; Bromfield et al., 2007; Fredrico et al., 2008; Dong et al., 2004). The term "cumulative harm" was coined by Bromfield et al. (2007), as an over-arching label to describe the impact of chronic maltreatment following their chronic maltreatment studies conducted in 2005. Whilst investigating the chronicity of maltreatment through the broader study, Bromfield and Higgins (2005) identified that repeated maltreatment over an extended period was more common than isolated maltreatment, the impact of which could be profound and exponential. The researchers and their colleagues (Bromfield & Higgins, 2005; Bromfield et al., 2007; Bromfield & Miller, 2007) went on to apply the term cumulative harm to "the impact of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability and wellbeing" (Bromfield and Miller, 2007, p. 1).

Since the original study in 2007 (Bromfield et al., 2007) there appears to have been no significant research studies undertaken to further investigate the concept of cumulative harm. Some publications have examined the issues related to cumulative harm at a practice level in the human services and welfare sector. Howard Bath (2014), Children's Commissioner for the Northern Territory, highlighted that although discussion regarding cumulative harm in child protection literature has been present for some time, there has been a dearth of specific research relating to the impact of

multi-type abuse or the prevalence of chronic maltreatment leading to cumulative harm. Bath (2014) drew on the Australian Early Development Index (AEDI) which provides a census of population-based wellbeing indicators, undertaken by educators, in a child's first year of school. Bath argued that "the problematic AEDI scores for Indigenous children across Australia, especially in the Northern Territory, provide a clear illustration of the impact of adverse experiences in early childhood and, by proxy, the phenomenon of cumulative harm" (2014, p.6). Bath (2014) emphasised that despite the lack of studies specifically exploring cumulative harm, there was no lack of evidence for the phenomenon, drawing on statutory legislation as an indicative example. He purported that, by definition, child protection legislation recognises cumulative harm in that it emphasises the need for neglect to be persistent and a child's needs to be repeatedly unmet (Bath, 2014). Bath's commentary highlights the trace of cumulative harm observed in practice dialogue at a grassroots level.

Cumulative harm is largely an Australian term, with international research using the more global terminology of complex trauma, to encapsulate the lifespan implications of the accumulation of childhood adversity. It is important to note the definitional distinction between cumulative harm and complex trauma, in that cumulative harm, is the input variable, complex trauma the potential result, and accumulated adversity does not always result in complex trauma. However, the terms cumulative harm, cumulative abuse, cumulative trauma or cumulative risk have been utilised in some research in the United States. In a study conducted in the mid-1990s, Follette et al., (1996) in fact referred to cumulative trauma in their exploration of trauma symptomology and childhood and adult sexual and physical abuse. Follette et al. (1996) sought to address the gap in the literature regarding the cumulative impacts of sexual and physical trauma, in both childhood and adulthood. They hypothesised that "multiple trauma experiences would lead to increased trauma symptoms and, as the number of different types of traumatic experiences increased, subjects would demonstrate a cumulative impact of trauma" (Follette et al., 1996, p. 27). Follette et al. (1996) concluded exposure to multiple interpersonal traumas is cumulative in their impact on an individual. Comparatively, McNutt, Carlson, Persaud and Postmus (2002) investigated the relationship between cumulative abuse experiences, physical health and health behaviour, concluding that

both repeat victimisation in childhood and re-victimisation in adulthood influenced health in adulthood. The U.S. Department of Health and Human Services published a paper in 2013 highlighting the cumulative impact of chronic child neglect, drawing specifically from the research of Kaplan et al. (2009) to emphasise that chronically neglected children experience cumulative harm as a result of an ongoing pattern of deprivation of a child's basic physical, psychological and developmental needs.

The label "cumulative harm" has been coined and the term defined, but not universally understood and without this shared conceptualisation cumulative harm cannot be assessed or measured. At this time, there is a dearth of research into the specific phenomenon of cumulative harm and the impact it has on individuals across the lifespan, particularly those entering the helping professions. After exploring a broad range of university and public access databases, only mentions of cumulative harm as a descriptor for the accumulation of ACEs could be found in a small number of articles (Bath, 2014; Broadley, 2014; Bromfield et al 2007; Bryce, 2018a; Bryce, 2018b; Bryce, 2020; Collier & Bryce, 2021; Sheehan 2018; Sheehan 2019). All articles which address cumulative harm are sector-specific, usually focusing on child protection disciplines and the legal contexts that surround them. There appears to be no recent research exploring cumulative harm across the lifespan and the implications for individuals in adulthood, particularly concerning career choice and professional capacity. Bath (2014) emphasised that it is vitally important that research findings and clinical knowledge about chronic maltreatment and its legacy of cumulative harm, find a central place in our legislative frameworks, our practice guidelines, our data collection processes, and our intervention models.

Cumulative Risk Perspectives

Whilst there is a dearth of empirical research pertaining to cumulative harm, there is a precedent set in the ecological risk literature that supports the significance of cumulative experiences in maltreatment. Building on the work of pioneering studies in ecological risk, the cumulative risk perspective is well supported across social and cognitive disciplines (Belsky & Fearon, 2002; Dong et al., 2004; Felitti et al., 1998; Liaw & Brooks-Gunn, 1994; Sameroff et al., 1993). Although risk and harm are individual areas of interest, they are not mutually exclusive and share a reciprocal and iterative relationship. *Risk*, defined as "a combination of an estimate of the probability of a target behaviour occurring with a consideration of the

consequences of such occurrences" (Towl & Crighton, 1996), provides the prediction of *harm* occurring, in order to inform action. Harm can take the form of intentional or unintentional acts, omissions or commissions of abusive behaviour. According to Shaw and Barrett (2006), Risk assessment contributes to the identification and management of intentional harm (e.g., physical or sexual abuse) and offers a means of minimizing the potential for unintentional harm (e.g., neglect). A cumulative risk model assumes that the accumulation of risk factors has higher predictive power for negative outcomes than any single risk factor in isolation (Li et al., 2014). The cumulative risk model is empirically supported across social, medical and psychological domains and a cumulative ecological transactional model provides enhanced predictive capability for repeated maltreatment (MacKenzie et al., 2011; Li et al., 2014). MacKenzie et al. (2011) concluded that the maltreatment incident was less indicative of harm than the accumulation of risk factors and ecological influences which fostered an environment conducive to maltreatment occurring. In other words, the disadvantage and adversity which predisposes a child to abuse and neglect may be just as damaging to lifespan development and wellbeing as the abuse itself. Essentially, risk factors, maltreatment experiences and maltreatment types are significantly more predictive and more valuable, in research and practice, when considered cumulatively. According to MacKenzie et al. (2011b), there is a need to broaden our understanding of the impact of maltreatment to encompass the influence the context of cumulative adversity has on an individual. The cumulative risk perspective highlights a body of literature that advocates for the recognition of the significant contribution accumulation make to the maltreatment experience.

Chronic Childhood Maltreatment: A Precursor to Cumulative Harm

Miller states "when considering the literature about cumulative harm, it has been relevant to study theory and research that documents multiple-victimisation, multiple harmful experiences that are interrelated, and maltreatment that is recurrent over prolonged periods (2007, p. 7). Since its public recognition in 1962 (Kempe et al., 1962), child maltreatment has been acknowledged in research and practice as occurring in either isolated or repeated incidents. Research into child maltreatment has historically been located in two dominant areas; (1) factors increasing vulnerability to maltreatment and (2) the impact of maltreatment on individuals (Anderson, 2010; Bromfield & Higgins, 2005; Higgins, 2004). Researchers have

typically explored maltreatment in terms of specific subtypes; physical, psychological, sexual abuse and witnessing family violence (Herrenkohl & Herrenkohl, 2009; Higgins, 2004; James, 2000; Miller-Perrin & Perrin, 2007). Bromfield and Higgins (2005) argued this perspective on maltreatment failed to adequately acknowledge the cumulative impact of prolonged periods of trauma over multiple developmental periods. Higgins (2004) argued an abuse type may not be considered detrimental in isolation but may in fact be detrimental over those prolonged periods. Although contributing to the discipline, attempts to identify the risk factors and outcomes for individual abuse types have been largely unsuccessful due to the prevalence of individuals experiencing multiple forms of maltreatment in combination and over prolonged periods (Higgins, 2004). Dong et al. (2004) argued that those adults who reported singular episodes of adverse childhood experiences were likely to have also endured multiple other adversities in childhood. This is corroborated by Bromfield and Higgins (2005) whose research findings indicate the majority of children who experience childhood abuse and neglect will have multiple incidents of maltreatment over prolonged periods of time.

In their Chronic Maltreatment Study, Bromfield and Higgins (2005) identified that 65 per cent of participants, gathered from a child protection sample, had experienced chronic maltreatment, with multiple, interrelated issues. The study also identified that parental factors were significant contributors to chronic maltreatment (Bromfield & Higgins, 2005). Similarly, Lewis and Ghosh Ippen (2004) report that children exposed to traumas often have caregivers who have been exposed to chronic traumas, further highlighting the cyclical nature of maltreatment chronicity. Prolonged and persistent experiences of child abuse and neglect, occurring over various developmental periods, can cause cumulative harm and have a profound and exponential impact on a child's life (Bromfield et al., 2007; Frederico et al., 2008; Miller, 2007).

Manifestations of Chronicity: Multi-type Maltreatment, Poly-victimisation and Re-victimisation

There is mounting evidence to suggest that child abuse and neglect rarely occur in isolation, with most maltreated individuals reporting exposure to two or more abuse subtypes (Arata et al., 2005; Higgins & McCabe, 2000; McGee, Wolfe, & Wilson, 1997; Ney et al., 1994). To adequately communicate the interconnectedness

of maltreatment experiences in childhood, Australian researchers, Higgins and McCabe (1998) introduced the term, multi-type maltreatment. In 2001, they conducted a systematic review of existing studies which explored more than one type of child abuse or neglect and discovered two key findings; a large percentage of adults who had experienced childhood maltreatment were subject to more than one type; and those who reported multiple abuse subtypes had significantly poorer life outcomes than those experiencing one or no abuse types (Higgins & McCabe, 2001).

These findings were consistent with international studies, most notably the Adverse Childhood Experiences Study (Felitti et al., 1998), a landmark investigation of negative childhood experiences (abuse, neglect, and family dysfunction) and poor adult outcomes. Between 1995 and 1997, 17000 participants completed surveys providing information regarding their childhood experiences, health status and behaviour, these results, combined with physical exams, formed the study's findings. The original study found more than half of the respondents (52%) had experienced one or more adverse childhood experiences (ACEs), more than one in five reported three or more and 6.2% indicated more than four ACEs (Felitti et al., 1998). The study further highlighted the fact that for persons experiencing at least one ACE, the probability of exposure to additional categories of ACE ranged from 62% to 93%, and experiencing more than two additional categories ranged from 40% to 74% (Felitti et al., 1998). Noting the commonality of multiple ACEs, further research was conducted into the relationship between multiple ACEs and long-term outcomes. Edwards et al. (2003) found in their study of multi-category maltreatment, that of the 43% of individuals who identified experienced some form of childhood abuse, 34.6% of those reported experiencing at least two types of maltreatment. Edwards et al. (2003) concluded that the higher the number of ACEs experienced, the poorer the physical and mental health and behavioural outcomes in adulthood.

However, Finkelhor, Shattuck, Turner and Hamby (2013) argued the original ACE Study omitted important domains, considered by developmental researchers to be key predictive factors in long term health outcomes. They argued peer rejection, exposure to violence outside the family, low socioeconomic status, and poor academic performance were valuable predictors absent from the original study (Finkelhor et al., 2013). Finkelhor et al. (2013) argue that a complete understanding

of the most harmful childhood adversities has not yet been achieved due to the complex interrelationships between factors. However, their study confirmed that child maltreatment exposures remain powerful predictors of adult outcomes, independent of the other adversities considered in the scale. The additional adversities identified in the revised ACEs scale are additional forms of interpersonal victimisation such as property crime, peer victimisation, and exposure to community violence, "which reinforce findings from other studies, highlighting the cumulative harm of different forms of childhood victimisation" (Finkelhor et al., 2013, p.74).

There is a growing body of evidence to suggest that broader experiences of victimisation tend to accumulate for certain individuals or in certain environments (Price-Robertson, Rush, Wall & Higgins, 2013). The dominant research tool used to measure poly-victimisation is the Juvenile Victimization Questionnaire (JVQ; Finkelhor et al., 2005). The JVQ measures five general categories; conventional crime, child maltreatment, peer and sibling victimisation, sexual victimisation (peer or adult perpetrator) and witnessing and indirect victimisation. Poly-victimisation is indicated when an individual identifies experiencing an accumulation of four or more of these forms of victimisation over 12 months (Price-Robertson et al., 2013). The largest poly-victimisation studies found that almost a quarter of US children experienced poly-victimisation in 12 months (Finkelhor et al., 2005; Finkelhor et al., 2007a).

Finkelhor, Ormrod and Turner (2007a) explored this cohort more closely and concluded that those children who had experienced four or more victimisations in one year were at high risk of persistent poly-victimisation or re-victimisation. Those who experience childhood maltreatment in the familial unit may be more susceptible than others to peer violence, exposure to crime or childhood sexual abuse victims may be more vulnerable to further sexual victimisation as adults (Finkelhor et al., 2007a; Tseloni & Pease, 2003). Finkelhor, Ormond and Turner (2007a) proposed that for many children "victimisation is more of a *condition* than an *event*" (p.9). Re-victimisation has long been applied in the field of crime prevention and, in its application to criminal behaviour, differs from repeat physical, sexual or emotional victimisation of children in its lack of reference to perpetrators (Hamilton & Browne, 1998).

"….persistence is a pathway in which child maltreatment, domestic violence, family conflict, and disruption propel children into an intensively and generalized victimized condition that in turn generates general anger/aggression, which, by fuelling and sustaining defiant, challenging, rule-violating behaviour, tends to lock them into an even more persistent victimized condition " (Finkelhor et al. 2007b, p.493).

Research has identified poly-victimisation to be a strong predictor of trauma symptoms and poly-victims were more symptomatic than their peers who had experienced repeated episodes of the same kind of victimisation (Finkelhor et al., 2005; Finkelhor et al., 2007b). Chronic maltreatment and repeat victimisation can, but does not always, result in cumulative harm. It is still not known what factors may mitigate its impact. Although it appears risk factors for chronic maltreatment and re-victimisation and the consequences of trauma are closely aligned, it is unclear what factors lead some individuals to experience re-victimisation whilst others do not (Price-Robertson et al., 2013).

Lifespan Implications of Chronic Maltreatment and Re-victimisation

Felitti (2002) emphasised the findings of the Adverse Childhood Experiences Study as a means of illustrating that for some, time does not heal all wounds. The ACEs study assessed cumulative childhood stress and later life adjustment and the findings revealed powerful relationships between childhood adversities and poor adult health and wellbeing. These findings provided considerable insight into the trajectory we take to become who we are in adulthood. The ACE study and subsequent research found as the number of ACEs increased so too do the risk of a vast number of health and behavioural outcomes including chronic disease (Dube et al., 2009; Brown et al., 2010; Felitti et al., 2008; Cunningham et al., 2014; Anda et al., 2010; Barile et al., 2014; Dong et al., 2004), health risk behaviours (e.g. substance misuse) (Anda et al., 2002; Strine et al., 2012; Dube et al., 2003; Hillis, et al., 2001; Edwards et al., 2007), mental health (Brown et al., 2007; Anda et al., 2007; Chapman et al., 2004; Remigio-Baker et al., 2014), sexual behaviours (Felitti et al., 1998; Hillis et al., 2000; Dietz et al., 1999), victimisation and perpetration and other social issues (Dube et al., 2002; Whitfield, Anda, Dube, & Felitti, 2003; Ports, Ford & Merrick, 2016). The overwhelming volume of research on the impacts of child abuse highlights the focus on maltreatment types in isolation, rather than a focus on the

cumulative impact of maltreatment more broadly. Additionally, no research focuses on the impact of cumulative harm on vocational behaviour and decision-making as a lifespan implication.

Intergenerational Transmission of Abuse

Although it is not a foregone conclusion that children who experience abuse, perpetuate that abuse against their offspring, there is a body of evidence that suggests those who are maltreated as children are at a more increased risk of intergenerational abuse than their non-maltreated peers (Kwong et al., 2003; Mouzos & Makkai, 2004; Pears & Capaldi, 2001). According to Pears and Capaldi, (2001), parents who had experienced physical abuse in childhood were significantly more likely to engage in abusive behaviours toward their children. This concept of modelling and transmission of abuse behaviours from parent to child to parent is reflected in the review by Oliver (1993) who concluded one-third of abused and neglected children repeat these abusive patterns in their parenting. Boursnell (2011) discovered through her study of intergenerational transmission of mental illness, that a significant number of parents (participants) believed their parenting was impacted by their own parent's mental ill-health and their experiences of violence abuse and neglect in childhood.

Revictimistion

As explored earlier, individuals who experience childhood maltreatment are at increased risk of re-victimisation throughout their lives (Cannon, et al., 2010; Mouzos & Makkai, 2004; Whiting et al., 2009; Widom et al., 2008). Widom et al. (2008) concluded that all types of childhood abuse were associated with an increased risk of lifetime re-victimisation. In the Australian component of the International Violence Against Women Survey (IVAWS), 72% of women who experienced either childhood physical or sexual abuse were victims of violence in adulthood (Mouzos & Makkai, 2004). Strong links have been made between childhood sexual abuse in particular and the risk of sexual re-victimisation in adolescence and adulthood (Krahe et al., 1999; Messman-Moore & Long, 2003; Finkelhor et al., 2009; Messman & Long, 1996). Widom et al. (2008) found childhood maltreatment increased the risk for physical and sexual abuse in adulthood, interpersonal violence including kidnapping and stalking, and experiencing murder or suicide of a friend or relative.

Mental Health

Poor mental health outcomes are considered common consequences of childhood maltreatment. Mental health problems found to be resultant from child abuse and neglect include personality disorders, anxiety disorders, dissociative disorders, post-traumatic stress disorder (PTSD), depression, and psychosis (Afifi, Boman, Fleisher, & Sareen, 2009; Cannon et al., 2010; Chapman et al., 2004; Clark et al., 2010; Maniglio; 2012; McQueen et al., 2009; Norman et al., 2012; Springer et al., 2007).

Afifi et al. (2009) discovered in their research that adult survivors of childhood abuse and neglect were two and a half times more likely to experience major depression and six times more likely to suffer PTSD than their non-abused peers. Similarly, Widom et al. (2007) found children who experienced physical abuse or multi-type abuse were at increased risk of major depressive disorders in adulthood. The Adverse Childhood Experiences Study also confirms the link between childhood maltreatment and mental health, highlighting that individuals experiencing four or more ACEs were twelve times more likely to attempt suicide than their non-abused peers (Felitti et al., 1998). Kimerling et al., (2007) concurred, highlighting that revictimisation is a potent risk factor for adult mental health challenges. The research draws convincing conclusions regarding the relationship between maltreatment experiences in childhood and poor mental health in adulthood, with particular emphasis on the impact of an accumulation of these experiences on an individual. Finkelhor, Turner and Ormond (2006) suggest that "cumulative exposure to multiple forms of victimisation over a child's life course represents a substantial source of mental health risk" (p.13).

Physical Health

Adults who experience child abuse and neglect are at increased risk of physical health problems such as chronic disease, diabetes, gastrointestinal problems, arthritis, headaches, gynaecological problems, stroke, lung cancer, hepatitis and heart disease (Felitti et al., 1998; Sachs-Ericsson et al., 2009; Springer et al., 2007; Dube et al., 2009; Brown et al., 2010; Anda et al., 2008; Cunningham et al., 2014; Anda et al., 2010; Barile et al., 2014; Dong et al., 2004). In a comprehensive literature review, Sachs-Ericsson et al. (2009) found a majority of studies concluded that adults who had experienced child abuse had more medical issues than their

non-abused peers. Further review of existing research by Wegman and Stetler (2009) uncovered the relationship between child maltreatment and an increased risk of neurological, musculoskeletal, respiratory, cardiovascular and gastrointestinal problems but contrary to other studies, not gynaecological problems. The ACEs study (Felitti et al., 1998) highlighted the relationship between childhood maltreatment and poor health in adulthood. Subsequent ACE related research by Corso and colleagues (2008) argued that individuals who experienced childhood abuse and neglect had significant and sustained losses in health-related quality of life in adulthood, as compared to their non-abused peers.

Substance Misuse

There is a body of evidence that draws a link between childhood maltreatment and substance misuse in adulthood (Gilbert et al., 2009; Simpson & Miller, 2002; Widom et al., 2007; Anda et al., 2002; Strine et al., 2012; Dube et al., 2003). One comprehensive review of existing research, exploring 224 studies in total, confirmed a strong relationship between child sexual and physical abuse and substance misuse issues in women (Simpson & Miller, 2002). Although less association has been found in relation to men, males who experienced child sexual abuse specifically appeared to have an increased risk of substance abuse issues. This variation may be a result of lower disclosure rates of men who have experienced childhood abuse (Simpson & Miller, 2002). The ACE Study provided confirmatory support for these findings, reporting adults with four or more ACEs were seven times more likely to identify as an alcoholic, five times more likely to have used illicit drugs and ten times more likely to have used intravenous drugs compared to adults with no adverse experiences (Felitti et al., 1998)

Violence and Criminality

Violence and criminal behaviour are frequently identified as potential long-term consequences of child maltreatment, especially for those who have experienced physical abuse or witnessed domestic violence (Gilbert et al., 2009; Kwong et al., 2003; Miller-Perrin & Perrin, 2007). Hamilton, Falshaw and Browne (2002) found that young people who have experienced re-victimisation were more likely to engage in criminal or sexual offences than their non-abused peers. Further to this, they also discovered that those who experienced extrafamilial poly-victimisation or re-victimisation or a combination of re-victimisation inside and outside the family were

the most likely of all to engage in criminal activity. Widom (1989) compared adults with a history of substantiated cases of child abuse and neglect with a sample of non-abused peers and found that adults with a history of maltreatment had a higher likelihood of arrests, adult criminality, and violent criminal behaviour. Bevan and Higgins (2002) found child maltreatment (particularly child neglect) and family dysfunction were associated with the frequency of physical spouse abuse perpetrated by men.

Poor lifespan outcomes associated with past histories of child maltreatment often share an interrelatedness. Experiencing chronic and multi-type maltreatment or poly-victimisation can increase the risk of more severe and damaging adverse consequences in adulthood. These adverse outcomes are often exacerbated by the impact of re-victimisation across the life course.

Complex Trauma

The invisible scar of childhood trauma can last a lifetime (Briere & Jordan, 2009; Cook et al., 2005; Herman, 1992; Kinniburgh, Blaustein, Spinazzola, & Van der Kolk, 2005; Van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). Complex trauma is a concept that both parallels and shares a reciprocal connectedness to cumulative harm. Both cumulative harm and complex trauma are acknowledged as two models which account for the complexity of traumatic experience. Cumulative harm focuses on the ongoing trauma and negative outcomes experienced by children and individuals who have endured childhood maltreatment; however, *complex trauma* is the model used to conceptualise the complexity of traumatic outcomes for survivors of victimisation across the lifespan. Complex trauma can occur at any point across an individual's lifetime and can be experienced as a result of, not only childhood maltreatment but war, oppression, conflict, civil unrest, accident or loss (Price-Robertson, Rush, Wall & Higgins, 2013). Complex trauma may be a result of cumulative harm experiences due to the increased risk of re-victimisation (Price-Robertson et al., 2013). Examining the relationship between complex trauma and cumulative harm and acknowledging broader impacts of childhood trauma and re-victimisation through the lens of complex trauma, is vital in understanding the pervasiveness of an accumulation of maltreatment experiences, as it manifests in adulthood. McCormack and Thomson (date) concluded,

In the aftermath of childhood trauma, these participants characteristically struggled to form a coherent sense of self, which left them vulnerable to difficulties forming and maintaining healthy relationships, in managing emotions, and in identifying and enacting values. Their representations of self, others, and the world were seriously impacted…living a satisfying life seemed out of their reach. (2017, p.162)

Complex Trauma appears to manifest in individuals as a reaction to the experience of maltreatment but evolves into problematic and maladaptive behaviours (Van Der Kolk et al., 2005). Re-victimisation appears to be common for individuals experiencing complex trauma due to the increased risk posed by multiple abuse types and in correlation with many of the key features of complex trauma such as psychiatric disorders, substance misuse and powerlessness (Classen et al., 2005). According to Cook et al. (2005), "children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment, including psychiatric and addictive disorders; chronic medical illness; legal, vocational, and family problems" (p. 390).

Resilience and Post Traumatic Growth

For some adults, the effects of child abuse and neglect are chronic and debilitating, whilst others have more positive outcomes as adults, despite their abuse and neglect histories (Miller-Perrin & Perrin, 2007). Mental health outcomes are not easy to predict for individuals and the concept of resilience has been developed to explain in part why some individuals who have serious risk factors and who could be expected to do poorly in this aspect of life, in fact, thrive and are very well adjusted. Resilience is seen as the quality or set of qualities that allow an individual to bounce back in the face of adversity. However, Bromfield and Miller (2012) emphasise the need for caution as given resilience is not static, rather it is a dynamic trait that can be influenced by life experiences. As cumulative harm relates to adverse experiences which are multiple and prolonged in nature, the power of resilience in mitigating the effects of abuse and neglect is often diminished or worn down.

The post-traumatic growth or adversarial growth perspectives argue one can experience distress and growth simultaneously. Post-traumatic growth (PTG) is a critical field of study, relevant to trauma and its impacts, as it acknowledges the potential positive change adversity can have on those who experience maltreatment.

PTG is considered both a process and an outcome, in which individuals not only recover from trauma but continue to develop and grow in positive ways (Lev-Wiesel et al., 2004; Tedeschi, et al., 1998). According to O'Leary and Ickovics (1995) individuals can experience three possible outcomes post-trauma: survival, recovery or thriving. Woodward & Joseph's (2003) perspective of post-traumatic growth argues some individuals develop a higher level of functioning, beyond survival or recovery, to thrive. PTG researchers emphasise the role of the struggle in the propulsion towards a higher level of functioning (Cryder et al., 2006; Tedeschi & Calhoun, 1995; Calhoun & Tedeschi, 2006). Tedeschi and Calhoun (1995; 1998; 2004; Calhoun & Tedeschi, 1999) argued traumatic events shatter an individual's understanding of the world, forcing them to reconfigure their worldview. Tedeschi and Calhoun (2006) further attest that PTG requires distress to promote coping which involves a host of cognitive and social processes which, over time, may facilitate growth.

Although PTG is seen as the antithesis of post-traumatic stress disorder (PTSD), one can experience distress and growth simultaneously, this psychological distress and psychological growth can coexist (Lev-Wiesel, Amir & Besser, 2004; Lev-Wiesel & Amir, 2003). Data regarding the relationship between growth domains (the changes in our perceptions of self, our relationships with others and our philosophical assumptions on life) and the psychological wellbeing of individuals after trauma are inconsistent (Lev-Wiesel et al., 2004). Thus, according to Lev-Wiesel, Amir and Bessel and their research on a broad range of participants, including Holocaust survivors, medical patients and relatives of vehicle accident victims, individuals experiencing PTG may still be scarred by their traumas (Lev-Wiesel et al., 2004). Flynn (2003), whilst exploring PTG and resilience after sexual abuse, concluded resiliency post-trauma was dependent on mastery of specific tasks and reorganising self-concepts. Lev-Wiesel, Amir and Besser (2004) believed this may be achievable through "undoing the damage of the abuse and creating new aspects of self that contribute to a sense of wellbeing" (p. 10). They further concluded PTSD mediates between abuse and PTG, as individuals who experience high levels of PTSD, also indicated high levels of PTG (Lev-Wiesel et al., 2004). Zomer and Zomer (1997) suggested that when trauma is cumulative, as is common in intrafamilial child abuse, and the individual's exposure to adversity is chronic,

escape becomes their only option. When physical escape is unavailable, psychological escape takes its place and disassociation can occur, allowing the child to function in other areas of their life and possibly enabling PTG (Lev-Wiesel et al., 2004; Cloitre et al., 1997).

In contrast, Morrill et al., (2008) argued findings from their study of breast cancer survivors concluded that PTG diluted the relationship between post-traumatic stress symptoms (PTSS) and depression and quality of life. This study was the first to report moderation of the relationship between PTSS and quality of life and Morrill et al. (2008) speculated that PTG involved a cognitive reframing of their traumatic circumstances. Morrill et al. (2008) concurred with Lev-Wiesel, Amir and Besser (2004) and Cordova and Andrykowski (2003) that survivors can experience post-traumatic growth and post-traumatic stress simultaneously.

Zoellner and Maercker (2006) propose the coexistence of psychological distress and growth may in fact indicate maladaptive and dysfunctional coping due to the lack of empirical evidence linking PTG and adjustment. Tedeschi and Calhoun (1998; 2004) counter, however, by suggesting that PTG and psychological distress are two unrelated concepts and PTG has a clear relationship to wellbeing, the complicated cognitions of which, can only be accurately measured through longitudinal examination. Maercker and Zoellner (2004), in agreeance with Tedeschi and Calhoun (1998), proposed a broadening of the mental health and wellbeing construct, which encompasses positive self-concept, relationship with others, productive capacity, and successful coping. They argued that PTG could be positively linked to this holistic view of mental health (Maercker and Zoellner, 2004). Maercker and Zoellner (2004) further acknowledged that overcoming trauma is associated with denial, avoidance and distortion and the shadow side of PTG is not adequately recognised in Tedeschi and Calhoun's (1998) model of PTG.

Taylor and colleagues (Taylor & Brown, 1994; Taylor et al., 2000) referred to this shadow side as *positive illusions*, which assist in counteracting emotional distress. Zoellner and Maercker (2006) applied the Janus Face Model, referencing the two-faced Roman god, to illustrate a model which considers both perspectives involved in the PTG debate equally and simultaneously. Zoellner and Maercker argued the Janus-Face Model "assumes perceptions of PTG are at least in part due to distorted positive illusions" (2006, p. 640). They purported that PTG encompasses

both healthy adjustment and adaption and denial and avoidance (Zoellner and Maercker, 2006). Zoellner and Maercker (2006) dispute, however, that the self-deception involved in PTG leads to maladjustment, citing insight as a potential mediator.

Recognising the positive, as well as the negative, sequelae of trauma ensure a comprehensive and unbiased understanding of post-traumatic responses (Linley & Joseph, 2004). Relationships between post-traumatic growth, distress and adjustment need to be reliably measured and understood through further research and investigation (Maercker & Zoellner, 2004). There appears to have been no comprehensive longitudinal studies conducted into post-traumatic growth, therefore, there has been little focus on the lifespan development perspective of positive change following trauma. There is also limited research regarding the impact of post-traumatic growth on career choice in the helping professions, therefore further investigation is necessary to reach empirically based conclusions. To date, there appears to be no research exists that considers post-traumatic growth as it relates specifically to cumulative harm. This field of research provides a potential lens through which to view recovery and change following adversity, however, more exploration is needed to investigate post-traumatic growth as a motivating factor in career choice, professional capacity and academic performance. In summary, post traumatic growth offers a perspective which accounts for the potential growth and development which can occur following cumulative childhood adversity and trauma, and promote positive outcomes across the lifespan, including career success and satisfaction.

Childhood Experiences and Career Choice

Various theoretical approaches have been applied to account for the role childhood experiences play in career choice, from the development of a "vocational self" (Lent et al., 1994; Saka et al., 2008; Savickas, 2005; Super, 1980), unconscious processes (Bordin et al., 1963; Meijers & Lengelle, 2012; Savickas, 2011) and the influence of early relationships (Blustein, 2011; Blustein et al., 1995). Recent reviews reinforced the argument that the context of the familial environment and early childhood experiences affect career developmental processes (Hartung et al., 2005; Whiston & Keller, 2004).

Developmental theories have focused their attention on the developmental factors in childhood, which influence career choice. The lifespan perspective proposes that human, and thus vocational development, is a lifelong process involving the interaction of both personal and contextual factors, beginning in childhood and continuing across the lifespan (Bates et al., 1998; Hartung, et al., 2008). Comparatively, life course sociology asserts that individuals make choices that function within the limitations of social, cultural and historical circumstances to "construct and edit an individual lifecourse trajectory" (Hartung et al., 2008). The two approaches converge in developmental systems theory, which provides an overarching framework that conceptualises human development as systemic changes across a range of integrated ecological contexts including biology, culture and history (Lerner, 1998; Hartung et al., 2008). From this vantage point, the individual is conceptualised as both the product and producer of their development, melding aspects of both life span and life course theories, as individual and social contexts interact and propel an individual along a developmental and vocational trajectory. From the developmental perspective, vocational development is inextricably linked to human development, including physical, cognitive and psychosocial domains, and thus childhood is considered a significant period in the career journey (Hartung et al., 2008).

Whilst these developmental theorists draw attention to the developmental processes which influence our career and vocational journey from childhood, other researchers have emphasised the role of certain contexts with more specificity. The familial context has been identified by a majority of career development theorists as influencing career decision-making to varying degrees. At one end of the spectrum, the family context is vaguely associated with the values and traits which develop in childhood and contribute to career choice (Osipow, 1968). In contrast, the more socially and contextually aware theories espouse a slightly more explicit view. The views presented by numerous scholars argue that family plays a critical role in the development of internal (self-concept) and external (environment) factors which are significant in determining the career decision made by individuals (Super, 1963; Ginzberg et al., 1957; McKelvie & Friednand, 1978; Erikson, 1950). It would appear that all theories concur that familial context experienced in childhood plays some role in influencing career choice, whether through intraindividual factors shaped in part by

the family of origin, or in the determination of situational variables involved in career decision-making (Osipow, 1968).

Drawing more on the intraindividual factors developed as a result of experiences, Roe (1959) proposed aptitudes inherent to an individual and developed since childhood can influence choice, thus it is considered reasonable that this choice, should extend to career decision-making (Super, 1963). This perspective is equally reflected in Ginzberg and colleagues (1957) theory of occupational choice, as they identify unique and highly specific talent as determinants of career choice. In reflecting on this perspective, it can perhaps be inferred that childhood skills and qualities developed as a result of traumatic or adverse experiences, such as parentification and caring roles, might then contribute to the decision to enter a helping profession.

One common theme throughout the perspectives presented here in relation to childhood experiences and their role in career decision-making is that of an unconscious influence, contributed to most thoroughly by psychoanalytic theorists. This perspective argues that both conscious and unconscious processes contribute to the understanding of one's world and childhood experiences (both positive and negative) and familial history affect vocational choices in a significant way (Malach-Pines & Yafe-Yanai, 2001). According to Malach-Pines and Yafe-Yanai (2000; 2001), an individual is driven to choose a career path that reflects significant childhood experiences, satisfies needs previously unmet in childhood and actualises aspirations inherited through familial heritage.

In summarising the perspectives of the many scholars who have explored the connections between childhood and career choice, there is a consensus that highlights the significant influence early experiences have on career pathways. Whether through the shaping of individual traits and aptitudes or through the influence of the external contexts and systems which interact to affect the vocation development of an individual, the role of childhood is meaningful. Thus, it can be assumed that adversity and trauma in childhood, such as experiences through cumulative harm, would contribute to career decision-making.

Trauma and the Influence on Career

Researchers have long recognised the phenomenon of vicarious trauma or secondary traumatic stress experienced by helping professionals as they navigate

their role in engaging with the trauma of their clients (Figley, 1995; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1993; Anderson, 2000; Beaucar, 1999; Cunningham, 1999). However, Nelson-Gardell and Harris (2003) highlight the dearth of research focused on the childhood histories of trauma helping professionals bring to their work. Racusin et al. (1981) reported in a study conducted in the 1980s that 50% of the therapists (participants) disclosed abuse, neglect or household dysfunction in childhood. Similarly, Pope and Feldman-Summers (1992) identified that 33.1% of mental health professionals reported a history of child abuse, with 36.6% reporting some form of abuse in adulthood. In a study of 558 mental health practitioners and law enforcement personnel, 29.8% of therapists and 19.6% of police officers reported experiencing some form of childhood adversity (Follette et al., 1994). Elliott and Guy (1993) highlighted gender considerations, concluding that women working in the helping professions experienced higher rates of childhood trauma than those women in other fields. DiCaccavo (2002) compared counselling psychology trainees with art students and discovered counselling psychology trainees reported less parental care, greater parental control, and greater self-efficacy for helping.

In a recent review of existing literature, Braunstein-Bercovitz et al. (2014) concluded childhood emotional maltreatment, career choice in the helping professions and professional capacity are linked. According to Braunstein-Bercovitz, et al., childhood experiences of maltreatment are internalised and influence career choices in the helping professions. It is hypothesised that individuals who endure such experiences may be motivated to enter the helping professions as it provides a forum for them to constructively exercise the skills developed in childhood, such as empathy, sensitivity, and the ability to deeply understand another's distress (Thirkield, 2007), a phenomenon termed 'The Caretaker Syndrome' (Valleau, et al., 1995). Conversely, and as suggested by the 'wounded healer' model (Dunne, 2000), the helping professions may provide professionals with an opportunity for a remedial experience (Eisold, 2005) addressing gaps in their self-concept and meeting unmet needs (Gabbard, 1995; Guttman & Daniels, 2001).

Elliott and Guy (1993) concluded in their study, that events in childhood, including family dynamics and 'parentification', acted as motivating factors contributing to decisions to enter the helping professions. According to Elliott and

Guy (1993), existing evidence suggests helping professionals often acknowledge suffering distress in childhood and may in part enter the field to meet needs not adequately met in childhood. Parentification occurs when children feel responsible for the wellbeing of their parents and family members (Fussell & Bonney, 1990; Nikcevic et al., 2007). Parentified children often enter the helping professions in adulthood as extensions of their childhood roles (Nikcevic et al., 2007; Blumenstein, 1986; Guy, 1987). As a helping professional, parentified individuals can achieve validation and acknowledgment for their caretaking roles, previously unrecognised in their familial environments (DiCaccavo, 2002, Nikcevic et al., 2007).

   Nikcevic et al. (2007) found psychology students aspiring to work in the mental health field reported a higher prevalence of childhood sexual abuse and household dysfunction, as compared with students outside the helping professions. Interestingly, Nikcevic et al. (2007) also compared psychology students who aspired to work in clinical (mental health) settings and those who did not wish to engage in the helping sector and found higher rates of childhood adversity in those aiming to work in the helping professions. The results of the study by Nikcevic et al. (2007) were consistent with those of earlier research highlighting the prevalence of childhood trauma among helping professionals as compared to those in other fields (Guy & Elliott, 1993; Fussell & Bonney, 1990; Murphy & Halgin, 1995). However, they did observe that those who acknowledged childhood maltreatment, had resolved their traumas. Nikcevic et al. (2007) found no relationship between emotional distress and career choice and were unable to identify the extent to which childhood trauma was a motivating factor in career choice. Murphy and Halgin (1995) indicated, that despite the prevalence of childhood maltreatment in helping professionals when questioned about their motivating factors, psychotherapists did not view their childhood experiences as directly related to their decision to enter their chosen profession. These findings may indicate individuals are motivated by altruism rather than distress or trauma symptomology. According to Reilly and DÁmico (2008), in their study of childhood abuse and career choice in women in higher education, some women who had experienced childhood abuse entered the helping professions in a bid to eliminate the conditions which had enabled their abuse to occur and be instrumental in social change.

The 'wounded healer' notion has been expounded upon in literature by numerous authors and purports negative childhood experiences may enable a helping professional to engage with their client in an empathic manner (Dunne, 2000; Goldberg, 1986; Guy, 1987; Scott & Hawk, 1986). However, contrasting perspectives suggest that a professional's motivation to enter the helping professions to heal their own wounds, may in fact diminish their capacity for effectiveness with clients (Ford, 1963). Briere (1992) hypothesised that issues related to child abuse, including countertransference, may adversely affect the competency of helping professionals. Some researchers have argued that experiencing an accumulation of childhood maltreatment, especially emotional abuse, and neglect, can increase the risk of helping professionals experiencing secondary traumatic stress (Figley, 1993; Nelson-Gardell and Harris, 2003). Elliott and Guy (1993) dispute these findings, arguing female therapists, whilst indicating high rates of childhood adversity, experience no greater, in fact significantly less, psychological distress than other professionals.

Although research exploring the relationship between childhood adversity and maltreatment and career choice exists (Nikcevic et al., 2007; Fussell & Bonney, 1990; Reilly & D'Amico, 2008; Elliot & Briere, 1992; Nelson-Gardell & Harris, 2003), there is minimal current research in this area. There appears to be no recent literature exploring the specific link between cumulative harm and career choice in the helping professions. Minimal to no research could be located in relation to the specific impact of cumulative harm on academic performance and professional capacity in the helping professions. Therefore, this study seeks to contribute new and valuable information to the field regarding the effect of cumulative harm on the preservice professional, both positive and negative.

Bridging Cumulative Harm and Career Choice

There is an agreement in the research relating to child abuse and neglect that multiple and chronic experiences of child maltreatment are more prevalent than single and episodic abuse. The child maltreatment literature clearly articulates that accumulation is a powerful predictor of poor outcomes in adulthood with cumulative harm being the label attributed to the impact of an accumulation of childhood maltreatment experiences (Felitti et al., 1998; Edwards et al., 2003; Bromfield & Higgins, 2005; Bromfield et al., 2007; MacKenzie et al., 2011a; Finkelhor et al.,

2007a; 2007b). The impact of cumulative harm is pervasive and far-reaching, having implications for a child's physical and mental health and behaviour, well into adulthood (Felitti et al., 1998; Edwards et al., 2003, Finkelhor et al., 2007b).

An individual's life course trajectory includes vocational experiences; therefore, the negative impact of cumulative harm on the life course can directly affect career decision-making and professional success. This view is well supported in the literature pertaining to childhood, broadly speaking, and its influence on vocational development. We can therefore assume that adversity and trauma in childhood, such as experiences through cumulative harm, would contribute to career decision-making. A body of literature identifies the role trauma can play in career decision-making, highlighting altruism and remediation as key elements in motivation. Whist studies do exist, drawing the link between trauma and career, these are all profession-specific, focused on either a positive or a negative impact rather than exploring the benefits and disadvantages simultaneously and there is no research in the Australian context. This illustrates the current gap in the literature pertaining specifically to cumulative harm and its influence on career choice, thus this study is proposed to explore the lived experience of cumulative harm from the perspective of adulthood, as it pertains to career decision-making and academic and professional capacity, within the helping professions

Chapter Summary

This literature review has highlighted the evolution of the concept of cumulative harm and the impact of the accumulation of life course trajectories. We understand from the existing research that chronicity and multiplicity characterise the maltreatment experience. Additionally, the impact of maltreatment and adversity in childhood had a 'dose-like' relationship, in that as events accumulate, the negative outcomes mount, and the capacity to endure may diminish.

The review has further illustrated the body of research that emphasises the role of childhood experiences in influencing vocational choice and behaviour. Foundational works and theoretical contributions have provided strong scaffolding, however, there has been no recent work progressing the research exploring the lived experience of cumulative harm and its impact, nor investigating perspectives from adulthood, in particular the influence on career decision making.

Figure 1

Contribution of literature to the Research Question
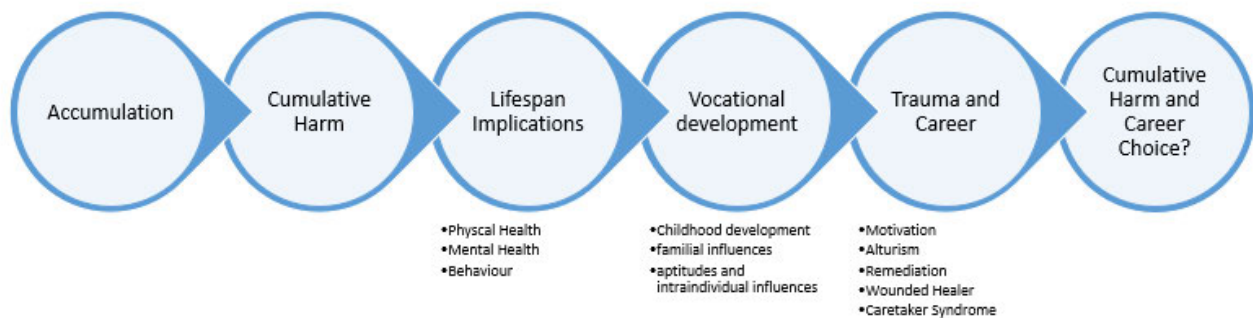
This research endeavour aims to contribute to the existing body of knowledge regarding cumulative harm and its impact on individuals by exploring, defining and explaining the phenomenon of cumulative harm and determining the impact it has on professional capacity, both positive and negative. Drawing on various perspectives of chronic maltreatment, re-victimisation, complex trauma, post-traumatic distress and post-traumatic growth, the project seeks to investigate the factors mitigating harm and promoting growth following adversity, including pathways to careers in the helping professions. Ultimately the goal is to give a voice to those who have experienced cumulative harm, from the perspective of adulthood and utilising a mixed-methods approach to achieve a holistic exploration, resulting in the construction of a model by which to assess the phenomenon and promote prevention, intervention and self-reflection in helping professionals.

CHAPTER 3: METHODOLOGY AND RESEARCH DESIGN

This chapter outlines the theoretical models used in this research and discusses how these were applied to the current research. The chapter includes a description of the cumulative ecological transactional model, social cognitive career theory, and career construction theory that have guided this research. The integration of the three models were considered appropriate as all models include intrinsic and extrinsic factors which may influence vocational decision-making.

An overall mixed-method research design is discussed, including the three phases of the research. Each study's aims, participants, and a general overview of the types of data analyses used are presented.

Theoretical Framework

Figure 2

Theoretical Framework Diagram
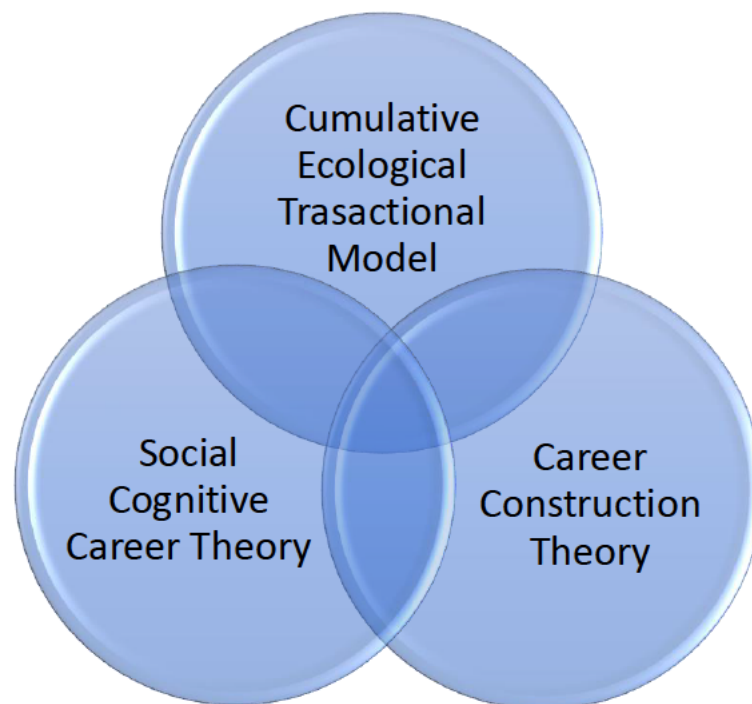
Cumulative Ecological Transactional Model

Ecological theories (Bronfenbrenner, 1977) have historically been concerned with the contexts which influence a child's environment, a transactional model was then applied to account for the reciprocal interactions between child, caregiver and

environment, particularly as they pertain to experiences of maltreatment (Cicchetti & Rizley, 1981). The ecological and transactional models were formally integrated by Cicchetti and Lynch (1993) in their proposed ecological-transactional model which acknowledged the complexity of family systems and permitted the examination of the processes involved in both aetiology and outcomes associated with child maltreatment (MacKenzie et al., 2011, p.1639). To account for the notion of accumulation within these contexts and interactions, MacKenzie and colleagues (2011) state "what is needed is an appreciation for the role that factors at all levels of the ecology play in mutually conspiring to create a milieu that either protects against or fosters parent-child relationships disturbances and maltreatment" (p.1639). The cumulative Ecological Transactional Risk Model assumes that the accumulation of factors rather than any single factor has high predictive power for negative outcomes and is supported empirically in medical, social and psychological domains (Appleyard et al., 2005; Begle et al., 2010; Mackenzie et al. 2011; Tarren-Sweeney, 2008; Sameroff et al., 1998). This understanding of contexts and systems is as applicable to career decision-making as it is to the aetiology and consequences of maltreatment.

Social Cognitive Career Theory

Social Cognitive Career Theory (SCCT; Lent et al., 2002) acknowledges both internal and external factors that transact and interact to influence career decision-making. SCCT integrates the role of environmental influences on the development and pursuit of career and educational choices, as well as performance and persistence (Chronister & McWhirter, 2003). Additionally, SCCT has been identified as valuable and useful in understanding and responding to the career development concerns of marginalised and oppressed groups such as African American women, incarcerated women, and women who experience domestic violence (Chronister & McWhirter, 2003). This theory aligns with the proposed research and informs the theoretical understanding of vocational development and decision-making. Social is concerned with explaining three interrelated aspects of career development: (1) how basic academic and career interests develop, (2) how educational and career choices are made, and (3) how academic and career success is achieved (Lent, Brown, & Hackett, 2002). The theory has been extended to several subpopulations (e.g., persons with disabilities, and women in specific cultures) have appeared, and

the theory has been applied to the study of career behaviour in a number of countries and cultural contexts, which speaks to its suitability in the proposed study, in its application to individuals who have experienced cumulative harm (Lent, et al., 2002).

Figure 3

A simplified view of how career-related interests and choices develop over time, according to SCCT
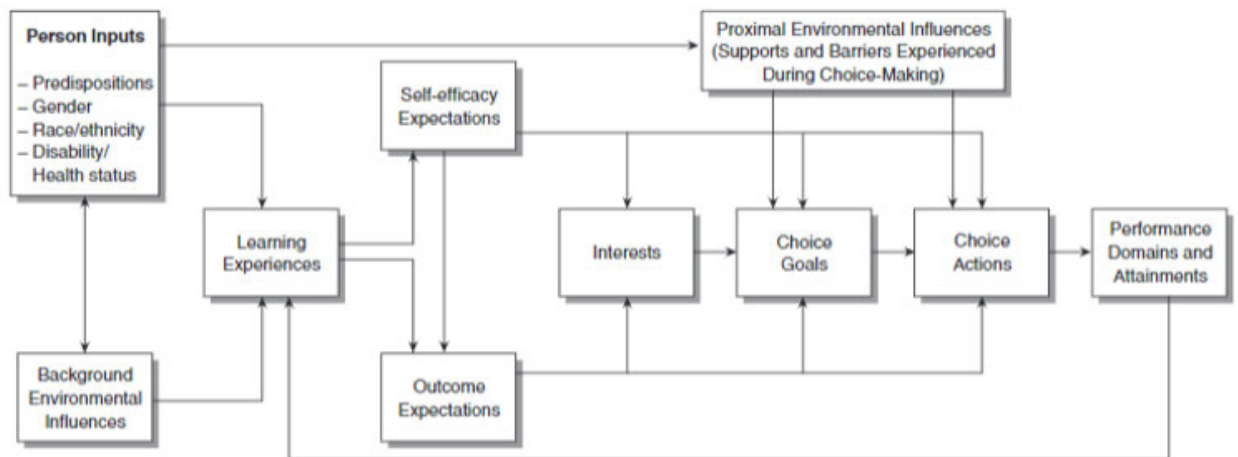
Note: Diagram from Lent, R. W., Brown, S. D., & Hackett, G. (2002). Social cognitive career theory. *Career choice and development*, *4*(1), 255-311.

Career Construction Theory

Career construction theory emphasises the motivating influence of adaptation on human development, considering the contextual and cultural perspectives which inform adaptation and niche-making (Savickas, 2005; Savickas et al., 2009; Savickas & Porfeli, 2012). Through the lens of career construction, "an occupation is a mechanism of social integration or connection, one that offers a strategy for sustaining oneself in society" and thus adaptation involves the social expectations an individual engages in to prepare for, enter and participate in, their work role (Savickas & Porfeli, 2012, p.661). According to Savickas and Porfeli (2012) adaptation is,

> "…motivated and guided by the goal of bringing inner needs and outer opportunities into harmony, with the harmonics of a good fit amplifying in present activity the individual's past preoccupations and current aspirations. Adaptation, or goodness of fit, is indicated by success, satisfaction, and development" (p.662)

Savickas (2005) argues that careers are constructed subjectively, by imposing personal meaning on memories, present experiences, and future aspirations which forms a narrative that spans an individual's vocational life course. When this approach is considered through the lens of cumulative childhood adversity and harm connections can be made between the traumatic early life experiences of helping professionals, resultant development of self-concept, individual traits and characteristics, and the formation of "life theme that patterns the individual's work life" (Savickas, 2005, p.43). These three theories, CCT, SCCT, and the Cumulative Ecological Transactional Model provide the foundation on which to explore the research question, *How does the lived experience of cumulative harm influence the choice to enter the helping professions?*

Research Paradigm

The perspectives inherent to the researcher, including what can be known (ontology), and how we construct knowledge (epistemology), heavily underscore research. The researcher's position within these philosophical dynamics greatly influences the research journey; the methods, approaches and contributions made. To understand the research, it is also imperative to understand the voice of the researcher within it. Thus, ontology and epistemology form the foundations of the research paradigm and are crucial in highlighting the voice of the researcher in any study (Maxwell, 2013). I have adopted an interpretivist/constructivist research paradigm in my theoretical approach to this study. Interpretivist/constructivist approaches seek to understand the world through human experience (Cohen & Manion, 1994). The interpretivist/constructivist view purports to rely significantly on the voices of the participants and their views of the situation being studied (Creswell, 2003). According to Sipe and Constable (1996), an interpretivist paradigm encompasses an "ongoing, reciprocal influence between the researcher and the researched and the researched are not subjects, but rather valued "others," whose perspectives and worldview the researcher attempts to discover" (p.154). This approach affords adequate recognition of the impact of the researcher's *self* on the approaches, methods, and interpretations that result from the studies undertaken. Constructivists "generate or inductively develop a theory or pattern of meanings" (Creswell, 2003, p.9) and implement a combination of both qualitative and quantitative methods, often utilising quantitative data to support or expand upon

qualitative data and effectively deepen the description (Mackenzie & Knipe, 2006). This approach is reflected in my methodology as outlined later in this paper.

Complimentarily, Pragmatism is a paradigm that advocates the use of mixed methods approaches and, "sidesteps the contentious issues of truth and reality" (Feilzer 2010, p. 8), and "focuses instead on 'what works' as the truth regarding the research questions under investigation" (Tashakkori & Teddlie 2003, p. 713). I adopt a pragmatic stance as the philosophical focus is on meaning-making through experience; that an individual takes action and experiences outcomes (Denzin, 2012). An interpretivist/constructivist, pragmatic paradigm reflects most accurately my philosophical assumptions, reflected in the research question and objectives, which prioritise voice, perspective, communication transactions and the transition from understanding (lived experience and impact) to action (a construct or measure of impact).

Ontology

Ontology is defined as the philosophical nature of being, of what *is* and provides the underlying thread woven throughout the research endeavour. Ontology conveys the researcher's assumptions about the content of a study and its place within the world (Neuman, 2011). I have embraced a critical realist perspective (Maxwell, 2013) in my approach to the research inquiry into the lived experience of cumulative harm and its influence on carer choice. This perspective assumes the 'real world' exists irrespective of humans and their interpretations (Neuman, 2011). This ontological approach builds on the 'what you see is what you get' mentality of realism and affords a certain scepticism, which acknowledges that our perception of reality can be distorted or contaminated by pre-existing ideas, beliefs and values (Neuman, 2011).

Critical realism "distinguishes between empirical reality (experienced) and actual reality, "what is there or what happens whether we experience it or not" (Bazeley, 2013, p.21). This reflects a constructivist view that acknowledges, that whilst reality continues to exist regardless of our participation in it, perceptions of reality change depending on an individual's experiences and values. My ontological stance is a reflection of my innate belief that *reality* exists regardless of our interactions with it but does afford due weight to the many *realities* that are possible due to perception, interpretation and subjectivity. This ontology is evident in the use

of a mixed-methods interpretivist approach, as later outlined, which argues the value of hearing many voices through one's research. The mixed-methods paradigm, also argues the importance of obtaining an interview and survey data, to inform the researcher as to how constructed realities are formed by different voices.

Epistemology

Whilst ontologically, reality exists regardless of our participation in it, epistemologically, we construe reality as we interact with it (Sayer, 2000). Epistemology is defined as our theory of how reality is known and understood (Bazeley, 2013) and "is concerned with the origins, nature, methods and limits of human knowledge" (Reber & Reber, 2001). I espouse symbolic interactionism to inform my epistemological view. Symbolic interactionism asserts that humans define their environment rather than merely respond to it and are dynamic and active participants in their reality, rather than static and passive (Charon, 2010). This perceptive reflects my epistemological attitude, as it regards humans as active in their environments and gives adequate acknowledgement to the role of contextual influences. Charon (2010) draws links between meaning-making, contextual understanding and behaviours as we experience reality as individuals. This perspective draws on the pragmatic, and interpretivist, philosophy that emphasises four epistemological perspectives:

- Humans interpret rather than merely respond to their environments.

- Humans believe that which is applicable in the external world

- Humans' attention is selective, based on the usefulness of the object.

- To understand human 'beings' we must understand human action, its causes and consequences.

(Adapted from Charon, 2010, p.30-31)

This pragmatic approach, and its derivative, symbolic interactionism, is consistent with a constructivist epistemology that makes the assumption truth is defined and constructed by the individual in context (Charmaz, 2006). Equally, the complexities of the human condition cannot be adequately understood through one lens and as such, there is cohesion between the philosophical positions of

interpretivism, pragmatism, symbolic interactionism, critical realism, and constructivism.

Axiology

Axiology accounts for the role of values and ethics in inquiry and has long been debated in the literature (Neuman, 2011). Whilst a positivist perspective holds the view that values should be eliminated from research, the interpretive researcher "reflects on, re-examines and analyses personal points of view and feelings as part of the process of studying others" (Neuman, 2011, p.107). Pragmatism, the attitude most closely aligned with my own beliefs as the researcher, argues values play a significant role in the interpretation of data and the researcher holds both an objective and subjective position within the investigative process (Saunders, et al., 2016). Similarly, critical realism adopts the axiological position, based on the belief that reality is contextual and dynamic, that research is value-laden and effort is made to acknowledge one's own worldview and potential bias so as to remain as objective as possible. Values, in this perspective, are actively acknowledged and managed. I vehemently believe values are indelibly embedded in our core as humans, thus, as researchers, it is impossible to eradicate or deny the role our values, beliefs and biases play in all aspects of inquiry.   Who I am as a person is who I am as a researcher and this reciprocal relationship poses benefits and challenges in the axiological domain. Just as self-awareness can arm against biases and triggers in the counselling arena, this same mindfulness of value-laden action can protect against misalignments in the axiological sphere of influence.

Research Design

The methodological features of the three Studies of this research project are summarized in Table 1. In the proposed research, inductive qualitative methods will be used to develop a comprehensive understanding of cumulative harm. This will form the basis of study two and will use IPA to explore the lived experience of cumulative harm in adults and understand its influence in the context of pre-service helping professionals. Following an inductive-deductive mixed-methods cycle, study three will use quantitative measures, to confirm the relationships identified in study one, and to validate the findings proposed and the scale developed. The intention of this strategy is to determine if qualitative themes can be generalised to a larger

sample. Qualitative results are interpreted first, then the use of qualitative results is reported, and then quantitative results are presented (Creswell, 2014).

The combination of quantitative and qualitative methodology, in the mixed-method paradigm, will ensure the research question is adequately answered (Rowan & Wulff, 2007). This mixed-method approach will value the voices of those who have lived the experience of cumulative harm. This will be achieved through qualitative methods (Smith et al., 2009), will address the potential recall bias present in self-reporting, and ensure the relationships identified and the instrument constructed are validated and deemed reliable, through quantitative analysis (Rowan & Wulff, 2007).

Table 1

Research Phases and Design

Phase	Study	Research Aims	Design	Data Collection	Analysis	Findings
Phase 1	Study 1	1. To summarise existing evidence regarding cumulative childhood trauma and abuse and career decision making 2. To accurately identify the gap in the literature and assist in positioning my proposed research appropriately	Systematic Literature Review	PRISMA Protocol CASP used to assess quality of Qualitative and mixed method studies STROBE used to assess quality of quantitative studies	Thematic Analysis	Findings will inform synthesise the existing evidence base, and will identify the literature gap, in order to position study 2 and 3. The SLR will also inform the development of the interview

					schedule for Study 2.
Phase 2	Study 2	1. To explore the lived experience of cumulative harm and career decision making, 2. To contribute to survey development	Qualitative – Interpretive Phenomenological Analysis (IPA)	Purposive sample of helping professionals Semi structures Interviews	IPA specific analysis	The product of the research is a thematic description of the common elements of the lived experience These construct domains will inform factors from which an item pool will be generated.

					This item pool will inform the construction of the initial instrument/scale for dissemination in study three.
Phase 3	Pilot testing of survey developed from Study 2 findings.	1. To examine the reliability and validity of study measures to inform Study 3, using a small sample of helping professionals (n=6). 2. 2. To obtain student feedback about the Survey from a small group of helping professionals (n=6).	Quantitative – Survey Design	Purposive sampling Helping professionals Draft survey	NA	Once the themes, drawn from Study 2 have been utilised to construct a draft of the survey, a pilot study, of approximately 6 participants, will be employed to test for face

					validity, prior to the commencement of Study 3.
Phase 3	Study 3	1. To enrich the generalisability of the qualitative data collected in Study 2. 2. To test, revise and confirm the construct domains, latent factors and item pool. 3. To contribute to the goal of constructing a measure or tool for self-reflection as it will allow in an iterative process	Quantitative – Survey Design	Convenience Sample Pre service and current helping professions enrolled or working in fields associated with helping professions across Austral, Ireland, USA,	CFA Correlation Analysis Regression Analysis	Findings will enrich the generalisability of the qualitative data collected in Study 2 regarding the lived experience of cumulative harm and impact on career decision making and career performance.

	UK, Scotland and Canada.	Findings will contribute to the goal of constructing a measure or tool for self-reflection.

An Exploratory Sequential Mixed Methods Approach

The primary goal in methodological decision-making is the likelihood that the approaches selected will ultimately generate the results necessary to answer the research question. The aim of this study is two-fold: to explore the lived experience of cumulative harm in adults and the impact this has on career choice, and to construct a means of assessing and measuring the presence and impact of cumulative harm in preservice professionals. Scale development is used for developing and validating measures of latent social-psychological constructs, accomplished via self-report measures on which multiple items or indicators are used to 'scale' a construct (Netemeyer et al., 2003).

Whilst often criticised for its seemingly contradictory paradigm, mixed methods research is often selected as a situational and flexible choice in relation to the phenomenon studied (Creswell & Plano Clark, 2007; Teddlie & Tashakkori, 2009). I have chosen a mixed methods approach as it aligns with my goals for my research and my philosophical assumptions, embedded in the paradigm of pragmatism, in its capacity to attribute equal value to the voices heard (qualitative) and the practical application (quantitative) of the data gathered.

Mertens (2007) indicates a mixed-methods approach provides a framework for addressing and understanding power issues, social justice and cultural complexity, throughout the investigative process. The qualitative element serves to gather perspectives from a range of voices, while the quantitative data provides opportunities to demonstrate outcomes that have credibility and trustworthiness for the broader community. Through the interpretivist paradigm, we can adopt a "mixed methods interpretivism" to understand relationships from an insider's perspective (Howe, 2004, 2011). In this way, quantitative methods would have an auxiliary role, with the emphasis on understanding people on their own terms and in their own social setting. According to Howe, "mixed methods interpretivism, based on democratic involvement, seeks inclusion and dialogue with a variety of participants to ensure all relevant voices are heard" (Howe, 2004, p. 54).

Padgett (1998) and Weiss (1994) provide a rationale for the use of qualitative interviewing as a means of preparing for quantitative studies. Rowan and Wulff (2007) argue that "by conducting qualitative interviews prior to surveys, key information from participants in specific social/behavioural circumstances can enrich

the quality of the research (p.450). An exploratory sequential mixed methods approach begins with qualitative methodology, and then, using the findings, develops a quantitative instrument (Creswell, 2015). By building data, one data set (qualitative) is used to inform the design of the second study or phase of research (quantitative) (Leavy, 2017).

Study One Methodology: Systematic Literature Review

Prior to the commencement of Studies 2 and 3, I engaged in a Systematic Literature Review (SLR). The SLR provided a comprehensive review of existing literature pertaining to trauma and career choice, in order to summarise existing evidence, accurately identify the gap in the literature and assist in positioning my proposed research appropriately. The selection of articles involved Cohen's (1990's) method of Preview, Question, Read and Summarise (PQRS) (Cronin, Ryan & Coughlan, 2008). The PRISMA statement and checklists (Moher, et al., 2009) were employed to establish a systematic review protocol. The SLR is detailed in Chapter 4 and was published in *Trauma Violence and Abuse* in 2021 (see Bryce et al., 2021).

Study Two: Qualitative Methodology

Social Constructivism

Study two heavily reflects the philosophical assumption of the researcher, espoused in Chapter 2, of social constructivism and interpretivism. Constructivism purports that individuals mentally construct their perceptions of the world cognitively (Young & Collin, 2004). However, Martin and Sugarman (1999) argued that there are inherent failures in constructivism which lie in its reliance on ''an individually sovereign process of cognitive construction to explain how human beings are able to share so much socially, to interpret, understand, influence, and coordinate their activities with one another'' (p. 9). Essentially, they argue that constructivism prioritises a highly individualistic approach without giving due credence to social interaction, contexts, and discourses that make self-reflection, meaning-making, autobiography, and thus career, possible. To some extent, this failure has been addressed by social constructivists (Bruner, 1990; Vygotsky, 1978) who have moved to a more socially aware explanation and challenged the dualist assumptions of constructivism (Young & Collins, 2004).

Social Constructivists hold that ''knowledge in some area is the product of our social practices and institutions, or of the interactions and negotiations between

relevant social groups'' (Gasper, 1999, p. 855). Broadly speaking, social constructionism argues that knowledge is sustained by social processes and knowledge and social action exist in tandem. Martin and Sugarman (1999) emphasise that the construction of knowledge is an interactional and rhetorical process and reifies and externalizes the mental world which itself is constructed through discourse. Social constructivism covers a range of views the acknowledgement of social factors which shape interpretations, to the ways in which the social world is constructed by social processes and relational practices. Gergen (2001b) posits that social construction ''asks a new set of questions—often evaluative, political, and pragmatic—regarding the choices one makes'' (p. 2).

As career represents a unique interaction of self and social experience, social constructivism is highly relevant to career construction and vocational decision-making. Savickas (1993) argued the career development has reformed itself into an interpretive discipline. An explicitly constructivist perspective informs the Career Construction Theory of Savickas' (2002), a major revision of Super's (1953) theory of vocational development, which is discussed in Chapter 5. The social constructivist discourse is concerned with that interaction from the perspective of the individual, specifically how the individual constructs the self over time, and in context, and includes self-definition, self and agency, purpose, and subjectivity; as well as particular forms of construction such as narrative, autobiography, life story, and the subjective career. Thus, the concept of career is particularly amenable to the influences of social constructivism with its focus on the construction of meaning (Young & Collins, 2004). The notion of the subjective career, conceived by sociologists, represented this concern with the individual's perspective (Goffman, 1959; Hughes, 1937; Stebbins, 1970), and phenomenology has been viewed as a favourable way to study it (e.g., Collin, 1986; O'Donovan-Polten, 2001; Teixeira & Gomes, 2000).

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is a phenomenological methodological approach and is concerned with how participants themselves make sense of their experiences (Smith & Osborn, 2007). IPA, is inductive in nature, beginning with no preconceived hypothesis and aims to capture and explore the meanings participants assign to their experiences (Reid, Flowers & Larkin, 2005).

According to Smith, Flowers and Larking (2009) IPA research aims to engage with the meaning-making individuals engage in when they reflect on the significance of a major event or situation in their lives, such as important decisions and transitions. In this study, IPA facilitated the acquisition of first-hand experiences of cumulative harm most accurately and articulately, from those who had endured the lived experience.

Moustakas (1994) emphasised that subjective experience of a phenomenon, whilst being unique to each person's perceptions, also has at its core an essence of that experience (Moustakas, 1994; Smith et al., 2009). The essence of a person's experience is universally applied in that it possessed characteristics in common with others (Burke & Christensen, 2017; Moustakas, 1994). In this way, the study uses IPA to search for universal experiences of cumulative harm that inform career decision-making in the helping professions. The study starts with a person's unique experience and iteratively works towards a shared experience (Burke & Christensen, 2017; Smith et al., 2009).

Credibility and Reliability

Reflective Journaling

There have been numerous attempts to capture the quality and validity of qualitative research both broadly (Hammersley, 2008) and across the helping professions more specifically (Barusch et al., 2001; Rolfe, 2006; Yardley, 2000). Smith and colleagues (2009) applied Yardley's 4 broad principles of measuring validity and quality to IPA; sensitivity to context, commitment and rigour, transparency and coherence and finally impact and importance. It has been argued that keeping a reflective journal permits a critical stance to be taken on each of the aforementioned criteria denoting quality and validity in IPA. Furthermore, according to Vicary et al., (2017) "the writing of the journal enacts some of the criteria (e.g. in producing an audit trail) whilst also recording and reflectively prompting the process of learning, interpretation and bracketing, thus evidencing transparency" (p.553). According to Brocki and Wearden (2006) the quality and validity of the final analysis is determined by the "personal analytical work done at each stage of the procedure" (p. 96).

Reflective journaling practice aims to make visible to the reader the constructed nature of research outcomes, a construction that "originates in the various choices and decisions researchers undertake during the process of researching" (Mruck &

Breuer, p. 3). Rather than denying the researcher within the research, attempting to control researcher values through the method, or by bracketing assumptions, the aim is to consciously acknowledge those values (Ortlipp, 2008). Reflective journaling is a strategy that can facilitate reflexivity, whereby researchers use this process to examine "personal assumptions and goals and clarify individual belief systems and subjectivities" (Russell & Kelly, 2002, p. 2). Keeping reflections enables the researcher to acknowledge and make visible opinions, values, prior conceptions, and beliefs as part of the research design, data generation, analysis, and interpretation process (Ortlipp, 2008), thereby, achieving transparency in the research process.

I, Researcher

I do not come to this research as a blank slate, 'tabula rasa'. Rather, I hold over 30 years of personal lived experience, and over 10 years of accrued practice wisdom to contribute to this study. This study seeks to obtain the lived experiences of cumulative harm from those who have endured it, their story, and their words. The IPA methodology seeks my interpretation of these voices, these stories, as a privileged witness to their delivery.

As the child of a parent who had endured cumulative harm; as a practitioner who has been the receiver of hundreds of first-hand disclosures of abuse and neglect by children who should be too young to know the meaning of the words they are using to express their victimisations, it would be impossible not to lay my prior experiences like a muslin veil over the accounts of participants in this study. Difficult not to at least compare, to contrast, and to add these voices to the hundreds of narratives of trauma and harm I have collected over my lifetime.

This journal serves as a space to acknowledge this veil, to call it out and to place it to one side, consciously committing to hearing each account of the lived experience of cumulative harm from these eleven brave and courageous participants with new eyes, untainted by the stories that have come before; each deserving of their own privileged hearing.

Reflecting on Process

Prior to utilising this reflective journal as a place to document my thoughts throughout the analysis of the accounts provided by the participants, I would first like to reflect on the process of interviewing itself. I am the *instrument of data collection*, thus my approach, all that I bring to the research endeavour, forms part of my

mechanism as said instrument. These mechanisms, are all accounted for in my philosophical assumptions and methodological approaches, they broach the 'why' of all my research choices.

Having spent a significant portion of my career as an investigator for child protection, gathering evidence, interviewing various parties and investigating allegations of crime and abuse, interviewing is natural for me. I have significant expertise in the interviewing of children, vulnerable persons, perpetrators and offenders, of interviewing to gather evidence in a forensic setting. A deft hand at interrogation and purposeful information gathering, drawing out a narrative without leading or contaminating. However, whilst many of those skills were transferable to this context, I found it required deliberate and conscious effort to move my facilitation style from interrogation to facilitation. I felt this change was evidenced in the questioning style of my first interview, as compared to later interviews. This illustrates the subtle nuances of the skill of interviewing in context and the 'ghosts of roles past' which accompany the researcher and influence the experience of the interview for the interviewee.

Another process I have engaged in was to make notes, and explanatory comments and record words that seemed to be significant to the interviewee, repeated or emphasised words used through the interviews, during the initial read-through of transcripts, at the commencement of coding. I consulted these notes following the analysis of each transcript, at the time of recording patterns of repetitions across the set of interviews, to see if I missed anything that was 'significant' at the time or repeated across all 11 transcripts. This formed an iterative process of reading and recording/highlighting, then reading and reviewing, until a comprehensive table of themes was constructed.

Reflections During Analysis and Coding

To minimize my background as a child protection worker and helping professional clouding or biasing the analysis, careful attention was paid to monitoring my personal feelings and remaining cognizant of instances when I might have begun to insert my own "reality" or perception of reality into the analysis. I maintained a Reflective Journal following the analysis of each interview to monitor this process, and the entries afforded me the opportunity to capture initial thoughts and feelings immediately following the interviews; the journal was also brought out upon initial

and subsequent readings of the transcripts. This journal enabled me to not only bracket my own thinking but also to help sort out preliminary impressions and reactions to interviews that were later called upon to help inform thinking or questioning during the iterative analysis process. Acceptance of this prior experience and initial impressions captured in the journal helped to create transparency and align with the underlying theoretical approach of the method. Interpretation is crucial to meaning-making, and the overall purpose of this research, as the study focuses not only on understanding individual experiences but also on understanding how those experiences are connected to the wider social, cultural, and theoretical contexts from which they arise. Reflective Journal Entries are attached as Appendix C.

In order to ensure the validity and quality of the results, I employed Yardley's (2000) criteria for validity, as recommended by other qualitative researchers (Heffron & Gil-Rodriguez, 2011; Smith, Flowers, & Larkin, 2009). Yardley proposed a quality assessment framework that can be applied to a variety of qualitative studies, including IPA (Smith, Flowers, & Larkin, 2009). Yardley (2000) details four principles for assessing the merits of qualitative work: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance, noting that these principles are flexible in their application, but should coincide with qualitative methodologies Yardley's (2000) criteria were used to ensure that research is indeed credible, both in terms of technique and interpretation, and that the results are an accurate representation of the participants' lived experiences of cumulative harm.

Sensitivity to Context. According to Yardley (2000), a credible qualitative study shows sensitivity to context. In order to thoroughly understand the participants' lived experience of cumulative harm and its influence on their vocational decision making an extensive systematic literature review was conducted to synthesise the existing body of evidence of trauma and career decision-making. The literature was used to inform on past and current influences. This literature, which was more fully explored in Chapter 4, assisted in the development of research questions and the interview schedule used in the present study (Study 2), thereby improving my understanding of the participants' experiences.

In addition to outside sources of knowledge, my direct experience as a Counsellor and front-line child protection worker with extensive practice experience

in the helping professions and with victims of child maltreatment provided insights into the lived experience of cumulative harm and career decision-making. Although I took great care to bracket out this prior knowledge through the use of a reflective journal, and was aware of her potential biases, in many ways these personal experiences created a level of sensitivity and understanding that may not have existed without this prior experience.

The selection of IPA as the methodology for Study 2, underpinned by my epistemological position discussed earlier, acknowledges the importance of context and how it shapes the participant's understanding and recollection of particular situations and experiences. The IPA approach embraces the varied contextual perceptions of experiences and uses them as part of the interpretative process.

Additionally, IPA methodology assists in establishing sensitivity to context through the prioritisation of participants' own words in exploring and describing the phenomena to be studied in order to support the interpretations and claims that are being made (Smith et al.,2009). I took great care in selecting verbatim extracts so as to support interpretations and highlight unique perspectives and understandings of cumulative harm and the influence on career choice.

Commitment and Rigor. Yardley (2000) defined commitment as a "prolonged engagement with the topic (not necessarily just as a researcher, but also in the capacity of the sufferer, carer etc.), the development of competence and skill in the methods used, and immersion in the relevant data (whether theoretical or empirical)" (p. 221). I began exploring this topic in 2012 whist in direct practice as a helping professional and has spent a considerable amount of time building on prior knowledge about cumulative harm, career construction and trauma narratives. Rigour was established through in-depth interviewing processes, as well as through in-depth analyses and presentations of the data. The small sample size allowed for an intensive analysis and interpretation of themes. Each assumption and theme were linked back to specific quotes from participants, and interpretations were therefore fully explained and grounded in the experiences of the participants.

Transparency and Coherence. Transparency was established by thoroughly describing the research methods and analysis process. In addition to providing extensive descriptions of how each level of coding was approached, I provided tables that were used to illustrate the coding process, as well as track and organise

the data. I also recognised the importance of interpretation in IPA and worked to adhere to the principles of IPA so as to produce a quality analysis. I worked diligently to present a coherent and organized presentation of the data, interpretations, and an overall analysis of the research. Transparency was also achieved by clearly stating the limitations and delimitations of the study in later sections of this paper.

Impact and Importance. Smith, Flowers, and Larkin (2009) and Yardley (2000) assert that the true test of validity lies not in whether or not the study can be replicated, but in whether its methods have been clearly articulated and whether it presents information and knowledge that is useful, engaging, and important. This study will result in a more comprehensive understanding of cumulative harm. The focus on career choice and the impact of cumulative harm on decision making, academic success and professional capacity will provide a new body of information to the field as this has not been explored to date. It is also expected that an exploration of factors that mitigate the impact of ACEs, specific to cumulative harm and career decision-making, will provide a new layer of understanding to the positive psychology perspective of adversarial growth.

Study Three Methodology: Quantitative Survey

Survey Research

A precedent exists whereby qualitative interviewing is used to prepare for quantitative studies, most commonly survey research (Rowan & Wulff, 2007). Survey research is a useful and legitimate approach to research that has clear benefits in helping to describe and explore variables and constructs of interest (Ponto, 2015). Given its social and scientific capacity, survey research is espoused as a research methodology that permits social researchers to address their concerns about the meaning and value of our work (Visser, Krosnick and Lavrakas, 2000). Quantitative survey research would enrich the generalisability of the qualitative data collected, especially when using small samples as is appropriate in IPA. Quantitative survey research will contribute to the goal of constructing a measure or tool for self-reflection as it will allow the construct domains, latent factors and item pool to be tested, revised and confirmed in an iterative process (Netemeyer, Bearden and Sharma, 2003). Further to this, quantitative survey research reflects my philosophical assumptions of pragmatism and interpretivism, evident in the research goal of

transitioning from understanding (lived experience and impact of cumulative harm) to action (a construct or measure of impact).

Survey Development

The product of the qualitative study was a thematic description of the common elements of the lived experience (Starks & Trinidad, 2007). These construct domains inform factors from which an item pool was generated. This item pool informed the construction of the initial instrument/scale for dissemination in study three. Superordinate and sub-themes from the qualitative study were converted into construct domains and factors respectively. An item pool was developed to reflect these themes.

Cross-sectional surveys involve the collection of data at a single point in time from a sample drawn from a specified population (Visser et al., 2000; Fraenkel & Wallen, 2012; Ponto, 2015). Cross-sectional surveys afford the researcher the opportunity to assess relationships between variables and differences between subgroups in a population, as well as the causal impact of variables (Visser et al., 2000). The instrument was delivered in an electronic format via advertisements placed on study desks, university notice boards for special courses and also via recruitment through Prolific. Utilizing a combination of methods of survey administration can help to ensure better sample coverage, therefore reducing coverage error (inadequate sampling) (Dillman et al., 2009).

Factor analysis will be used to analyse the quantitative data, According to Pett et al. (2003):

> Factor analysis represents a complex array of structure-analysing procedures used to identify the interrelationships among large set of observed variables, and then, through data reduction, to group a smaller set of these variables into dimensions or *factors* that have common characteristics. (p.2)

Correlations will also be explored, and regression and mediation modelling will be employed using the Hayes process macro for SPSS (Hayes, 2013), which uses a regression-based approach to mediation.

Methodological Considerations

Recall bias is considered a potential challenge in studies one and two. Recall bias has been described in terms of 'embroidery' of personal history by

respondents (Raphael, 1987). Given the nature of the research being conducted and the reliance of the participants to share their stories with the researcher in their own words, there is a likelihood that past events may be described in an inflated or minimised manner. The literature on this challenge recommends that carefully and deliberately constructed questions be used to mask intent and to use validating scales to acquire further data (Van De Mheen et al., 1998). To address this challenge, I have employed Yardley's (2000) criteria for validity, as detailed above, and a face validity test will be employed at the conclusion of study two, using a small focus group, to assist in validating the questionnaire items derived from the IPA study, which is prone to recall bias. The use of exploratory and confirmatory factor analyses, which were applied to the data gathered from study three, and disseminated to 384 participants, further reduced the influence of recall bias on the overall findings

Chapter Summary

As both career decision-making and childhood experiences are complex and heterogeneous, it was imperative to consider which theoretical models would help to understand key factors and give due weight to environmental and contextual influences. In this case, the integration of the cumulative ecological transactional model of maltreatment, with the equally contextually focused approach of SCCT, and the CCT's enmeshment of life themes and vocational narratives were considered appropriate to guide the research. All models include intrinsic and extrinsic factors which may influence vocational decision-making.

To address the research aims, it was important to consider a research design that would be best suited to not only understanding relationships between cumulative harm and career choice, but that would elicit a narrative from participants that would provide first-hand accounts of the lived experience of cumulative harm it. Equally, it was important to be able to take those narratives and confirm the generalisability of those experiences to a broader population to ensure beneficial and productive outcomes of the research, hence a mixed-method approach was chosen. As highlighted in this chapter, the first phase of the research involved a systematic literature review with was undertaken to synthesise current research and clarify the gap in order to

position the study. Study 2 sought to explore the lived experience of cumulative harm and career choice through qualitative IPA methods. Study 3 employed quantitative methods through survey research and factor analysis, Structural equation modelling, and path analysis to confirm and generalise the results of Study 2, and to construct a self-reflection tool for preservice helping professionals.

CHAPTER 4: STUDY 1

The present research explores associations between cumulative trauma and adversity suffered in childhood and vocational decision-making and career behaviour. The impact of cumulative adverse childhood events, known as 'cumulative harm' (Bromfield, Gillingham & Higgins, 2007), often result in lifelong consequences (Felitti et al., 1998), including complex trauma. Miller (2007) defined cumulative harm as being the "effects of multiple adverse circumstances and events in a child's life, the impacts of which can be profound and exponential, and diminish a child's sense of safety, stability, and wellbeing" (p.1). The pervasive effects of cumulative harm may influence all aspects of an individual's life course, including relationships, parenting strategies, and career decisions.

The effects of cumulative harm are a concern for researchers, helping professionals, and governments (Bath, 2014; Broadley, 2014; Bromfield et al., 2007; Sheehan, 2018). Trauma experienced early in life may produce life-long outcomes across the major domains of personal and social functioning, with many survivors encountering criminal justice and mental health systems (Felitti et al., 1998; Gilbert et al., 2009; Kwong et al., 2003; Miller-Perrin & Perrin, 2007; Turner et al., 2006). The implications of the lifespan impact of trauma on individuals, families, support services, and social policy for prevention, protection, and intervention, are being clarified (Classen et al., 2005; Price-Robertson et al., 2013; Van Der Kolk et al., 2005).

Seminal works have explored the role childhood experiences play in career choice, including the development of a 'vocational self' (Lent et al., 1994; Saka et al., 2008; Savickas, 2005; Super, 1980), unconscious processes (Bordin et al., 1963; Meijers & Lengelle, 2012; Savickas, 2011) and the influence of early relationships (Blustein, 2011; Blustein et al., 1995). According to Malach-Pines and Yafe-Yanai (2001), an individual is driven to choose a career that reflects childhood experiences, satisfies needs previously unmet in childhood, and actualizes familial aspirations.

Trauma is an essential concept within career construction theory (CCT; Savickas, 2005, 2013) and features in CCT's Proposition 15: "career construction is prompted by vocational development tasks, occupational transitions, and personal traumas and then produced by responses to these life changes" (2005, p. 46). Savickas asserts that *career adaptability* involves the actions of attitudes, beliefs,

and competencies that resolve personal trauma and that *life themes* are the personal truths—stories—which make trauma meaningful. "People strive to actively master what they passively suffer" (Savickas, 2001, p. 55). Thus, through the conceptual lens of CCT, a person's trauma and how it is made meaningful is crucial to understanding their adaptation and career development. According to CCT, Savickas (2013) suggests that people engage in interesting activities to resolve their preoccupations and problems drawn from their family of origin.

Savickas and Porfeli (2012) define career adaptability as the "individual's resources for coping with current and anticipated tasks, transitions, and traumas in their occupational roles that, to some degree large or small, alter their social integration" (p. 662). Whilst self-concept and implementation of self-concept are critical elements, the core of the CCT lies in the integration of these elements to construct life themes, self-defining stories that explore tasks, transitions, and traumas across an individual's vocational life course. Savickas (2005) argued that careers are constructed subjectively by imposing personal meaning on past memories, present experiences, and future aspirations. This meaning-making process forms a narrative that spans an individual's vocational life course. In emphasizing the role of life themes, Savickas (2013) used an example of a helping professional life theme to highlight the meaningfulness of associations between early life trauma and career:

> 'I will become (actor's reputation) so that I can (agent's goal), and in the process (author's theme).' For example, one medical student's mapping sentence was 'I will become a psychiatrist so that I may heal families in crisis and in the process reduce my own feelings of helplessness about my own family's suffering.' (p. 165)

Thus, the traumatic early life experiences of helping professionals may be associated with the development of their self-concepts and a "life theme that patterns the individual's work life" (Savickas, 2005, p.43) resolved as their preoccupation, expressed as a helping occupation.

Research has highlighted a relationship between trauma and career choice (Racusin et al., 1981; Pope et al., 1992; Follette et al., 1994; Elliot & Guy, 1993). However, there is a dearth of research that pertains specifically to cumulative harm and the influence on career choice in the helping professions. Racusin, Abramowitz,

and Winter (1981) found in their study that half of the therapists (participants) they interviewed disclosed abuse, neglect, or household dysfunction in childhood. Similarly, Pope and Feldman-Summers (1992) found 33.1% of mental health professionals reported a history of child abuse, with 36.6% reporting some form of abuse in adulthood. In a study of 558 mental health practitioners and law enforcement personnel, 29.8% of therapists and 19.6% of police officers reported experiencing some form of childhood adversity (Follette et al., 1994). Elliott and Guy (1993) also concluded that women working in helping professions experienced higher rates of childhood trauma than women in other fields. Adverse experiences in childhood may increase risks of bias, countertransference, or diminished objectivity, but a personal history of trauma can also provide strengths that may support an individual's professional capacity (Calhoun & Tedeschi, 2006). This finding is consistent with CCT's premise that early trauma may become adaptation via career choices—in the present case, to turn their helplessness earlier in life into helping others in adult life.

The Present Study

There are insufficient empirical studies focused on the influence of cumulative harm on career choice for people entering the helping professions. Helping Professions, in the context of the present study, are those that respond to the welfare of individuals and address challenges in a person's physical, psychological, intellectual, and emotional wellbeing. These professions include but are not limited to, psychology, nursing, counselling, social work, human services, and education (Egan & Reece, 2018). The present study uses a systematic literature review (SLR; Moher et al., 2009) to explore the relations between childhood trauma and cumulative harm and career decision related to being in a helping profession. Therefore, the research question posed for the present study is, "How does cumulative harm influence an individual's decision to enter the helping professions?" The overarching goal is to synthesize the existing evidence on the relationship between childhood trauma and vocational decision-making and to inform further research into cumulative harm and career choice.

Definitions

Helping Professions, in the context of this proposed review, are defined as those professions that respond to the welfare of individuals and address challenges

in a person's physical, psychological, intellectual, and emotional wellbeing. These professions include but are not limited to, psychology, nursing, counselling, social work, human services, and education (Egan & Reece, 2018).

Cumulative harm is largely an Australian term, used to encapsulate the lifespan implications of the accumulation of childhood adversity. International research uses the more generic terminology of childhood trauma. As a result, both cumulative harm and childhood trauma will be used as search terms in this SLR. It is important to note both cumulative harm and complex trauma are acknowledged as two popular models, which account for the complexity of traumatic experience. Cumulative harm focuses on the ongoing and repeated trauma and negative outcomes experienced by children and individuals who have endured childhood maltreatment, however, complex trauma is the model used to conceptualise the complexity of traumatic outcomes for survivors of victimisation across the lifespan. Only 'cumulative harm' or 'childhood trauma' will be used in the search terms so as to ensure the results are relevant to childhood experiences of adversity.

Method

Cumulative harm and complex trauma are conceptually distinct. Cumulative harm focuses on the ongoing and repeated trauma and negative outcomes experienced by children and individuals who have endured childhood maltreatment. However, complex trauma is the model used to conceptualize the complexity of traumatic outcomes for survivors of victimization across the lifespan. Additionally, complex trauma refers to a diagnosis, cumulative harm, and focuses more broadly on events of harm. A majority of individuals who experience complex trauma have endured cumulative harm; however, not all those who have experienced cumulative harm will develop complex trauma. Thus, "cumulative harm" or "childhood trauma" were used as search terms to set specific parameters around the study.

Search Strategy

Using the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines as defined by Moher et al. (2009), a systematic search of published literature was commenced in February 2019, using databases; Pubmed, EBSCOHost Megafile Ultimate, ProQuest, and Scopus. A research question was formulated using the PICO model, explained as population or patient groups studied, intervention, comparison or control, and outcome (Wright et al.,

2007). The research question guided the development of the search protocol which was implemented to search databases; however, due to limited results located in the scoping searches, the search terms were further developed using Boolean searches combining three areas of interest a) "childhood trauma," and b) "career choice," and c) "helping professionals." Database searches resulted in 208 studies, with 119 remaining following duplicate removal.

After the database searches were complete, duplicates removed, and remaining studies screened for relevance to the research question, the reference lists of the relevant hits were inspected for additional studies. The results of the manual reference list searches were then screened for relevance and duplicates removed. Additional search methods included citation searches of the relevant hits from the database searches and the reference list mining, using Google Scholar. The manual searches of the selected domains were conducted and resulted in an additional 42 studies (112 duplicates removed). Only studies that were peer-reviewed and published between February 1990 and February 2019 were included.

Table 2

Literature Search Table

Literature Search Table						
Date	Database	Search Terms	Limits	No. Articles Hits	No. Articles Relevant	Notes
28/2/19	PubMed	("Childhood trauma" OR "child maltreatment" OR "child abuse" OR "childhood abuse" OR "cumulative harm" OR "adverse childhood experience" OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career decision" OR "vocational	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	34	4	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies

		choice" OR “adult functioning”)				
28/2/19	ProQuest	(“Childhood trauma” OR “child maltreatment” OR “child abuse” OR “childhood abuse” OR “cumulative harm” OR “adverse childhood experience” OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career decision" OR "vocational choice" OR “adult functioning”)	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	12	2	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies
28/2/19	EBSCOhost Megafile Ultimate	(“Childhood trauma” OR “child maltreatment” OR “child abuse” OR “childhood abuse” OR “cumulative harm” OR “adverse childhood experience” OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career decision" OR	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	70	11	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies

		"vocational choice" OR "adult functioning")				
28/2/19	Scopus	("Childhood trauma" OR "child maltreatment" OR "child abuse" OR "childhood abuse" OR "cumulative harm" OR "adverse childhood experience" OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career decision" OR "vocational choice" OR "adult functioning")	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	92	8	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies
12/3/14	Reference list checking	("Childhood trauma" OR "child maltreatment" OR "child abuse" OR "childhood abuse" OR "cumulative harm" OR "adverse childhood experience" OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	29	18	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies

		decision" OR "vocational choice" OR "adult functioning")				
16/4/19	Citation Searching – Database hits	("Childhood trauma" OR "child maltreatment" OR "child abuse" OR "childhood abuse" OR "cumulative harm" OR "adverse childhood experience" OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career decision" OR "vocational choice" OR "adult functioning")	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	45	16	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies
24/4/19	Citation searching – reference list hits	("Childhood trauma" OR "child maltreatment" OR "child abuse" OR "childhood abuse" OR "cumulative harm" OR "adverse childhood experience" OR "child neglect" OR "childhood experiences" OR "early experiences" OR "childhood victimisation") AND ("Career choice" OR "career	1/2/1990-1/2/2019 (20 years) peer reviewed; full text, English,	80	8	Reviewed abstracts and removed articles irrelevant to the review, included only empirical studies

decision" OR
"vocational
choice" OR "adult
functioning")

Study Selection

The selection of studies involved Cohen's (1990) method of Preview, Question, Read and Summarise (PQRS; Cronin et al., 2008). The preview stage was employed to screen article titles and abstracts and to categorize the studies as qualitative, quantitative, or mixed methods. It was determined that the review would include only empirical studies, as the purpose of the review was to establish the evidence base regarding the influence of childhood trauma on career decision-making. During the "question" and "read" stage, studies were appraised against the inclusion/exclusion criteria. Studies that met the inclusion criteria of an investigation into all three elements of the research question (i.e., childhood trauma, career choice, and helping professions), full-text articles, and studies published in English were included for appraisal.

Additionally, journal titles for all eligible studies were entered into Ulrich's Website, an authoritative source of bibliographic and publisher information for all types of academic and scholarly journals, to ensure all selected studies were peer-reviewed. Studies removed were duplicates, not empirical or peer-reviewed, not fully accessible, and studies that did not unequivocally focus on the three core elements of the research question (childhood trauma, career choice, and helping professions). The search, exclusion, and inclusion process is depicted in Figure 4 as a PRISMA flow chart. To aid the summary step, a tabulated synthesis matrix tool was generated and included studies indexed; the matrix is presented in Table 5 (Cronin et al., 2008). The synthesis matrix tool provided a table for organizing and summarising the data as it was extracted from each study, including the quality of resources, participants, aims, methodology, limitations, results, and conclusions.

Figure 4

PRISMA Flow Chart – First Researcher
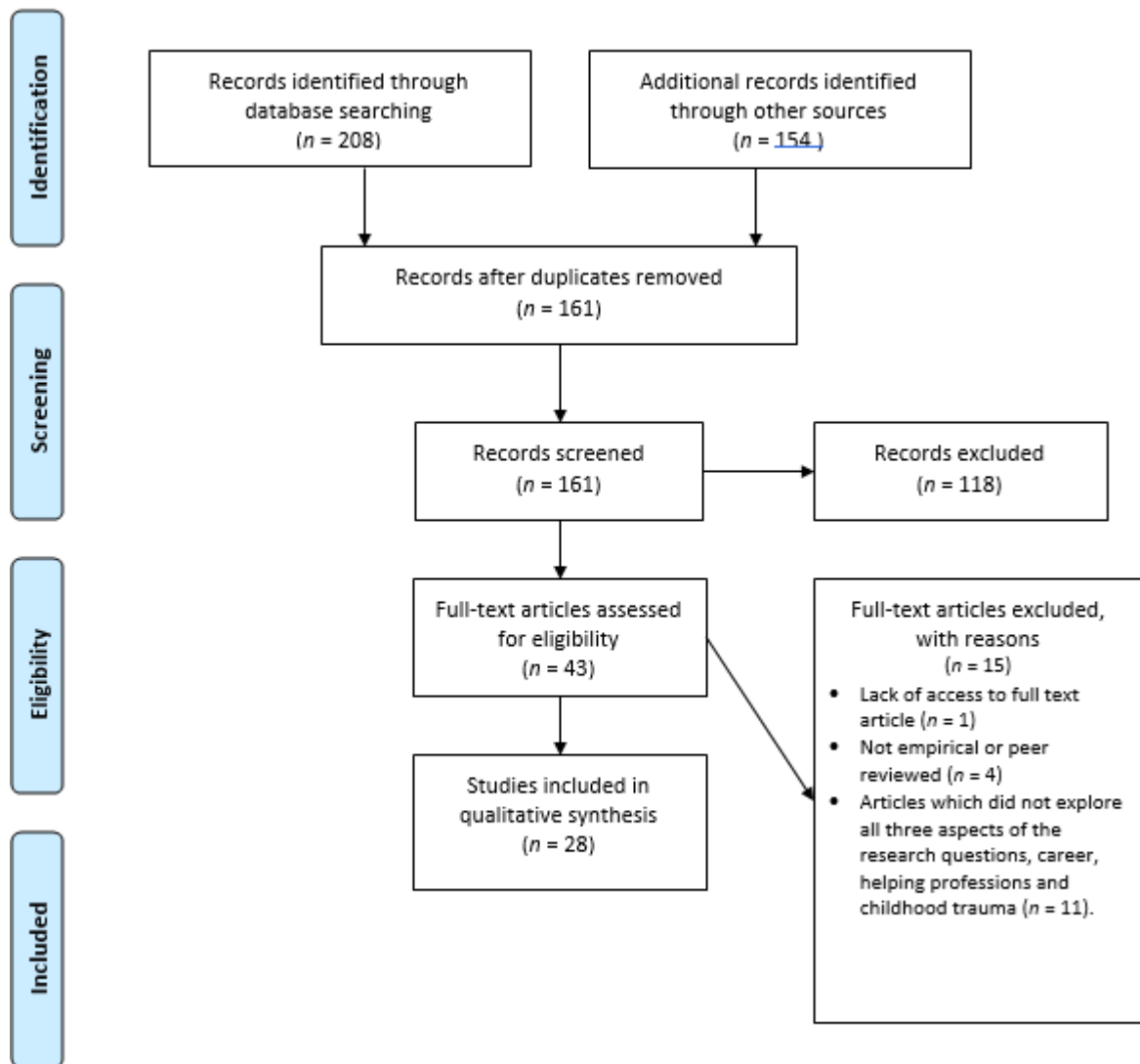
Quality Assessment

Twenty-eight studies met the exclusion/inclusion criteria and were categorized according to their qualitative or qualitative methodology. The qualitative studies ($n = 10$) were assessed and ranked against the Critical Appraisal Skills Programme (CASP; see Majid & Vanstone, 2018) criteria, analyzing each study against the following areas: aims; methodology, design, sampling, data collection, ethical considerations; analysis; findings and value. The single mixed methods study was collated with the qualitative studies based on its predominantly qualitative methodological approach. Quantitative studies ($n = 18$) were assessed and ranked using the Strengthening the Reporting of Observational Studies in Epidemiology

(STROBE; von Von Elm et al., 2014) evaluation tool to adequately appraise cross-sectional studies. The following criteria were assessed: abstract, introduction, methods (including study design, study size, participants, quantitative variables, attempts to resolve bias, data sources, and measurement), results (including data description, key results, limitations, interpretations), participants clearly defined, summary and outcome measures clear, bias/generalisability addressed (Von Elm et al., 2014).

Each quantitative study was ranked low, moderate, or high according to the STROBE tool. The bias/generalisability of each quantitative study was considered low due to the presence of convenience bias, as each study drew on purposive sampling to inform the population group under review, common to academic research (Wright et al., 2007). Despite the bias, quantitative studies were relevant to the research question and provided valuable insight into childhood trauma as a motivator in career decision-making. No studies were eliminated based on the quality appraisal of each of the quantitative, qualitative, and mixed-method studies; however, limitations were noted where necessary. The final number of studies included in this systematic review consisted of 28 studies.

Table 3

CASP Quality Assessment

CASP Qualitative studies assessment - Table II								
Study	Clear statement of the aims of the research	Appropriate use of qualitative methodologies	Appropriate research design to address the aims of the research	Recruitment strategy appropriate for the aims of the research	Data collected in a way that addresses the research question	Relationship between researcher and [participant adequately/ explicitly considered	Ethical issues explicitly taken into consideration	Sufficiently rigorous data analysis	Research is of value
Barnett, M. (2007).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Brannen, J., Mooney, A., & Statham, J. (2009).	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Buchbinder, E. (2007).	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Holliday, C., Peacock, F., & Lewoski, C. (2018)..	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Huynh, L., & Rhodes, P. (2011).	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Pack, M. (2010).	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Parker, J., & Merrylees, S. (2002).	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Stidham, A. W., Draucker, C. B., Martsolf, D. S., & Mullen, L. P. (2012).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
van Heugten, K. (2001).	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Van den Bosse, S., & McGinn, M. A. (2009)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Quality Assessment of Qualitative Articles: Aims, Methodologies, Design, Data, Ethics and Value to the Review. Adapted from Majid and Vanstone (2018)

Table 4

STROBE Quality Assessment

STROBE Quantitative studies assessment - Table III								
Study	Title/Abstract	Introduction	Methods	Results	Participants	Summary and outcome measures	Bias /Generalisability	Overall quality based on authors independent review Research is of value
Biggerstaff, M. A. (2000).	High	High	High	High	High	High	Low	High
Black, P. N., Jeffreys, D., & Hartley, E. K. (1993).	High	High	Moderate	Moderate	High	High	Low	Moderate to-High
Brems, C., Tryck, S., Garlock, D., Freemon, M., & Bernzott, J. (1995).	High	High	High	High	High	High	Low	High
Byrne, N. (2017).	High	High	Moderate	High	Moderate	High	Low	Moderate-High
DiCaccavo, A. (2002).	High	High	Moderate	High	High	High	Low	Moderate-High
Doron, H., Bar-On, A., Tal, D., Adi, A., Hadas, K., Orli, Y., ... & Galit, B. D. (2013).	High	High	Moderate	Moderate	Moderate	High	Low	Moderate
Elliott, D. M., & Guy, J. D. (1993).	High	High	High	High	High	High	Low	High
Evans, C., & Evans, G. R. (2019).	High	High	Moderate	Moderate	Moderate	High	Moderate	Moderate
Fussell, F. W., & Bonney, W. C. (1990).	High	High	Moderate	High	High	High	Low	High
Krous, T., & Nauta, M. M. (2005).	High	High	High	Moderate	High	Moderate	Low	Moderate-High
Murphy, R. A., & Halgin, R. P. (1995).	High	High	Moderate	High	High	Moderate	Low	Moderate-High
Nikčević, A. V., Kramolisova-Advani, J., & Spada, M. M. (2007).	High	High	High	Moderate	High	High	Low	Moderate-High
Olson, C. J., & Royse, D. (2006).	High	High	High	High	High	High	Low	High
Phillips, P. (1997).	High	High	Moderate	Moderate	Moderate	High	Low	Moderate
Rompf, E. L., & Royse, D. (1994).	High	High	Moderate	High	Moderate	High	Low	Moderate-High
Sellers, S. L., & Hunter, A. G. (2005).	High	High	Moderate	High	High	High	Low	Moderate-High
Triplett, R., Higgins, G., & Payne, B. K. (2013).	High	High	High	Moderate	High	High	Moderate	Moderate-High
Wilson, G., & McCrystal, P. (2007)..	High	High	Moderate	High	Moderate	High	Low	Moderate-High

Quality Assessment of Quantitative Articles: Abstract, Introduction, Methods Including Design, Size, Participants, Quantitative Instruments, Data Gathering and Analysis, Managing Bias, Limitations, and Addressing Generalisability. Adapted from von Elm et al. (2014).

Triangulation

Systematic reviews rely upon the use of an objective, transparent and rigorous approach, in order to minimise bias and ensure future replicability (Mallett et al., 2012). Triangulation is primarily used to describe the process of comparing concurrently collected findings (Cathain et al., 2010). In order to ensure greater reliability, a second researcher replicated the aforementioned search strategy and quality assessment processes. The second researcher achieved identical findings, which are illustrated in Appendix D.

Data Synthesis – Emerging Themes

Following the quality assessment, the 28 studies were analyzed using the synthesis matrix tool (Wright et al., 2007). A descriptive evaluation was undertaken

to assess, summarize, and organize the studies and identify the preliminary themes that emerged. A narrative synthesis was established as the most appropriate method of analysis (Wright et al., 2007).

The study design comprised a systematic review of qualitative, quantitative, and mixed-method studies. The reason for including all three approaches was due to the articles being predominantly cross-sectional, with both qualitative and quantitative methods being deemed appropriate to inform the research question. A meta-analysis/meta-synthesis was not feasible due to heterogeneity across the qualitative and quantitative studies (Wright et al., 2007; Cronin et al., 2008). Subsequently, a thematic synthesis was determined as the most appropriate method for analysis (Wright et al., 2007). Thematic analysis is a "method for identifying, analyzing, and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Methodologically, thematic analysis involves searching the data to find repeated patterns, undergoing a progression of deconstruction and synthesis, so that "tangible data can be analytically interpreted" (Liamputtong, 2012, p. 242). The six stages of thematic analysis were employed and described as familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report (Braun & Clarke, 2006). A multiphase top-down thematic analysis was applied in response to the research question; the first order descriptive themes were identified and synthesized under the results (themes) heading of the synthesis matrix tool used to extract the data (Braun & Clarke, 2006; Wright et al., 2007). This formed the total data sample of the review.

During the next stage of the thematic analysis, second-order themes were developed after a process of reformulating first-order themes (Braun & Clarke, 2006). These themes included: relational disruptions, child abuse and neglect, childhood carer roles, childhood counsellor roles, skills and talents, altruism, empathy, experiences of loss, experiences of using helping professions, rescuing or saving others, and redemptive or remedial experiences. Finally, third-order themes were generated based on a synthesis of second-order themes and involved analyzing the relationship of the themes to each other and the research question (Braun & Clarke, 2006). This process resulted in the following core themes: Family of origin dysfunction, parentification, individual traits and characteristics, and

experiential motivations. A breakdown of the coding process is presented in Appendix E.

At this juncture, NVivo software was used to collate all available data related to the identified themes (Braun & Clarke, 2006). The data was re-read and the results/findings, discussion, and conclusion sections were coded according to the second and third order themes (which were grouped into 'trees' as can be seen in Appendix F). The number of files (articles) in which each code appeared and the number of references to each code in the entire data set were recorded.

Table 5

Synthesis Matrix Tool

				Synthesis Matrix Tool			
Reference	**Quality of Resource (peer reviewed)**	**Participants**	**Aims of study (underlying arguments)**	**Methodology (research design)**	**Limitations**	**Results (themes)**	**Conclusion of paper**
Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice*, *13*(3), 257-274.	Peer Reviewed	9 experienced psychoanalytical and psychodynamic psychotherapists from 6 countries with a mean of 16 years practice	To understand the unconscious motives that drive people to train and practice as a psychotherapist or counsellor, and how they change with experience	Qualitative: Participants were interviewed and narrative inquiry, and thematic analysis were applied to the data.	Small and purposive sample, with implicit bias towards psychoanalytical and psychodynamic psychotherapists.	Participants experienced loss at a young age, as-well-as periods of loneliness and deprivation. Participants described feeling abandoned and rejected. Several participants had experienced parentification. A perceived or genuine lack of relational intimacy was	Participants in the study described personality traits that were similar, including introversion, being alone or left out, feeling anxious and having low self-confidence. The ability to empathise and comply was common to the sample as-well-as an urge to heal others from a young. Their

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						common for all participants. They were often a confidante or counsellor for others.	early lives had been restricted as-well-as their needs coming second to others. The participants easily reflected on their pain, and demonstrated that they had come to terms with their scars enabling them to help others.
Brannen, J., Mooney, A., & Statham, J. (2009). Childhood experiences: A commitment to caring and care work with vulnerable children. *Childhood, 16*(3), 377-393.	Peer Reviewed	6 residential social workers, 6 family support workers, 6 foster carers and 6 community childminders	(1) to pinpoint events circumstances and situations across the lifespan– that led to participants seeking a role working with marginalised children; and (2) to perform an analysis of the common narrative vessels used by	Qualitative: 24 semi-structured biographical-narrative interviews, and narrative analysis were conducted Interviews with foster carers included partners where fostering was a combined activity	Purposive sample, with implicit bias towards females, specific caring roles, and events that triggered a move into care. Generational bias due to participants being mostly middle aged.	Childcare professionals were found to be carers for others in childhood (sometimes by choice but often by force) as well as receivers of optimal and nonoptimal care. Childcare employees were motivated to care by positive and adverse	Future policies and training related to caring for vulnerable children should consider the background experiences that childcare workers and future childcare workers come from. This would allow for support to be provided and experiences

		participants to describe processes that led to their commitment to care				experiences. Childcare employees that felt rejected, uncared for and unloved wanted to prevent others feeling the same. Early adverse experiences enabled carers to believe they could empathise, relate and build resilience in traumatised children.	built on. Reflecting on one's own childhood would increase the capacity to provide care to marginalised children. Furthermore, public policy should build on the desirability of care work for certain groups and the situations that trigger a move into childcare work, in order to retain a highly committed workforce.
Brems, C., Tryck, S., Garlock, D., Freemon, M., & Bernzott, J. (1995). Differences in family	Peer Reviewed	156 masters-level students:	To assess the level of dysfunction in	Quantitative: Participants completed 3	Purposive and convenience sample. Potential	Clinical psychology students	The findings suggest there is a relationship

of origin functioning among graduate students of different disciplines. *Journal of clinical psychology, 51*(3), 434-441.

27 clinical psychologists 32 business administration 34 engineering 25 health sciences 38 education 99 females and 57 males with a mean age of 34 ± 7.5

psychology students' families compared to other student groups. The hypothesis suggested that psychology students would be more likely to have experienced family dysfunction and childhood.

questionnaires: Biographical Questionnaire (Brems et al., 1995), Index of Family Relations (Hudson, 1990), and the Self-Report Family Inventory (Beavers, Hampson & Hulgus, 1990). Statistical analysis included a multiple analysis of variance (MANOVA) and a one-way analysis of variance (ANOVA).

instrument selection, self-report, and social desirability bias.

reported significantly greater levels of family dysfunction, emotional abuse, and conflict than all other groups. They also reported higher rates of sexual abuse and physical abuse than the other groups, but they did not reach the level of significance. Results of the study support the relationship between family dysfunction and career choice.

between choosing a career as a psychologist and familial problems, though further exploration is required to establish a causal relationship. The study also suggests that academic institutions have an ethical responsibility to ensure psychologist do not enter the field with unresolved difficulties relating to the family of origin.

| Biggerstaff, M. A. (2000). Development and validation of the social work career influence questionnaire. *Research on Social Work Practice*, *10*(1), 34-54. | Peer Reviewed | 589 master of social work (MSW) students from 6 social work schools 494 Females 95 Males Mean age of 32.1 ± 9.2 | The aim of this study was to test the Social Work Career Influence Questionnaire (SWCIQ). | Quantitative: Participants completed the SWCIQ questionnaire which consists of four subscales (Desire to be a Therapist, Prestige of the Profession, Social Change Mission, and Personal and Family Experiences) each containing eight items. Scale dimension analysis used bivariate analysis to account for effect size for two group differences and η2 for three group differences. Multivariate | Purposive and convenience sample. Large female sample. Instrument selection and forced answer bias. | The study showed that aspiring to obtain work in private practice was directly related to increased subscale scores for Desire to be a Therapist, Personal and Family Experiences, and Prestige. Personal experiences of the students were interwoven with career aspirations Furthermore, students demonstrated a close alignment o values of Social Change and Social Justice. | Early social work career choice and first preference for a social work pathway at university appear to be more positively aligned with supporting social justice and change. Social work programmes and both public and non-for-profit practicum experiences need to provide a rich, rewarding and challenging learning environment that encourages commitment to the profession and its values beyond graduation. |

Citation							
				analysis was used to examine career aspiration scores contribution to the four subscale scores. Subscales were analysed using stepwise regression.			
Black, P. N., Jeffreys, D., & Hartley, E. K. (1993). Personal history of psychosocial trauma in the early life of social work and business students. *Journal of Social Work Education*, 29(2), 171-180.	Peer Reviewed	116 social work students were predominantly female 89 females 27 males 46 business students were predominantly male 15 females 31 males	The study aimed to examine the history of adverse childhood experiences including psychosocial trauma in master's of social work (MSW) students and master's of business students. The researchers hypothesised that MSW	Quantitative: Participants completed a questionnaire related to the use and abuse of licit and illicit substances; being a victim of neglect, emotional, physical or sexual abuse; chronic physical or mental health challenges; and other adverse	Purposive and convenience sample. Social work group biased towards females (77%) and business group biased towards males (67%). Other potential bias, includes the self-report instrument designed by the researchers that was not tested for validity or reliability.	Data clearly demonstrated that traumatic factors in early life is associated with selection of a social work career. MSW students Significant differences were found between MSW and business students in the prevalence of trauma histories. The MSW group	The findings suggested that greater than 55% of the MSW group reported problems with alcohol in the family of origin. Problems with alcohol may present a collection of factors that provide a barrier to both learning and understanding concepts of

			students personal history with trauma would be a factor in choosing a social work vocation.	experiences with respect to the family of origin.		experienced significantly more traumatic events before the age of 21, including physical, sexual and emotional abuse; a caregiver with a substance abuse problem; a caregiver with chronic mental or physical illness; and death of a family member. Parentified children showed a tendency to migrate into helping professions.	effective helping. Curriculum should focus on raising self-awareness and understanding about the contribution of one's wounds to their practice and their potential barriers to effective helping.
Buchbinder, E. (2007). Being a social worker as an existential commitment: From vulnerability to meaningful purpose. *The Humanistic Psychologist*, *35*(2), 161-174.	Peer Reviewed	25 social workers	The study aimed to provide an in-depth comprehension of the existential implications social workers	Qualitative: 25 detailed two-hour interviews based on two core themes: theme one existential	Purposive sample, with implicit bias towards social workers. Other potential biases may include: self-	The study determined that social workers chose this vocation due to familial existential	The findings suggested that family values and emotional experiences provided strength and

			ascribe to their vocational decisions and the corresponding impacts between their individual and vocational worlds.	vulnerability in the family environment, and theme two meaning attached to social principles. Interviews were transcribed and thematic analysis conducted.	report, researcher bias, and theme related bias.	experiences that were emotionally challenging and that sharpened their ability to empathise with others adversities. The second determinant was being raised in a familial environment that instilled the values of caring for others and those in distress. A third common theme associated with entering this vocation was parentification.	existential meaning to the work of social workers. Furthermore, the study suggests that managers should enable processes for social workers to reflect on the experiences of the family they were raised in and to make a connection with the existential meaning of their vocational choice.
Byrne, N. (2017). Social work students' professional and personal exposure to social work: an Australian experience. *European Journal of Social Work*, 1-10.	Peer Reviewed	64 social work students 163 education students 139 occupational therapy students	The study firstly aimed to identify how vicarious experience with the social work profession could lead to pursuing a vocational	Quantitative: Participants completed a questionnaire related to exposure to allied health professions that	Purposive and convenience sample. Cohorts were predominantly female	Prior exposure to social work greatly influences the decision to enter the professions. The majority of social work	The study suggests that the pathways into social work may be broad and with many aspects that impact

49 physiotherapy students
96 speech pathology students

pathway towards becoming a social worker, and secondly the positives and negatives associated with this recruitment approach. They also answered questions about intrinsic and extrinsic motivations such as employment, and working with people.

required them to rate and rank the influence of this exposure on choosing their program. They also completed an inventory of personality traits, and an altruism scale, and reported their knowledge of the profession

85% female social work students
71% female education students
89% occupational therapy students
78% female physiotherapy students
96% female speech pathology students. Potential self-report and researcher designed questionnaire bias, with implied consent.

students (63%) had prior exposure to the profession through either an acquaintance, or professional, or therapeutic encounter. Prior access to or usage of a social work service due to personal adversity was significantly more probable for the social work group. In addition, being a mature age social work student and having a friend or colleague in the social work vocation was significantly more likely.

vocational choice. The research also signified that social workers employed in the field are an important model and source of information with respect to the profession. Social workers should understand they have both a vicarious and direct influence on promoting the profession as a worthwhile vocation choice when interacting with other professionals and families.

DiCaccavo, A. (2002). Investigating individuals' motivations to become counselling psychologists: The influence of early caretaking roles within the family. *Psychology and Psychotherapy: Theory, research and practice*, 75(4), 463-472.	Peer Reviewed	32 counselling psychology students 32 art students	The study aimed to compare and contrast the childhood experiences of counselling-psychology and art students. They also hypothesized that counselling students would: report greater neglect; parentification; and self-efficacious beliefs for helping others.	Quantitative: Participants completed 3 questionnaires: Parentification Questionnaire-Adult (Sessions & Jurkovic, 1986), Parental Bonding Instrument (Parker, Tupling & Brown, 1979) and Self-Efficacy Towards Helping questionnaire Schwarzer, Dunkel-Schetter, Wiener & Woo, 1992). Statistical analysis included independent *t*-tests, power analysis within *t*-tests and stepwise multiple	Purposive and convenience sample. Instrument selection bias and self-report bias.	Care from mothers for counselling psychology students was significantly lower than the arts students. However, scores for self-efficacy with respect to caring for others were higher. A lack of paternal care corresponded with high parentification scores for both groups. A lack of maternal care for females was associated with increased parentification in females. Whereas, better care from mothers led to increased parentification scores for males	The study suggests that parentification motivates individuals to enter the counselling professions in two ways; as they have developed necessary skills for the professions and because the role of counsellor allows for a remedial experience for the therapist, managing their distress vicariously through client interactions. Furthermore, self-efficacy to care for males was not significantly associated with parentification,

			regression analysis.			Parentification experiences are more likely to be identified in individuals training as counselling psychologists as these experiences motivate people in two ways. They possess skills, developed through their parentification, necessary in the professions. Secondly their role as therapist offers a remedial opportunity to deal with their own distress vicariously through their clients.	however for females, self-efficacy for care was a significant predictor of increased parentification scores. The results emphasis the importance of self-care and personal therapy in counselling given the prevalence of parentification and maladaptive careering traits present in the professional cohort.
Doron, H., Bar-On, A., Tal, D., Adi, A., Hadas, K., Orli, Y., ... & Galit, B. D. (2013). A comparison of family-of-origin perception of undergraduates:	Peer Reviewed	First, second, and third year students from 5 programs: 116 social work	The study aimed to examined how social workers perceived their family of origin	Quantitative: Researchers examined students' responses to	Purposive and convenience sample. Potential instrument selection, self-	Social workers perceived more extreme views (presumed greater	The study indicated that the family background of social work

Reference		Sample	Aim/Hypotheses	Method	Limitations	Results	Conclusions
Social work students and students in other fields. *Journal of Social Work*, *13*(5), 492-507.		36 education 57 biotechnology 35 computer science 62 economics	by applying circumplex model. The researchers examined 3 hypotheses 1, Social work students will perceive their family as more extreme. 2, Mothers will have a greater influence on care fields than science fields. 3, Fathers will have a greater influence on science fields than care fields.	version two of the Family Adaptability and Cohesion Evaluations Scales (FACES II) questionnaire, which measured participants perceptions of family cohesion, communication, and change. Bivariate analysis was used to measure differences in perceptions between groups.	report and examiner bias.	hardship) of their family and therapeutic disciplines experience more hardship in families of origin than non-therapeutic groups. Parents were influential in the choice of career with mothers significantly influencing career in therapeutic discipline. .	students was likely subject to greater hardships than those choosing other vocational pathways. This may relate to ta remedial desire to heal their own wounds. This may either enhance the helping skills of social workers in being able to relate and empathise, or it may hinder, carrying the troubles of the past into therapy may leave them susceptible to breakdown in the helping process and therapeutic relationship.
Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-	Peer Reviewed	340 female professional psychotherapists	Firstly, to compare the rate of adverse	Quantitative: Questionnaires were sent to an	Potential self-report bias,	Psychotherapist reported greater incidence of	The study's findings suggested that

mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice*, 24(1), 83.	2623 other professionals	childhood experiences and family problems between psychotherapists and other professionals. Secondly, to compare the degree of emotional distress between psychotherapists and other professionals.	initial stratified random sample of 6000 professionals using addresses obtained from membership directories. The final sample of 2963 participants completed the Family Environment Scale (Moos & Moos, 1986), the Trauma Symptom Checklist-40 (Briere & Runtz, 1989), and the Object Relations Scale (Hower, 1987). Statistical analysis included a MANOVA) and (ANOVA) with post hoc comparison.	gender bias and social desirability. 78% of psychotherapists received an average of 167 hours of psychotherapy prior to the study which may account for difference in ability to manage emotional distress at work. Therefore, findings may not be generalisable to psychotherapist with similar backgrounds and less psychotherapy participation.	childhood adversity (sexual and physical abuse, parentification, a parent with psychiatric history, the loss of a caregiver, brother or sister, or caregiver with alcoholism) compared to other professionals. Other professionals experienced significantly more work-related emotional distress.	female psychotherapists had greater exposure to adverse childhood experiences than other female professionals. They also experienced significantly less emotional distress. However, these results need further investigation with respect to self-report, gender and psychotherapeutic treatment biases.

Evans, C., & Evans, G. R. (2019). Adverse Childhood Experiences as a Determinant of Public Service Motivation. *Public Personnel Management*, 0091026018801043.	Peer Reviewed	Study 1 386 adults from the United States recruited using Amazon's Mechanical Turk. Study 2 97 adults from the United States recruited using Amazon's Mechanical Turk	The studies aimed to identify the connection between Adverse Childhood Experiences (ACE) and their impact on Public Service Motivation (PSM). Specifically, do people with a history of childhood adversities report: greater levels of motivation for public service; or greater motivation for writing policies, civic duty, caring for others, or altruism.	Quantitative: Study 1, Questionnaires: Adverse Childhood Experiences Questionnaire (Felitti et al, 1998) and items from Perry's (1996) scale to determine PSM. Multiple regression determined significant differences between the composite scores for ACEs and PSM; and the subscale items (e.g. correlation between neglect and motivation for policy writing).	The study did not assess the impact of intervention on ACEs and PSM. Experiences with interventions may have increased motives towards helping others. The use of Mechanical Turk limits the generalisability to other populations. The self-report nature presents opportunity for dishonest answers and skipping questions.	Study 1, suggested an inverse correlation between composite scores on the ACEs and PSM (public service motivation) questionnaires. Motivation for creating policies had a significant inverse correlation with ACEs. The subscales for abuse correlated with a significant decrease in the compassion subscale of the PSM. Sexual abuse had a significant inverse relationship with the total PSM score. Civic duty	This study signified that adverse childhood experiences were negatively related to public service motivations with respect to caring for others, writing policy and altruism. Furthermore, the study provides evidence that adverse childhood experiences increased participants distrust and decreased confidence in government systems.

Study 2, Participants completed the ACEs questionnaire; and another survey which asked whether a program delivering groceries to elderly people unable to drive should be available; and whether a government or non-profit organisation should run the program. The survey aimed to determine the correlation between ACEs and mistrust of systems. Logistic regression was used to analyse data.

and the compassion subscale also correlated negatively with abuse at the significance level of 10%.

Study 2, showed evidence with respect to short answer responses that an in increase in ACEs was associated with a distrust in systems. However Extreme levels of ACES, (those resulting from multiple cumulative experiences) resulted in more PSM

Fussell, F. W., & Bonney, W. C. (1990). A comparative study of childhood experiences of psychotherapists and physicists: Implications for clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 27(4), 505.	Peer Reviewed	38 physicists and 42 psychology students	To compare and contrast the childhood events of psychotherapists and physicists. Secondly to understand how differences impact career choice in psychotherapists.	Quantitative: Participants completed 4 questionnaires: The Family of Origin Scale (Hovestadt, Anderson, Piercy & Cochrane, 1985), The Semantic Differential (Osgood, 1952), the Childhood Questionnaire, and a Biographical Questionnaire (Fussell & Bonney, 1990). The sample means for 6 constructs were compared by one-way ANOVA	Purposive sample, with implicit bias towards physicists and psychotherapists. Psychotherapist may report greater psychopathologies due to training. Generational bias due to participants being mostly middle aged.	Compared to physicists, psychology students reported significantly more experiences of: parentification, parent absenteeism, caretaking, uncertainty of family members' thoughts and feelings, and negative memories. Psychologists reported family health as significantly less healthy and greater incidence of trauma and emotional neglect. The study supports the view that caretaking in vocation is often	Future education programs with respect to psychology should encourage reflection on childhood experiences and possible unconscious motives for choosing a psychology career. In addition, the study conceptualises the potential of adverse childhood experiences to negatively impact clinical practice.

							a coping mechanics for early experiences.
Holliday, C., Peacock, F., & Lewoski, C. (2018). Student motivations for undertaking a child and adolescent psychotherapeutic counselling course. *British Journal of Guidance & Counselling*, 46(6), 647-657.	Peer Reviewed	5 participants from an adolescent psychotherapy counselling course	The study aimed to identify: what students' motives were for becoming a psychotherapist; why students wish to work with young people; and how are these motives are understood by tutors.	Qualitative: Researchers conducted a thematic analysis of 5 introspective essays, in which students detailed their motives for participating in a child and adolescent counselling course.	Small purposive and convenience sample. Potential bias: researcher bias, self-report; forced and graded assessment, may be written in a favourable way to satisfy criteria rather than presenting facts. All participants reported negative backgrounds as providing inspiration. Back ground narratives that were positive were not reported in this study. Generalisability is therefore limited.	The study identified several factors that motivated students career choice including: relationship problems in early years and adolescence; emotional disturbances, reparative relational experiences and openness to building relationships. Altruistic motivations were also evident.	The study suggested that motives for becoming a psychotherapist are strengthened by adverse events across the early life course. It is proposed that motivation to work with young people instead of adults stems from wanting to alleviate the hardship of others facing similar challenges or pain as a young person. The motives identified in this study support the idea of the

							wounded healer, though the participants are very much aware of these wounds and the process of healing. The parentified child was not a common theme of this study.
Huynh, L., & Rhodes, P. (2011). Why Do People Choose to Become Psychologists? A Narrative Inquiry. *Psychology Teaching Review*, *17*(2), 64-70.	Peer Reviewed	15 undergraduate psychology students	The aim of the study was to identify the connection between adverse events across early development and choosing a psychology career.	Qualitative: Semi-structured interviews were used to determine motives for becoming a psychologist. Narrative inquiry was to identify patterns between participants, and thematic analysis to identify common themes related	Small purposive and convenience sample. Potential biases include: self-report, and social desirability biases. The majority of the sample were 18-year-old and may not continue along the psychology pathway. Ethics and counselling lacked consideration. Results were reported as significant, though	Participants described various factors that motivated them to study psychology including: revealing ones same-sex-attraction; losing friendships; self-esteem challenges; suicide of a parent or sibling, childhood abuse and neglect. These distressing	The study suggested that some students were taking this pathway in order to better understand themselves. However, the researchers also believed that this need may not be met due to a deficiency in this aspect of current programmes. Furthermore, such a deficiency has

to the research inquiry.	no level of significance was set, and a statistical analysis was not performed.	events were linked to empathy and motivation to help others. For some this was an opportunity to be like a role model that helped them, or to provide better help than what was provided to them. The theme of parentification and trying to satisfy unmet needs was not common to this study. Early life distress and adversity was related to career choice for a number of the participants. This is contrary to the metaphor of the wounded healer.	the potential to undermine: professional practice; professional efficacy, the therapeutic alliance; and increase vocational stress, burnout and fatigue.

Krous, T., & Nauta, M. M. (2005). Values, motivations, and learning experiences of future professionals: Who wants to serve underserved populations?. *Professional Psychology: Research and Practice, 36*(6), 688.	Peer Reviewed	135 university students 55 education majors 53 psychology majors 14 special education majors 8 nursing majors 5 social work majors 117 females 17 males Mean age of 20.37 years ± 2.62	The study aimed to firstly identify the values and motives of students completing one of five university majors in the realm of helping, and secondly to determine what is the influence of these motives and values on choosing to work with disadvantaged populations.	Quantitative: Students completed 3 questionnaires: The Minnesota Importance Questionnaire which generates a score with regard to the work-related values of: autonomy, status, achievement, altruism, comfort, and safety (Weiss, Dawis, Lofquist, & England, 1966); the Influences on Becoming a Therapist questionnaire (Murphy & Halgin, 1995); and also the Short Form of the Marlowe–Crowne Social	Purposive and convenience sample. Potential biases include: Instrument selection, self-report and researcher bias.	Results suggested that the overall sample was only moderately interested in working with disadvantaged populations. Nurses responses were significantly greater than psychology, education, and special education programmes for working with disadvantaged populations. Whilst Psychology majors' responses were significantly greater than education majors for same. The most significant value for working with	The desire to work with disadvantages populations was positively associated with valuing autonomy, experienced of personal or family problems, and having and educator or helping professional as parent. The results suggest that learning experiences for those who desire to work with disadvantaged populations should support autonomous work, and promote welcoming and supportive interpersonal practicum

Citation	Peer Review	Sample	Aim	Methodology	Limitations/Bias	Findings	Conclusions
				Desirability Scale (Reynolds, 1982). Statistical analysis included one-way ANOVA and multiple linear regression.		disadvantaged populations was autonomy. Prior experiences such as troubled backgrounds; having a caregiver that was a helping professional or teacher; providing help they themselves lacked; and strong relationships was also significant.	experiences with industry professionals, as-well-as the opportunity to reflect on the past to plan for the future.
Murphy, R. A., & Halgin, R. P. (1995). Influences on the career choice of psychotherapists. *Professional Psychology: Research and Practice, 26*(4), 422.	Peer Reviewed	56 clinical psychologists 24 females 30 males 2 unidentified 53 social psychologists 25 females 25 males 3 unidentified	The study aimed to contribute to the evidence-based literature on motives and events that contribute to pursuing a vocation as a therapist.	Quantitative: Participants completed a 37-item questionnaire designed by the research team entitled: Influences on Becoming a Therapist. Items were related to:	Purposive sample. Potential examiner and instrument bias. Cronbach's alpha of .57 suggests poor internal consistency for the troubled family subscale (Kline, 2000)	Clinical psychotherapists were significantly more motivated by occupational achievement and prospects; as-well-as resolving personal difficulties. Clinical	The study suggests that clinical and non-clinical psychologists also shared a number of similar motivations including: altruism, selflessness; self-

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					altruism, opportunity, desire for knowledge, resolving individual problems, interpersonal relationships and family troubles. Analysis of variance was used to determine significant differences.		psychotherapists were also significantly more likely to have experienced personal difficulties; and family problems.	development; and vocational satisfaction from their career. However, whilst previous research has suggested psychological wounds as motivation to become a psychologist, this study suggests psychotherapists do note view their problematic histories as central to career choice.
Nikčević, A. V., Kramolisova-Advani, J., & Spada, M. M. (2007). Early childhood experiences and current emotional distress: What do they tell us about aspiring psychologists?. *The Journal of Psychology, 141*(1), 25-34.	Peer Reviewed	40 psychology students with clinical aspirations. 35 psychology students without clinical aspirations. 91 business administration students.	The study aimed to identify motivating factors from early childhood and current emotional distress that influence career choice in psychology	Quantitative: Participants completed 3 questionnaires: The Parentification Scale (Bruno, Bergner, & Baum, 1987). The Child Abuse and	Purposive and convenience sample business, psychologist Potential bias includes: instrument selection bias, and self-report bias.	The clinical psychology cohort reported significantly more experiences of: childhood sexual abuse, neglect/negative home environment	The study signified that rates of abuse, trauma and neglect were greater in clinical aspiring psychologist compared to psychologists and business

						childhood trauma and parentification between 14 and 16 years of age, compared to business and non-clinical psychology groups. However, no significant differences between groups were reported for current negative emotions. No evidence of current distress.	students. However, the study could not determine the influence these events had on motivation or choice of career, and suggest influences may be internalised and unconscious in some cases.
		All students were third year undergraduates.	students versus other students.	Trauma Scale (Sanders & Becker-Lausen, 1995). The Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983). The sample means were compared by one-way ANOVA with post hoc comparison.			
Olson, C. J., & Royse, D. (2006). Early-life adversity and choice of the social work profession. *Journal of Evidence-Based Social Work*, *3*(2), 31-47.	Peer Reviewed	Random sample of 195 social workers 144 females 46 males Mean age 55 Range 37-73 Convenience sample of	The study aimed to examine participants exposure to childhood trauma, and early life role reversal between child and parent.	Quantitative: Participants completed 3 questionnaires including: The Childhood Trauma Questionnaire (Bernstein & Fink, 1998); Questionnaire of Childhood	Purposive sample. Potential biases include: generational bias due to participants being mostly middle aged. Participants were industry veterans with more than 20 years experience.	The study signified that social workers had higher rates of mental illness in the family unit than the non-social workers. The findings from the childhood trauma	The results signified that the rate of exposure to adverse childhood experiences for social workers was no greater than other professionals. This result may be particularly

Citation	Peer Reviewed	Sample	Aim	Method	Biases/Limitations	Themes	Findings
		124 non-social workers 88 females 35 males Mean age 39 Range 21-65		Adversities (Kessler & Magee, 1993); and the Premature Responsibility Scale, that used 7 items from Fussell and Boney's (1990) Childhood Questionnaire.	Social workers with greater adverse childhood experiences may have left the industry due to stress or burnout. self-reporting bias.	questionnaire signified that social workers experienced more exposure to emotional and sexual abuse, compared to non-social workers.	relevant to veterans in the field, with social workers with longer services being less influences by personal experiences than those entering the profession in more recent times. The study differs to previous works which signified that a greater rate of adverse childhood experiences and familial dysfunction was normative to social workers.
Pack, M. (2010). Career Themes in the Lives of Sexual Abuse Counsellors. *New Zealand Journal of Counselling*, *30*(2), 75-92.	Peer Reviewed	22 counsellors from the Accident Compensation Corporation, New Zealand.	The study aimed to examine the relevance of vicarious trauma literature with respect to theory	Qualitative: Participants were sent an article to orientate the participant with	Purposive and conservative sized sample. Potential biases may include: researcher's	The study identified several themes. Firstly, the motives for pursuing work in the field	The study suggested that through coming to terms with their own trauma,

of constructivist self-development. The researcher hypothesised that exposure to vicarious accounts of sexual abuse would heighten therapist's awareness of their own trauma, and through this awareness therapist would create ways to manage and ameliorate vicarious trauma.

respect to vicarious trauma and constructivist self-development. Following this, In-depth interviews were conducted and thematic analysis was applied to the data.

theoretical lens, structure of interview questions and material provided prior to the interview; self-report and social desirability bias.

emerged from familial and personal stories of trauma. Secondly working in unfulfilling vocations and inadequacies in their own life, combined with their experiences of individual trauma prompted a move into counselling. For some, experiences of sexual and physical abuse, and parentification lead to pursuing a role in a helping profession. One described their individual philosophy with respect to

counsellors were able to embed this understanding into a framework for helping others. Through hearing others stories of trauma, counsellors became more enlightened and better able to proceed in their own lives. Finally, prior engagement with personal therapy supported counsellors to not over identify with and direct personal feelings towards their clients.

							abuse, and their decision to become a social worker. Finally, therapists believed that prior healing and managing their own trauma was a skill they could use to help others.
Parker, J., & Merrylees, S. (2002). Why become a professional? Experiences of care-giving and the decision to enter social work or nursing education. *Learning in Health and Social Care*, *1*(2), 105-114.	Peer Reviewed	3 social work and nursing students	The study aimed to identify how experiences of caring for siblings were connected to a career choice in social work and nursing.	Qualitative: 3 biographical-narrative interviews, with respect to the lived experience and connection to social contexts were performed. The researchers approached data analysis from the perspective of grounded theory. Data were coded and	Small purposive and convenience sample, limits generalisability. Implicit bias towards those with a sibling with impairment.	The study identified several interrelated themes between the biographical stories of the participants and helping career ambition. All had siblings with intellectual impairments which was associated with caregiving and responsibility within the family unit, perseverance,	The biographical interviews signified that participants had clear motives for pursuing a helping vocation. They were not driven by unconscious unresolved difficulties, but rather by personal ideals for fairness, providing a voice for those who need it, and

common links between themes were identified and applied to the data.

and conflicting beliefs about the role of providing care. Furthermore, poor experiences with external providers of care led to a motivation and dedication to effecting change in current health service delivery. These factors were particularly salient to a participant that assumed the role of primary caregiver, due to the neglect of extend family and mother's intellectual impairment, she was responsible for her mother and two siblings.

altruistic tendencies, seeking positive change in systems and to improve the life of others through improved service delivery. Furthermore, the researchers suggested that performing such biographical interviews at programme intakes would ensure unresolved issues are addressed prior to employment allowing programmes to be individualised and improving workforce retention.

| Phillips, P. (1997). A comparison of the reported early experiences of student nurses with those of a group of people outside the helping professions. *Journal of advanced nursing*, *25*(2), 412-420. | Peer Reviewed | 115 nursing students 97 non-helping similarly matched professionals. | Study aimed to investigate whether a relationship existed between adverse events in childhood and adolescence and choosing a nursing career. | Quantitative: The participants provided yes or no responses to a 14-question researcher designed survey. Questions were related to: the death of an immediate family member; long-term illness of a family member or extended family member; divorce and separation from a primary caregiver; parental addiction, abuse, and exposure to other trauma. Statistical analysis included a Chi-square test, that assessed | Purposive and convenience sample. Potential biases include: implicit bias towards nurses and instrument selection bias and self-report bias. | The study signified that nursing students reported more affirmative responses to: separation from a primary caregiver; chronic psychological or bodily illness of a caregiver or extended family member that resided in the home; sexual abuse, involvement in a major accident, and other major challenge not mentioned. | The overwhelmingly significant results provide evidence that nurses could be at greater risk of work-related emotional distress and mental health challenges. Therefore, it is suggested that employers and universities make mental health services freely available to nursing professionals. Furthermore, what is needed is a vocational culture that recognises particular job stressors and sees the benefit to both the individual and the organisation |

				the differences in response rates.			in supporting their exploration.
Rompf, E. L., & Royse, D. (1994). Choice of social work as a career: Possible influences. *Journal of Social Work Education, 30*(2), 163-171.	Peer Reviewed	415 social work students 203 non-social work students	The study aimed to investigate why people enter the social work profession	Quantitative: Participants firstly completed a 7-item questionnaire, with items related to: death of a family member; family separation, discontentment in their parents marriage; serious illness; addiction and emotional challenges. In part two, participants were asked how these and other factors influenced their vocational choice. Statistical analysis	Purposive and convenience sample. Potential biases include implicit bias towards social work, instrument selection, and self- bias.	The study signified that Social work students reported more affirmative responses to: parents with an unhappy marriage; emotional challenges; problems with alcohol and other drug addiction in their family of origin; and child abuse and neglect with respect to the comparison group. Significantly more social workers (39%) than non-social workers (14%) reported that these events	The results of this study were in line with previous works, supporting the hypothesis that early life distress and interpersonal trauma is associated with seeking a social work career. Moreover, social workers were two and a half times more likely to report that adverse events influenced their career decision than non-social workers. However, the results of this study should not be misconfigured to suggest that

				included a Chi-square test, that assessed the differences in response rates.		influenced their vocational choice.	social workers pursue the profession in order to support their own mental well-being.
Sellers, S. L., & Hunter, A. G. (2005). Private pain, public choices: Influence of problems in the family of origin on career choices among a cohort of MSW students. *Social work education*, *24*(8), 869-881.	Peer Reviewed	126 graduate social work students	The study aimed to investigate the influence of family problems on choosing a social work specialisation.	Quantitative: Participants completed a questionnaire designed by first year students with questions related to: familial history, vocation selection, course expectations and approval; multiculturalism; and welfare. Statistical analysis included chi-square analysis, multiple regression, and logistic regression.	Purposive and convenience sample with no comparison group. Potential biases include: researcher designed instrument, self-selection, and self-report bias.	The results signified that 69% of the sample had exposure to at least one incident of family discord, including mental illness (43%), violence (35%), substance misuse (44%,) sexual and/or gaming addiction (4%). Furthermore, just over half of the sample suggested incidents of family discord influenced their career decision (53.5%). An influential family	The researchers concluded that past experiences of family dysfunction were important in choosing a social work career and area of practice. They suggested that future research should investigate how interventions may assist students to use prior experiences effectively to help clients. They also expressed the need to integrate and consider

Citation	Peer Reviewed	Sample	Purpose	Method	Sampling	Findings	Conclusion
						history also affected the choice of practice area, specifically in mental health/health fields.	factors such as exposure to trauma, countertransference and co-dependency throughout course work.
Stidham, A. W., Draucker, C. B., Martsolf, D. S., & Mullen, L. P. (2012). Altruism in survivors of sexual violence: The typology of helping others. *Journal of the American Psychiatric Nurses Association*, *18*(3), 146-155.	Peer Reviewed	121 sexual violence survivors 15 helping professionals	This study aimed to investigate the altruistic tendencies of sexual violence survivors, to define a typology of helping others.	Qualitative: Participants completed a 60-90-minute semi-structured interview. Data taken from the entire sample was coded and themes were identified. Categories included protecting children, taking part in studies, advocacy, and specifically to this study choosing a helping career.	Purposive sample. Self-selected sample responded to advertisements placed in store windows and were reimbursed ($35) for their participation.	15 participants chose a helping profession as an altruistic endeavour. More than two thirds of the sample engaged in altruistic behaviours. Themes that were identified with respect to the helping professionals sample included: wanting to give back to others the help that they had received; to let others know that they could move	The study indicated that survivors were motivated to prevent sexual abuse of others and to help others heal. Participants that had healed from their own abuse and regained their strength were better situated to help others. The findings supported the literature on posttraumatic growth, suggesting that through helping

						forward with the support of someone that understands and they can trust; and to help others know they aren't responsible for the things that happened to them.	others participants gained a sense of meaning and were able to recognise something positive could come from there experience.
Triplett, R., Higgins, G., & Payne, B. K. (2013). Experiences of domestic violence as a child and career choice. *Journal of family violence, 28*(3), 289-297.	Peer Reviewed	136 human services professionals 375 non-human services professionals	The study firstly investigated whether violence in childhood was associated with choosing a human services vocation. Secondly the study investigated whether working in human services increased the chances of domestic violence exposure.	Quantitative: Participants responded to a 22-item questionnaire that included questions about: self-control, intimate partner violence, and victimisation as a child. Statistical analysis included regression analysis, binary logistic regression,	Purposive sample. Potential biases: instrument selection bias, and self-report bias.	The study signified that there was no relationship between violence exposure and choosing a human services vocation. Having increased self-control was significantly related to being a human services professional. Whilst as age increased the chance of being	Whilst previous literature signified that childhood trauma and exposure to violence was a significant contributor to choosing a human services career this study did not find evidence to support this. However, the study simply demonstrated that the rate of exposure to

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				ordinary least square regression		a human service professional decreased. Marriage also significantly decreased the chance of working in human services. Being a human services worker reduced the chance of being victim to partner violence.	violence occurred at the same rate as non-human services professionals. Although, the studies differ in outcomes, findings do not suggest that those entering the field with violent early histories are not unconsciously influenced, and motivated to enter the field because of their adverse experience.
van den Bosse, S., & McGinn, M. A. (2009). Child welfare professionals' experiences of childhood exposure to domestic violence. *Child welfare*, *88*(6), 49.	Peer Reviewed	12 child welfare individuals 7 females 5 males Mean age 48 Age range 33-61	The study aimed to investigate participants experiences of exposure to childhood domestic violence across the lifespan,	Qualitative: 12 semi-structured interviews that included exploration of: the impact of violence on the life course and choice of	Small purposive snowball sample.	The study indicated a number of themes that influenced career choice including: pursuing a helping career	The resilience of participants was well demonstrated in the study with participants indicating altruistic motivation, and

			various interventions, and its impact on career choice.	vocation. Interviews were recorded and transcribed, and researchers debriefed following each interview. The researchers identified and compared themes and codes to create a conceptual classification.		because of discontent with services received as a child; having a positive relationship with a carer; moving from parentified child to helper as a natural progression; ability to relate, empathise and understand; ability to relate and work with same ethnicity; and systemic failure and disappointment.	providing important insights form a survivor's point of view with respect to missed chances for intervention, effective screening and other support programs.
van Heugten, K. (2001). Aspects of the early life histories of social workers in private practice: From marginality to reflective practice. *Psychoanalytic Social Work, 8*(2), 57-78.	Peer Reviewed	33 social workers 20 females 13 males 35-65 years of age	The study aimed to identify motivating factors from the early lives of social workers that contributed to a move into private practice.	Qualitative: 33 semi-structured 90-180-minute interviews were conducted. Grounded theory analysis involved coding data and identify themes,	Purposive sample. Potential biases include: self-report and self-selection, research approach, and implicit bias towards those in private practice.	The study identified several interrelated themes of psychosocial trauma which included: parental alcoholism, separation of	The study signified that exposure to trauma for many participants lead to a motivation for social justice and helping relieve the emotional pain

including motives for becoming a social worker, and transitioning to private practice.

parents, parents that were unavailable, cultural discrimination, and violence. The participants also described experiences of parentification and inappropriate responsibility, such as acting as a child counsellor performing a mediation role between parties. Those who reported these later experiences and drew a connection with their career motivation, felt a concern for those neglected and experiencing emotional pain.

of others which was sometimes combined with a metacognitive battle to isolate oneself from such conflict. They acknowledged the interconnections between early experiences, managing conflict situations and a propensity to be self-directed when making decisions. Furthermore, participants believed that being an outsider assisted them to remain impartial and maintain perspective.

						Further, an overwhelming theme of seeing oneself as an outsider resonated throughout the interviews.	
Wilson, G., & McCrystal, P. (2007). Motivations and career aspirations of MSW students in Northern Ireland. *Social Work Education*, 26(1), 35-52.	Peer Reviewed	117 master of social work students	The study aimed to identify personal attributes affecting motivation for social work; the effects of professional socialisation on motivation for social work; and to inform educational programmes and employment services on design, retention and recruitment strategies for social work.	Quantitative: Participants completed a questionnaire at the beginning of their 2-year programme and an amended version at the end. The researcher designed questionnaire related to: factors influencing choice to study social work, people who influenced their career decision, early life events trauma	Purposive and convenience sample. Potential biases include: self-report, self-selection, and the research approach (selection of only 8 for qualitative component).	The results indicated that participants experienced a number of adverse early life events including: emotional challenges (26%), parental marital conflict (17%), severe illness (14%), parent or sibling death (12%), family discord (10%), abuse or neglect (8%), and substance abuse challenges (8%).	The study echoes the sentiments of former literature, suggesting a need for educational institutions and employment providers to recognise the backgrounds that individuals enter the field from, and to provide infrastructure to support individuals to cope and prosper in an emotionally

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exposure, and field of practice preferences.

Qualitative: 8 participants were interviewed at the end of their programme.

Statistical analysis of questionnaire data was performed using SPSS, and content analysis was performed on interview data.

Results from the interview suggested that having lived through trauma empowered participants to pursue a social work vocation, allowing them to be understand and empathise with others.

challenging environment.

Results

This SLR discerned associations between childhood trauma and career. The findings identify four influences: family of origin dysfunction, parentification, individual traits and characteristics developed through trauma, and experiential motivations.

Family of Origin Dysfunction

Black et al. (1993) established that a relationship exists between early family dysfunction and the selection of a career in the helping professions. Family of origin dysfunction encompasses a vast array of traumatic familial events, including divorce and separation, physical and mental illness, death, substance misuse, child abuse and neglect, and other traumatic experiences (Black et al.,1993). Of the 28 studies reviewed, *n* = 24 reflected connections between family of origin dysfunction or problems and a career in the helping professions. The studies reported two distinct aspects of dysfunction that contributed to career decision-making, *relational disruptions* (*n* = 18) and *child abuse and neglect* (*n* = 20).

Relational Disruptions

Relational trauma associated with disrupted attachment was a dominant theme within the literature concerning career choice in helping motivation (Barnett, 2007; Brems et al., 1995; Black et al., 1993; Doron et al., 2013; Elliot & Guy, 1993; Fussell & Bonney, 1990; Holliday et al., 2018; Nikčević et al., 2007; Olson & Royse, 2006; Phillips, 1997; Rompf et al., 1994; Sellers, 2005; van Heugten, 2001). Five studies reported that participants from helping professions experienced greater perceived or actual lack of intimacy from a caregiver, parental rejection, loneliness, abandonment, family dysfunction, and caregiver absenteeism compared to non-helping participants (Barnett, 2007; Brems et al. 1993; Elliot & Guy, 1993; Fussell & Bonney, 1990; van Heugten, 2001). Similarly, Fussell and Bonney (1990) asserted that participants expressed greater negative memories with respect to experiencing uncertainty regarding the thoughts and feelings of family members. Furthermore, the review provided evidence that the early lives of those choosing a career in helping were often restricted or strained, with their needs coming second to others (Brannen, 2007).

Although a few studies identified relational problems and problems in the family unit as explicit motivating factors contributing to a decision to pursue a helping

profession (Holliday et al., 2018; Rompf & Royse, 1994; van den Bosse & McGinn, 2009), two studies identified experiencing a positive and reparative relationship with a helping professional or other responsible figure as influencing career choice in the helping professions (Holliday et al., 2018; van den Bosse & McGinn, 2009). The review also identified disrupted attachment and relational trauma characterized by physical and sexual abuse (Elliot & Guy, 1993; Nikčević et al., 2007; Pack, 2010; Phillips, 1997), abandonment, neglect, and separation (Holliday et al., 2018; Huynh & Rhodes, 2011; Phillips, 1997; van Heugten, 2001) as an implicit motivation for choosing a helping career.

Child Abuse and Neglect

The review identified childhood victimization, characterized by physical and sexual abuse, abandonment, and neglect, as an implicit motivation for choosing a helping career (Barnett, 2007; Brems et al., 1995; Black et al., 1993; DiCaccavo, 2002; Doron et al., 2013; Elliot & Guy, 1993; Fussell & Bonney, 1990; Holliday et al., 2018; Nikčević et al., 2007; Olson & Royse, 2006; Phillips, 1997; Rompf & Royse, 1994; Sellers, 2005; van Heugten, 2001). Seven studies also reported significant negative home environments, including poverty, neglect, familial conflict, and emotional abuse (Barnett, 2007; Nikčević et al., 2007; Brems et al., 1995), emotional challenges (Holliday et al., 2018; Rompf & Royse, 1994), sexual and physical abuse (Black et al., 1993; Elliot & Guy, 1993). Substance misuse in the family of origin was identified as a common adversity experienced by helping professionals. Black et al. (1993) identified that greater than 55% of the social work students originated from families that experienced problems with alcohol. These findings were similar to other studies that compared the early lives of 340 psychotherapists versus 2623 non-psychotherapists (Elliot & Guy, 1993), and 415 social work students versus 203 non-social work students (Rompf & Royse, 1994), which respectively identified alcoholism as a problem within the family unit of helping professionals. Additionally, Sellers and Hunter (2005) found that 44% of social workers experienced challenges with substance misuse in the family of origin. Van Heugten (2001) also drew attention to broader childhood victimizations of discrimination and violence prevalent in the lives of helping professionals.

Parentification

Parentification refers to the inverse distortion of the parent and child relationship, whereby the child assumes the roles and responsibilities of a parent. Parentification is developmentally incongruent with the child's age and stage by way of the child assuming domestic and household duties and caregiving for siblings and parents (Braunstein-Bercovitz et al., 2012; DiCaccavo, 2002). Yew et al. (2017) suggests that parentified children can be broadly categorized into two subtypes, the former caregiving subtype as described above and the other an emotional subtype whereby the child or adolescent assumes the role of counsellor and confidant, caring for the parent's mental and emotional wellbeing. Motivation to pursue a helping profession was a dominant theme described both implicitly (Barnett, 2007; Brannen et al., 2009; Buchbinder, 2007; DiCaccavo, 2002; Elliot & Guy, 1993; Fussell & Bonney, 1990; Holliday et al., 2018; Huynh & Rhodes, 2011; Nikčević et al., 2007; Pack, 2010; Parker & Merrylees, 2002; van den Bosse & McGinn, 2009; van Heugten, 2001), and explicitly as a natural progression from the role of parentified child to helping professional (Pack, 2010; van den Bosse & McGinn, 2009; van Heugten, 2010).

Childhood Carer Role

The inverse role of the parentified child forces the child to assume the physical and practical responsibilities of the dominant caregiver, with the child's needs coming second to their parents due to substance misuse, diminished emotional or mental capacity, or physical ill-health. A comparative study by Fussell and Bonney (1990) reported significantly greater rates of caretaking and parentification among psychologists compared to physicists. Comparatively, Brannen et al. (2009) suggested that forced, rather than chosen, caretaking roles in childhood were common to childcare workers, and Parker and Merrylees (2002) identified that three social work, and nursing participants, performed a caregiver role for their siblings with intellectual impairment. DiCaccavo (2002) found a lack of paternal care was associated with high scores on a parentification questionnaire for both counselling and art students and a lack of maternal care, and self-efficacy for care was associated with increased parentification scores for female participants (DiCaccavo, 2002).

Childhood Counsellor Role

Van Heugten (2001) highlighted the commonality among social workers to have undertaken family facilitator or mediator roles in childhood, with participants reporting experiences of inappropriate responsibility and acting as a child counsellor between parties. Stemming from their parentification experiences, participants acknowledged that their career motivation was driven by concern for those experiencing neglect and emotional pain, as well as experiences managing conflictual situations, and a propensity to be self-directed when making decisions (van Heugten, 2001). Similarly, Barnett (2007) investigated unconscious motivations for choosing a career in psychotherapy and counselling and identified several participants who were a confidante for others and felt their needs were dismissed. Participants identified performing the role of mediator in inappropriate conversations, while others acted as a counsellor and confidante for peers at boarding school (Barnett, 2007; Buchbinder, 2007).

Individual Traits and Characteristics

Sixteen studies identified the traits and characteristics developed through childhood trauma experiences, which in turn influenced career decision-making. These included altruism ($n = 8$), empathy ($n = 3$), and skills and talents ($n = 12$).

Altruism

Eight studies referenced altruism as a trait possessed by participants, motivating career choice (Krouse & Nauta, 2005; Murphy & Halgin, 1995; Pack, 2010; Parker & Merrylees, 2002; Rompf et al., 1994; Stidham et al., 2012; van Heugten, 2001; Wilson & McCrystal, 2007). Stidham et al. (2012) investigated the altruistic tendencies of 121 sexual violence survivors and identified that altruistic tendencies motivated 12.39% of survivors in their sample to choose a helping profession. Other studies identified that humanitarian and altruistic values and a desire to help others and serve disadvantaged populations were a motivation for choosing a helping profession (Krouse & Nauta, 2005; Pack, 2010; Parker & Merrylees, 2002; Rompf et al. 1994; van Heugten, 2001; Wilson & McCrystal, 2007).

Empathy

The systematic review identified studies ($n = 3$) that highlighted empathy as a motivational factor for participants choosing to study or work in a helping profession (Krouse & Nauta, 2005; van Heugten, 2001; Wilson & McCrystal, 2007). Krouse and Nauta (2005) highlighted that an ability to empathize with those who needed services

motivated participants to engage in helping professions with underserved populations. Furthermore, Wilson and McCrystal (2007) suggested that survivors felt empowered to pursue a social work career, and their adverse experiences in childhood enabled empathy with others.

Skills and Talents

Several studies ($n = 12$) highlighted the process by which trauma in childhood influenced the development of certain skills or talents that were conducive to helping professions and motivated career decision-making. Buchbinder (2007) referred to the sharpening or deepening of understanding of distress and a sensitivity to others' vulnerability, which played a central role in carer choice. Additionally, several studies drew attention to the way in which experiencing childhood adversity helped participants to develop skills and resilience necessary for working with distressed clients and managing the psychological demands of others (DiCaccavo, 2002, Pack, 2010; Stidham et al., 2012; van den Bosse & McGinn, 2009; van Heugten, 2001). Several studies emphasized more generally, the ways childhood adversity led them to develop certain skills and talents they now drew on in their professional lives, such as listening, overcoming adversity in creative ways, and communication skills (Elliott & Guy, 1993; Evans & Evans, 2019; Nikcevic et al., 2007; Pack, 2010; Parker & Merrylees, 2002; Stidham et al., 2012; Triplett et al., 2013; van den Bosse & McGinn, 2009; van Heugten, 2001; Wilson & McCrystal, 2007)

Experiential Motivations

Whilst all the studies in the review make reference to experiential motivations of some sort, both intrafamilial and extrafamilial, a number of studies empathized the role specific past experiences play in career decision making, including loss and prior experience as a service utilizer. These studies drew attention to the ways in which prior experiences motivate career choice through a desire to make meaning of and remedy traumatic childhood events or to prevent others from experiencing those same adversities.

Loss

Loss was a reoccurring theme that emerged from a number of studies and was broadly categorized across all studies ($n = 6$), including death, separation, divorce, and abandonment. Barnett (2007) concluded that all participants in their study experienced some form of loss prior to adulthood, with only one experience of loss

relating to death. Other studies specifically identified themes of loss through the death of a family member or friend as a motivator for choosing a helping profession (Buchbinder, 2007; Huynh & Rhodes, 2011), with some studies drawing attention to parental death or suicide more specifically (Elliott & Guy, 1993; Huynh & Rhodes, 2011; van Heugten, 2001; Wilson & McCrystal, 2007).

Service Utiliser

Nine studies highlighted the influence of exposure to helping professions on career choice. Byrne (2017) identified that 63% of social work students had prior exposure to the profession through either an acquaintance, or professional, or therapeutic encounter. Additionally, Huynh and Rhodes (2011) reported that participants were influenced by the help they received from professionals in their childhood, including negative experiences. Furthermore, Parker and Merrylees (2002) identified that the three participants in their study shared poor experiences, discontent, and conflicting beliefs about appropriate care concerning care providers, which led to a motivation to effect systematic change and improve health service delivery to the intellectually impaired and their families. Helping professionals participating in research had received help from professionals in childhood, including social workers, counsellors, psychologists, which influenced their career choice (Byrne, 2019; Huynh & Rhodes, 2011; Krouse & Nauta, 2005; Pack, 2010). Two studies specifically identified children experiencing the welfare system and out-of-home care as a motivating factor in career decision-making (Evans & Evans, 2019; Parker & Merrylees, 2002;).

Rescuing

Eight studies made reference to the desire to rescue or save others from experiencing the trauma that participants had endured in their own childhood. The review revealed that participants identified feeling rejected, unloved, and uncared for and wanting to prevent others from experiencing the same (Brannen et al., 2009), and a desire to provide resources to those in need that they themselves lacked and to reverse injustices they themselves experienced (Krouse & Nauta, 2005). Studies emphasized a motivation to prevent further abuses, stop the cycle of violence, and assist others through traumatic experiences that participants had survived themselves (Brannen et al., 2009, Pack, 2010; Stidham et al., 2012).

Redemptive/Remedial/Narcissistic Injury

Twelve studies alluded to participants' motivations to choose a career in a helping profession to make meaning of their traumatic childhood experiences, to assist their healing. Meaning was addressed in several studies, calling to attention the way in which helping professionals actively make meaning of their own trauma by helping others (Buchbinder, 2007; Huynh & Rhodes, 2011; Nikcevic et al., 2007; Pack, 2010; Stidham et al., 2012). Stidham et al. (2012) indicated that participants stressed that helping others helped make sense of their experiences with sexual violence. Fussell and Bonney (1990) highlighted that caretaking in vocation is often a coping mechanism for early experiences. This was supported by other studies that proposed that participants sought to cope with and address their own distress vicariously through clients (Buchbinder, 2007; DiCaccavo, 2002; Doron et al., 2013; Fussell & Bonney, 1990; Parker & Merrylees, 2002; Phillips, 1997). Mention was also made in the body of research of the participants seeking resolution of their problematic histories through helping others (Barnett, 2007; Murphy & Halgin, 1995; Parker & Merrylees, 2002).

Discussion

This study synthesized research literature about evidence of associations between cumulative harm and vocational decision-making for workers in helping professions. Cumulative harm is the "effects of multiple adverse circumstances and events in a child's life the impacts of which can be profound and exponential, and diminish a child's sense of safety, stability, and wellbeing" (Miller, 2007, p.1). Drawing on the core themes identified, we now turn to an interpretation of the findings in terms of CCT (Savickas, 2005, 2013).

Career Construction Theory

According to Savickas (2005, 2013), people build careers by turning their preoccupations into occupations and thereby actively master what they passively suffer. CCT occupies both a constructionist and contextual perspective and acknowledges the role personal and social environments play in influencing career decision-making. Thus, CCT draws attention to interpretive processes, social interactions, and negotiation of meaning (Savickas, 2005). In this way, CCT emphasizes the recursive interplay between self and society, interweaving self-organization (vocational personality) and self-extension (career adaptability) to arrive at a self-defined whole (life themes).

Vocational Personality

An individual's personality continues to develop throughout the developmental life course (Savickas, 2005). Research clearly articulates the pervasive effect cumulative harm can have on development across the lifespan, with ramifications for cognitive, emotional, social, and relational development (Nader, 2008; Sachs-Ericsson et al., 2009; Shonkoff & Phillips, 2001; Widom et al., 2007). Child abuse, neglect, and attachment disruptions can significantly influence social-emotional development, and thus the construction of self-concept and a child's sense of self in the world (Turner et al., 2010). Research concludes that maltreated individuals experience multiple episodes of interrelated and overlapping victimizations; therefore, the cumulative impact of these experiences on the formation of self-organization and vocational personality should be duly acknowledged (Hamilton & Browne, 1999; Higgins, 2004; Rossman & Rosenberg, 1998).

An individual's personality is expressed within the context of their family of origin (Savickas, 2005). Dysfunction in the family of origin is crucial to understanding its influence on vocational personality, as the experiences of childhood maltreatment and relational disruptions shape the development of self. Cumulative childhood adversity, through familial dysfunction, relational difficulties, loss, or victimization, may stimulate internal changes that become characteristics and traits (Terr, 1991).

Self-concept is highly influenced by interpersonal relationships, in particular interfamilial relations formed early in life (Savickas, 2002; 2005; 2011). A reoccurring theme across the findings of this SLR was that chronically unmet relational needs in childhood were strongly associated with career choice in a helping profession. Cumulative childhood trauma is particularly devastating when experienced at the hands of an attachment figure as it forms a dual liability by creating extreme distress and undermining the development of the biological, emotional, and behavioural capacities which regulate that distress (Allen, 2002). Repeated childhood experiences of separation, rejection, abandonment, loneliness, loss, emotional absence or unavailability, and conflict reflect the array of relational difficulties which contribute to cumulative harm and shape the lifespan development of individuals (Barnett, 2007; Brems et al., 1995; Black et al., 1993; Doron et al., 2013; Elliot & Guy, 1993; Fussell & Bonney, 1990; Holliday et al., 2018; Nikčević et al., 2007; Olson & Royse, 2006; Phillips, 1997; Rompf et al., 1994; Sellers, 2005; van Heugten,

2001). Thus, cumulative harm and the influence these dysfunctional relational experiences have on self-concept are a likely source of influence on self-organization and the development of the vocational personality.

Career Adaptability

Career adaptability represents an individual's self-regulative resources, encompassing attitudes, behaviours, and competencies, for managing "imminent vocational developmental tasks, occupational transitions, and personal traumas" (Savickas, 2005, p. 51). Evidence from the present study demonstrates the mechanisms by which traits and characteristics, skills, and talents are fostered or honed through the experience of cumulative adversity.

Many of the studies reviewed in this study refer to the way in which cumulative childhood adversity developed and sharpened specific skills and talents which were well aligned with helping professions (Buchbinder, 2007; DiCaccavo, 2002; Evans & Evans, 2019; Elliott & Guy, 1993; Nikcevic et al., 2007; Pack, 2010; Pack, 2010; Parker & Merrylees, 2002; Stidham et al., 2012; Triplett et al., 2013; van den Bosse & McGinn, 2009; van Heugten, 2001; Wilson & McCrystal, 2007). Equally, the theme of parentification, emerging from childhood caretaking and counsellor roles, was noted to provide individuals with a set of skills well-suited to the helping professions.

CCT asserts that through the family, individuals compose a social role, then adapt and extend this role into their occupational contexts (Savickas, 2013). Parentified children often enter the helping professions in adulthood as extensions of their childhood roles (Blumenstein, 1986; Guy, 1987; Nikcevic et al., 2007). Early caretaking roles often potentiate caretaking in vocation, which reflects both the skills developed through parentification and a desire to remediate cumulative harm through professional helping occupations, as individuals address and cope with their own distress vicariously (Fussell & Bonney, 1990). These experiences are reflective of career adaptability, of drawing on resources developed through cumulative childhood adversity, to resolve unfamiliar, complex problems presented by work-related tasks, transitions, and traumas (Savickas, 2005).

Life Themes

Whilst content (the what of vocational personality, the actor) and process (the how of career adaptability, the agent) are important, exploring these elements in isolation neglects the dynamics of the open system which traverses both self-

organization and self-extension, to arrive at the self-defined whole (Savickas, 2005). Savickas argued that, rather than a sequential, staged process of career development, CCT posits a reciprocal process in which self-defining life stories guide adaptation through the evaluation of opportunities and constraints and use vocational personality traits to address developmental tasks, occupational transitions and personal adversity and traumas (Savickas, 2005).

Self-defining life stories are reflected in the SLR through themes of experiential motivations, which highlight the role of meaning making as a motivation for entering a helping profession. Twelve of the 28 studies included in the review revealed the individuals' desire to make sense of their traumatic childhoods was a motivation for career choice. In the context of cumulative harm experiences, the review highlighted that career choice was influenced by a need to construct a narrative that fostered an understanding of their childhood experiences and early life traumas. This intrinsic motivation organically contributed to the process of building a life narrative and a career story that reflected their active attempt to make meaning and shape their future (Savickas, 2005). The themes evident in the SLR that reflected active making meaning through helping others illustrate biographical reflexivity espoused in CCT, whereby individuals reconstruct the past to understand current choices and plan future action (Josselson, 2000).

Reflected in the SLR, rescuing as a vocational behaviour may be seen as an extension of the career narrative, in which an individual use their life themes to prevent similar cumulative adversity occurring for others through occupational channels (Brannen et al., 2009; Krouse & Nauta, 2005; Pack, 2010; Stidham et al., 2012). Additionally, findings of the SLR, which revealed emotive motivations of altruism and empathy as guiding career choice in the helping professions, are reflective of the meaning making process central to CCT. Individuals develop feelings of altruism, empathy, and empowerment through their own narratives of cumulative harm, which in turn motivate career decision-making, as both a reflection of career adaptability and vocational personality (Krouse & Nauta, 2005; Pack, 2010; Parker & Merrylees, 2002; Rompf et al. 1994; van Heugten, 2001; Wilson & McCrystal, 2007). Similarly, exposure to professional helping through cumulative childhood adversity, observed in the themes of service utilizer in the SLR, contributes to the vocational narrative and the self-defined whole (Byrne, 2019;

Huynh & Rhodes, 2011; Krouse & Nauta, 2005; Pack, 2010). The less tangible experiential and emotive motivations are reflected, not as vocational personality traits or career adaptability, but as the threads which weave through these elements as a pattern of meaning (Savickas, 2005).

Limitations

There are several notable limitations to this study. First, nine of the 28 studies reviewed encompassed participant groups that included male and female cohorts; however, representation in these studies was predominately female. Only two studies had equal representation of males and females, and these studies had small participant cohorts; one study examined females only. Interestingly, in one study in particular (Black et al., 1993), the cohort of social workers comprised predominately female participants, and the comparative cohort of business professionals was represented chiefly by males. This alludes to the gendered workforce of helping professionals (Fiore & Facchini, 2013). Race and ethnicity were not reported in the studies reviewed, and therefore assumptions cannot be made about the influence of culture and race on the experiences of traumatized individuals seeking a career in the helping professions. This limitation highlights the need to explore the role of race and culture in the lived experience of cumulative harm and career decision-making, especially given the overrepresentation of Indigenous and ethnically diverse peoples exposed to childhood adversity and maltreatment (Euser et al., 2011; Tilbury, 2009; Trocmé et al., 2004). Secondly, the review relied on the accuracy and methodology of secondary data from previous studies. Moreover, significant heterogeneity of methodological approaches was present, including both qualitative and quantitative studies which used different methods, assessment instruments, and subscales from different sources, with participants not asked directly about their exposure to cumulative harm, their role, or motivation towards helping. Third, the majority of the studies originated in the United States or the United Kingdom, with only one Australian study identified in the review. The studies were also predominantly career-specific (for example, social work or psychotherapists) rather than focused more generally on helping professions. Fourth, although the review identified associations between relational trauma, parentification, and choice of a helping career, the qualitative nature of the review could not determine or conclude direct causal or dose-dependent relationships. Furthermore, it must be acknowledged that the

identification of cumulative harm as an influence on career could be explained, in part, by potentially higher levels of awareness in helping professionals. Helping professionals may possess a heightened self awareness and greater insight into their career motivations than other non-helping professions due to the reflective nature of careers such as social work and psychology. Fifth, the research design did not allow for the assessment of the influence of reparative relationships, healing, and/or resilience factors on cumulative harm and career choice in helping. Finally, this review did not aim to determine whether adverse childhood experiences directly hindered or enhanced professionals' self-efficacy for their helping work and its effectiveness.

Recommendations

There is a paucity of research that focuses on the life themes and career stories of cumulative harm, delving deeply into the lived experiences of career construction for helping professionals who have endured cumulative childhood adversity. Research methods that explore the life narratives of individuals (e.g., Adler et al., 2017) who have experienced cumulative harm may inform theoretical perspectives and the formulation of research studies that could specifically test potential predictive relations between trauma and career choice. Future research is recommended that explores the lived experience of cumulative harm to achieve a greater depth of understanding of the specific influences on career choice in the helping professions and to discern reasons why some individuals with a history of trauma choose helping professions whereas others do not.

Counselling methods that draw on qualitative data on lived experience and the themes identified in this review would permit practitioners to identify and address, with increased accuracy, the influence of cumulative harm on career choice in the helping professions. Within the frame of CCT, Career Construction Interview (Savickas, 2005, 2011, 2013) is a useful method for facilitating individuals' career explorations and finding meaningfulness in their stories. Other narrative career counselling methods are similarly amenable for career exploration and reflective practice in professionals (McIlveen & Patton, 2010; Lengelle et al., 2016; Taylor & Savickas, 2016) that may be used to generative life themes to resolve matters of trauma toward effective personal and professional outcomes. These narrative tools may be integrated into the coursework of degree programs for helping professions

so as to develop these future practitioners' reflexive awareness of their resolutions. Narrative approaches are strongly supported in trauma-informed therapy and counselling more broadly (White, 2004; 2005).

Chapter Summary

This SLR identified key themes related to the influence of cumulative harm on career choice in the helping professions. The evidence indicates that some helping professionals, and preservice practitioners, are motivated to pursue a career in helping, through family of origin dysfunction, including childhood abuse and neglect, parentification, individual characteristics and traits developed through adversity, and through experiences, such as experiences of professional helping in childhood, loss, and a desire to remediate childhood maltreatment and rescue others from similar experiences. These elements reflect self-orientation and self-extension, which converge to create a self-defined whole, as espoused by the constructionist approach to career given in CCT. Additionally, the results signify that helping professionals entering the profession from a background of adverse childhood experiences are motivated by a multiplicity of factors, not a single factor. This finding illustrates the importance of considering the accumulation of childhood adverse experiences when exploring vocational narratives. Finally, we recommended that future research investigate life themes in career construction and the lived experience of cumulative harm in helping professionals, with the view to developing a deeper understanding of these influences on practitioners' career decision-making. Such knowledge will be valuable in the future construction of self-assessment tools for current and future helping professionals.

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CHAPTER 5: STUDY 2

Study 1, the systematic literature review (Bryce et al., 2021), revealed core themes key themes relating to the influence of cumulative harm on career choice in the helping professions. The evidence indicates that helping professionals, and preservice practitioners, are motivated to pursue a career in helping, through family of origin dysfunction, parentification, individual characteristics and traits developed through adversity, and through experiences, such as personal engagement with helping professionals. The results signify that helping professionals entering the field from a background of adverse childhood experiences are motivated by a multiplicity of factors, not a single factor. This review illustrates the importance of considering the accumulation of childhood adverse experiences when exploring vocational narratives. Building on this evidence, the present study seeks to investigate life themes and the lived experience of cumulative harm in helping professionals.

Kennedy and Scriver (2016) suggested that any reasonably-sized class of student preservice helping professionals today will likely contain individuals who have had direct or indirect experiences of personal trauma. Research has highlighted the prevalence of trauma narratives among those choosing to enter the helping professions such as counselling, social work, and psychology (Bryce et al., 2021). Racusin, Abramowitz and Winter (1981) reported in a study conducted in the 1980s that 50% of the therapists (participants) disclosed abuse, neglect or household dysfunction in childhood. Similarly, Pope and Feldman-Summers (1992) identified 33.1% of mental health professionals reported a history of child abuse, with 36.6% reporting some form of abuse in adulthood. Nikcevic et al. (2007) found psychology students aspiring to work in the mental health field reported a higher prevalence of childhood sexual abuse and household dysfunction, as compared with students outside the helping professions. Interestingly, Nikcevic et al. (2007) also compared psychology students who aspired to work in clinical (mental health) settings and those who did not wish to engage in the helping sector and found higher rates of childhood adversity in those aiming to work in the helping professions. The results of the study by Nikcevic et al. (2007) were consistent with those of earlier research highlighting the prevalence of childhood trauma among helping professionals as compared to those in other fields (Elliott & Guy, 1993; Fussell & Bonney, 1990; Murphy & Halgin, 1995). Nonetheless, there is a dearth of research

that pertains specifically to cumulative harm, experienced by pre-service guidance counsellors and human service professionals.

Identity, Trauma, and Self Construction

Within the literature, identity formation and self-concept are often considered synonymously (Goth et al., 2012). Several theories offer explanations about the importance of identity formation and self-concept, often during childhood and as a result of childhood experiences. Erikson's (1963) Identity Theory posits that an individual's formation of their identity develops through their cognitive development and throughout each stage of their lives, with experiences of the individual playing an important role in this developmental process (Crocetti et al., 2008; Goth et al., 2012; Scott et al., 2014). An individual's self-concept refers to their personal understanding of who they are, how they function, and how they fit in with others – positive and consistent self-concept is the product of successful identity formation (Betz, 2001).

An individual's identity and self-concept are influenced by life events, which in turn inform their ability to engage in meaning-making in the future (Fivush et al., 2017; Goth et al., 2012; Hammack, 2008; McConnell, 2011; Spencer & Tinsley, 2008). Childhood is an influential period for the development of self-concept, with environmental experiences playing a significant role in successful development (Juni, 2016). Similarly, adolescence is a time when self-concept is developing as a result of these environmental influences but also as a result of neuro-cognitive changes, with some studies showing a biological basis for the variations in one's identity (Engstrom et al., 2021; Sebastian et al., 2008).

Research suggests that the experience of trauma causes an individual to re-evaluate their understanding of themselves, and potentially disrupts their identity and self-concept and prevents it from developing in an adaptive manner (Berman et al., 2020). A significant body of literature suggests that abuse and neglect send clear messages to the victim regarding their self-worth, which are internalised and can lead to the construction of negative self-representations (Calheiros et al., 2020; Gewirtz-Meydan, 2020; Madigan et al., 2013a; Shi, 2013). For victims of childhood sexual assault, internalising gender identities and roles for victims was influential on their subsequent self-concept (Krause & Roth, 2011). Turner et al. (2017) revealed a connection between poly-victimization and lower levels of self-esteem, suggesting that individuals who experience victimization in differing or repeated forms will reflect

appraisals of others – that they are unworthy or disliked, which becomes a key message in their self-regard. Self-blame, low perceived personal control, and a low working model of self due to trauma experiences were identified in individuals who had experienced multiple forms of childhood trauma (Turner et al., 2017; Wu et al., 2021). Some research into the impact of trauma on identity formation refers to *possible selves* and who the person could have been if not for their experience of childhood trauma. Evidence indicates that victims of childhood trauma may also have difficulty considering their future, possible selves as a result of their adverse experiences (Easton et al., 2019; Goodson & Morash, 2017; Krayer et al., 2015.

Life and Career Narratives

Seminal works have explored the role childhood experiences play in career choice, from the development of a "vocational self" (Lent et al., 1994; Saka et al., 2008; Savickas, 2005; Super, 1980), unconscious processes (Bordin et al., 1963; Meijers & Lengelle, 2012; Savickas, 2011) and the influence of early relationships (Blustein, 2011; Blustein et al., 1995). According to Malach-Pines and Yafe-Yanai (2001), an individual is driven to choose a career that reflects childhood experiences, satisfies needs previously unmet in childhood, and actualises familial aspirationsSelf-defining life stories were also reflected in the systematic literature review (Study 1; Bryce et al., 2021) which highlight the role of meaning-making as a motivation for entering a helping profession. Establishing meaning is particularly important when individuals encounter traumatic life experiences (Park, 2013). Research indicates that finding personal meaning in a traumatic event is a critical factor in recovery from traumatic sequelae (Frankl, 1962; Herman, 1992; Solomon, 2004; Tedeschi, Park and Calhoun, 1998). From a constructivist perspective, this desire to make meaning of trauma is directly related to our identity formation as trauma challenges our assimilation and accommodation processes, which help expand existing understandings or add new information to our worldview (Falsetti et al.,2003; Resick & Schnincke, 1993; Sewell & Cruise, 2011).

White (2004) considers identity formation in terms of territory,

…When people experience trauma, and particularly when this is recurrent, there is a very significant shrinking of this territory of identity. When their territory of identity is so reduced, it becomes very difficult for people to know how to proceed in life, to know how to go forward with any personal project or

with any plans for living. What's more, all of the things in life that they would usually give value to are diminished or reduced. (p.46)

White (2004) argues that when individuals begin to make meaning of their traumas and accommodate this into their worldview through the formation of a life narrative, they "open neglected territories of life, beginning with atolls, then islands, then archipelagos, and then continents" (p. 65). Further to this, White (2005) proposes that alternative territories of identity are possible as individuals use personal life narratives to give voice to their traumas. Self-concept and implementation of self-concept are critical elements in Savickas' (2005) Career Construction Theory, the core of which lies in the integration of these elements to construct life themes, self-defining stories that explore tasks, transitions, and traumas across an individual's vocational life course. The present study builds on the theoretical foundation of CCT and investigates life themes and the lived experience of cumulative harm in helping professionals.

The Present Study

There are insufficient empirical studies focused on the influence of cumulative harm on career choice for people entering the helping professions. Helping Professions, in the context of the present study, are those that respond to the welfare of individuals and address challenges in a person's physical, psychological, intellectual, and emotional wellbeing. These professions include but are not limited to, psychology, nursing, counselling, social work, human services, and education (Egan & Reece, 2018). The present study uses interpretive phenomenological analysis (IPA; Smith, et al., 2009) to explore the lived experiences of cumulative harm in helping professionals and the influence on career decision-making and behaviour. Therefore, the research question posed for the present study is, "How does cumulative harm influence an individual's decision to enter the helping professions?"

Method

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is a phenomenological methodological approach and is concerned with how participants themselves make sense of their experiences (Smith & Osborn, 2007). IPA, is inductive in nature, beginning with no preconceived hypothesis and aims to capture and explore the

meanings participants assign to their experiences (Reid, Flowers & Larkin, 2005). According to Smith, Flowers and Larkin (2009) IPA research aims to engage with the meaning-making individuals engage in when they reflect on the significance of a major event or situation in their lives, such as important decisions and transitions. In this study, IPA facilitated the acquisition of first-hand experiences of cumulative harm most accurately and articulately, from those who had endured the lived experience.

Moustakas (1994) emphasised that subjective experience of a phenomenon, whilst being unique to each person's perceptions, also has at its core an essence of that experience (Moustakas, 1994; Smith et al., 2009). The essence of a person's experience is universally applied in that it possessed characteristics in common with others (Burke & Christensen, 2017; Moustakas, 1994). In this way, the study uses IPA to search for universal experiences of cumulative harm that inform career decision-making in the helping professions. The study starts with a person's unique experience and iteratively works towards a shared experience (Burke & Christensen, 2017; Smith et al., 2009).

Credibility and Reliability

In order to ensure the validity and quality of the results, I employed Yardley's (2000) criteria for validity, as recommended by other qualitative researchers (Heffron & Gil-Rodriguez, 2011; Smith, Flowers, & Larkin, 2009). Yardley's proposed a quality assessment framework that can be applied to a variety of qualitative studies, including IPA (Smith, Flowers, & Larkin, 2009). Yardley's (2000) criteria were used to ensure that research is indeed credible, both in terms of technique and interpretation, and that the results are an accurate representation of the participants' lived experiences of cumulative harm.

There have been numerous attempts to capture the quality and validity of qualitative research both broadly (Hammersley, 2008) and across the helping professions more specifically (Barusch et al., 2001; Rolfe, 2006; Yardley, 2000). Smith and colleagues (2009) applied Yardley's 4 broad principles of measuring validity and quality to IPA; sensitivity to context, commitment and rigour, transparency and coherence and finally impact and importance. It has been argued that keeping a reflective journal permits a critical stance to be taken on each of the aforementioned criteria denoting quality and validity in IPA. Keeping reflections enables the researcher to acknowledge and make visible opinions, values, prior

conceptions, and beliefs as part of the research design, data generation, analysis, and interpretation process (Ortlipp, 2008), thereby, achieving transparency in the research process. This, the Principal Investigator maintained a reflective journal throughout the study.

Recruitment of Interview Participants

There were 12 participants, 11 females and 1 male. Participants were all over the age of 18 years, with most participants falling between 30 and 65 years of age. All participants held a career in the helping professions, and all were still in current practice to some degree; these professions included social work, human services, counselling, and psychology. All participants had experienced cumulative harm. None of the participants identified as indigenous, one participant identified as Maori, and several (n = 3) others identified as direct decedents of immigrants from Ireland or Poland. Those participants who chose to disclose their cultural heritage described its role in their cumulative harm experience during their interviews.

Study 2 required participants who identified as having experienced cumulative harm to be recruited via communication through professional organisations including the Australian Association of Social Work (AASW), Australian Counselling Association (ACA) Australian Psychological Society (APS), and Australian Community Workers Association (ACWA). This information sharing was undertaken by providing these professional organisations with an information brief about the research (including details about the study and approved confidentiality/ethics documents) as well as contact details for dissemination throughout their membership networks. The potential for traumatisation in survivors of childhood maltreatment was acknowledged, therefore only participants who were already aware of their trauma and had acknowledged their experiences and their impact were sought, so as not to uncover trauma in unaware participants.

Data Collection

IPA forms a double hermeneutic as the researcher attempts to make sense of the participant making sense of their experience (Smith et al., 2009). IPA research explores small homogenous samples, for whom the research question is meaningful (Smith et al, 2008). Thus, participants were selected based on their ability to grant the researcher access to a particular perspective on the phenomena to be studied, in this case, cumulative harm.

IPA recommends the use of semi-structured, in-depth interviews, as this method facilitates rich detailed first-person accounts of their experiences (Smith et al., 2009). Semi-structured in-depth interviews were carried out to collect data for this project. A consent form was emailed to the participants and the meeting was scheduled following the provision of consent. Each interview was conducted via the Zoom platform and was recorded for later transcribing and took approximately 60 minutes to complete. In IPA the participant is perceived as the experiential expert, and thus are partners in guiding the direction of the interview. In order to allow for this flexibility, an interview schedule was used to provide consistency across the interviews and establish key prompts to ensure the interviews remained focused on the phenomena of interest (Smith et al., 2009). The interview schedule is attached as Appendix G.

Data Analysis

The data analysis process reflected the hermeneutic circle, the continual process of making meaning by contrasting the individual parts with the whole (Smith et al., 2009). This project utilized the six steps provided by Smith et al. (2009) to facilitate the IPA data analysis process. In the initial stage of analysis, the first interview transcript was read thoroughly, and initial notations were recorded alongside the verbatim transcript. This process was used to examine semantic content language, recording preliminary interpretations and important phrases to inform emerging themes. The initial notations included the identification of descriptive, conceptual and linguistic comments as advised by Smith et al. (2009). Descriptive comments described the content shared by the participant, conceptual comments focused on the abstractions I made, and the linguistic comments identified specific language used by the participant, including repeated words or phrases or those emphasized by the participant (Smith et al., 2009). The transcript was re-read, taking into account the initial notations, and emerging themes were noted in an additional column alongside the transcription. The development of emergent themes produced a concise statement of the important elements of each piece of the transcript, taking into account the participant's original words and thoughts and my interpretation (Smith et al., 2009). To connect patterns across emerging themes, a process of abstraction (clustering), contextualization and numeration were conducted which included an iterative process of returning to the

data to test abstracted concepts (Smith et al., 2009). Examples of the templates used to record initial notations and emergent themes are attached as Appendix H. To bring the data together, a theme matrix was created that connected themes and subthemes. These themes are displayed in Table 6.

Table 6

Processes for connecting patterns across emergent themes

Themes	Superordinate theme
Chronicity	Nature of trauma
Multi-type/Poly-victimisation/re-victimisation	
Intra-familial trauma compounded by community adversity	
Multifinality (added after P.9)	
Meaning making from vocation choice	Meaning of trauma
Remedial experiences through career	
Professional Learning as remedial growth	
Using lived experience to help others navigate adversity	Value of trauma
Lived experience as a valid knowledge base	
Lived experience as a Service User	
Relational and social influences	Unintentional influences of trauma
led by the heart, emotive motivations	
Lived experience as an unconscious motivator for career choice	
Goodness of fit	Identity conclusions of trauma
Vocation, calling, where 'need' to be.	
Child as a mediator/counsellor or carer	
Shame and guilt	
growth of self	
Impact of cumulative trauma on sense of self/ self -worth	
Identify formation	
Career developed sense of value and self-worth	
Confidence through skilled helping	
Perception sensitive/perception creating/perception preserving	
Alignment of Interests and skills	Adaptability of trauma
insight	
Advocacy (Added after P2)	
Capacity to Endure (Added after P2)	

To assist in evaluating the internal consistency, relative broadness, or specificity of each theme, a table was constructed to indicate the flow of analysis from original transcript to themes, to final super-ordinate them; this table is attached as Appendix I (Smith et al., 2009). Throughout the analysis process, reflecting on my experiences of coding each transcript and supervision meetings with my research supervisors facilitated reflexivity regarding my data analysis. This process assisted the integrity of the analysis by examining how my own beliefs and values may have influenced the research process.

According to Smith and Osborn (2003), IPA allows the researcher to use themes obtained through analysis of the first case to help orient the subsequent analysis and this process was used to approach the remaining 11 interview transcript. This required a disciplined approach to discerning repeating patterns whilst acknowledging new concepts emerging through each analysis (Smith & Osborn, 2003). To manage this dual task, each subsequent interview was read, initial notations and descriptive comments recorded, and emergent themes noted for each transcript in its own right. This ensured a bracketing of the ideas which emerged from each previous case, whilst working on the next, in order to preserve the individuality of each. The superordinate list from the initial interview was used to inform the subsequent analyses. According to Smith and Osborn (2003) "by remaining aware of what had come before, it was possible to identify what was new and different in the subsequent transcripts and at the same time find responses which further articulated extant themes" (p.73). Once initial notation and emergent themes were completed for each transcript, emergent themes were transferred into the list of super-ordinate themes and theme table derived from the first interview, and adjusted based on subsequent analyses, to assist with the identification of recurrent themes across the data.

Repetition of emergent themes across individual transcripts was reflected across each participant's superordinate theme table and was taken as indicative of their status as recurrent themes, reflecting commonality across motivations. All six superordinate themes were represented in more than half the sample, with only one superordinate theme (adaptability) not present in the themes of one participant. While themes emerging from the data a central to the analysis, the selection process is heavily influenced by the researcher (Smith & Osborn, 2003). The researcher is

attempting to capture the meaning of the phenomenon to the participant through interpretative engagement with the participant's narrative (Smith, 1996; Smith & Osborn, 2003). Extracts presented herein were selected because they presented the essence of recurrent themes or because they provided the most articulate expression of recurrent themes. Appendix J provides a breakdown of the themes, nested within superordinate themes, and illustrates an extract of each theme by the participant.

Findings

The findings of the analysis of the 12 interviews highlighted that for all participants, the cumulative harm they experienced in childhood motivated their decision to enter the helping professions. All participants expressed a direct connection between their childhood abuse and adversity and their career choice in adulthood.

Undertaking social work was because of the trauma I experienced as a child (P5).

I think my whole life has been, definitely a reason why I've chosen it (P2).

I'm almost a hundred percent certain that if I hadn't had the experiences that I had as a child, I would not work in community services (P3).

I don't think I would be the kind of person that I am, and perhaps be in social work, if it wasn't for those experiences (P1).

6 Superordinate themes emerged from the interviews, one specifically relating to the *nature of the cumulative harm* endured by the participants, and five themes that reflected ways in which cumulative harm influenced the decision to enter the helping professions.

Nature of Cumulative Harm: Themes of Accumulation
Chronicity

The analysis begins with an outline of the nature of cumulative harm experienced by the participants and the manifestations of their cumulative harm. Amongst them, there was an acknowledgement of a diversity of victimisations endured as part of the lived experience of cumulative harm. All participants experience chronicity, with all participants articulating an experience of ongoing and entrenched adversity that did not always encompass singular overt abuse incidence (such as sexual or physical abuse), but rather involved a repeated pattern of poverty,

disadvantage and dysfunction within the family unit. The extracts below illustrate the nature of the chronicity experienced participants:

Well parenting practices that were a reflection of not only the, not only being overwhelmed by the number of children you had, nor the rest of it, but I think just their profound interpersonal dysfunction (P9).

In a small country town, being the poorest family and living sort of on the poverty line, here's my parents' inability to manage money or they had no maturity around, um, income and expenditure. Um, we were sort of the, um, the talked about component of the town and as well as that, there was so many children and then there were even more children, um, that basic baseline adversity of knowing that you're the one component of the whole town that doesn't fit in (P10).

I think often it's lots of small moments, um, of lack of safety or fear, um, anxiety worry, or like many observations that I guess perhaps being pieced together to form, uh, certain beliefs or certain lenses through which I view the world, um, and potentially, you know, have an impact act on relationships, um, with, with different people way I see different people (P1).

For many participants the lack of parenting capacity of their caregivers and the resultant adversity was the foundation of their cumulative harm:

But I mean, I've come to terms with the fact that my parents were completely useless (P5).

My grandmother who was my father's mother actually said once, neither of your parents should have been allowed to have children, it was Amen to that (P8).

In an attempt to articulate the accumulation of adversity and abuse participants experienced, they frequently used words like lots, always, repeated, and ongoing:

I've had lots of diverse traumatic experiences (P2).

So, um, there was, you know, fighting conflict, drugs, alcohol, um, pretty seedy sexual shit as a kid. Um, ongoing always…always feeling displaced, unwanted, um, awkward self-conscious, um, and really, really anxious (P3).

I have a history of childhood sexual abuse from my, my, throughout my whole childhood where, um, with my biological father. Um, so that, I guess I'm thinking cumulative harm will get set through repeated traumas, so definitely repeat appearances (P11).

When I go back, when I think of the injuries of broken bones stitches, you know, by the time I was a teenager, I didn't think I was going to survive to be 21 because I had had so many stitches (P12).

Many of the participants spoke about the accumulation of trauma and the way it builds and gains volume on their lives. In the following extracts participants describe the experience of chronicity in their childhood as relentless, remorseless, compounding, and building:

…just the remorseless negativity of our home situation… It was terrible. It was always terrible (P9).

It was chronic and it changed, it changed over time has kind of, we changed as the family changed. Um, but it was definitely something that built and built towards something. And I mean, what it built towards in many ways, like a complete breakdown of our family (P1).

….working out compounding effects of life experiences and, and compounding abilities to cope and, and um, maladaptive coping strategies (P10).

For some participants, the word 'cumulative' did not suffice, with one participants referring to the experience of childhood adversity as an "invisible illness" (P.6):

More than cumulative really. Yeah. If there's another word for that embedded from day one sort of thing (P7).

In some participants the accumulation appeared so great, so voluminous in their lives, that there was a forgetting, non linear particularisation of events;

Oh, forgot, I was molested by him when I was under eight. He used to take me into his bed on a Sunday afternoon (P6).

For this participant, events tumbled from her narrative in a disorganised fashion, as if stored but not catalogued in any chronological order, for the sheer numerousness of the abuse.

For one participant, the realisation that her childhood experience was not 'normal' or 'typical' and that she had experienced maltreatment, was in and of itself, traumatic, describing it specifically as a "retraumatising" experience:

You don't have any reference point. And that's why there is that. So there's the trauma of being neglected or mistreated or abused, but then there's that additional thing, like I said, at that moment of, Oh shit, people aren't all like this, this is something and that's, it reinforces that there's something wrong me. So for me, my earliest memories of our trauma. So, you know, you have the 16 years worth of it that ,it's not just that, it's the retraumatizing (P8).

This participant also referred to the cumulative adversity in childhood as 'our trauma' which applied a certain possessional trait to the experience, something which is owned by the family, something to be passed on, to be shared, almost like an heirloom.

Multitype Maltreatment, Poly-Victimisation and Revictimisation

For all participants, the adversity and maltreatment were diverse and spanned a range of abuse types, which included multitype maltreatment (sexual, physical, emotional, neglect and witnessing domestic and family violence) and poly-victimisation (bullying, extrafamilial assault, property theft and crime etc). The following extracts articulate the multiplicity of the cumulative harm experiences across the participant cohort:

There would have been a bit of parental abuse, what is another word, there was sadness, financial hardship and alcoholism (P2).

So and so all through childhood, um, my father was a violent alcoholic. Um, and um, I witnessed a lot, I witnessed physical, verbal, emotional sexual, financial, social abuse… Um, I didn't know how to be me as a child. So I was bullied at school all through primary and all through high school. (P6).

between the, the sexual assault, the house fire, which, um, the house was gutted and rebuilt, actually under insurance, um, and then going bankrupt, there were three very large events that really are living in, in dysfunctionality (P.10).

it wasn't a comfortable upbringing because, um, there's perdition, uh, there was exploitation, um, uh, there was, uh, abuse, uh, some days we would leave home and not come back for full fear, um, of physical, verbal, sexual abuse (P12).

For many of the participants, their cumulative harm experiences were an extension of the adversity of their parents, with many referring to intergenerational trauma as an influencing factor which contributed to their own maltreatment:

Cause it all links up. Well, I was number seven in the family when my mum and dad were together and mum's a white person, she's English, dad's Maori. And when they were together, um, because he came back from the war with post traumatic stress, then he was drinking all that sort of stuff. Cause you know, he was in the Maori battalion and all of that. So that led to a lot of trauma in that generation. But, um, it was pretty significant near the end (P4).

.., I don't think I understood it properly as a child, but like, um, both my parents were people from, um, you know, profoundly influenced, negatively influenced backgrounds (P9).

A number of participants spoke about the compounding nature of diverse experiences, additional to abuse and neglect, which included medical traumas, which contributed to the accumulation. The following participant spoke of the contribution her hospitalisations in childhood contributed to the cumulative harm experiences:

I mean, the reality for me is, um, there's a lot, I don't know about what the events. Um, because, um, and there was some other trauma, you know, like, you know, at three years old I was diagnosed with a, um, a congenital hip deformity. So I was in hospital, um, in and out of hospital. And that went on for quite some time (P5).

Another theme which emerged from the data was the pervasiveness of the cumulative harm experience, in which participants were further victimised in adulthood, as a continuation of their childhood abuse and neglect.

Intra-familial Trauma Compounded Community Adversity

Additionally, a number of participants expressed a compounding relationship between their intrafamilial maltreatment and community adversity. For these participants, the community disadvantage further entrenched their intrafamilial dysfunction, creating an environment of adversity that surrounded them:

So yeah, that's where I think it stemmed from like I was surrounded by conflict, but at the same time, around that time… there was lots of external stuff that was happening sort of within the town that I live. So one of the houses, mom and us kids moved to was next door to a man that was in a violent relationship with his wife and her children. And he was the scout master and sexually assaulted her kids and lots of other kids. Yeah. But I came to live with us. So there was lots of court case talk and lots of trauma talk and, and assault conversations. And I guess thought, I felt like I was just always around people that were in pain, um, in a way (P3).

I went to a Saint Vincent DePaul school for that. It was the kids, you know, poor area or, um, more well, which is still, uh, you know, massively, um, disproportionately disadvantage place (P9).

In the case of a participant who had spent most of her childhood in institutional out of home care, the environment characterised by an absence of relational connection and attachment which had been a feature of her early parental experiences also:

Um, but in that, you know, the, the thing about the homes that I recall anyway is the absence of connection (P5).

Further to this, one participant also drew attention to the way the systems which are in place to protect and support victims of abuse, can perpetuate harm. The following extract illustrates the way in which this participant felt revictimized by the therapeutic systems from which she sought help. The participant felt the very nature of therapy which asks a survivor to retell their trauma narrative repeatedly is both traumatising and disempowering*:*

So, you know, like it's like the system perpetuates that and it, and it adds to it, you know? So you've got your initial abuse and then the system just

accumulates you accumulate more and more and more. Systemic rather than interpersonal (P.8)

The cumulative harm experienced by all 12 participants was diverse, often characterised by entrenched dysfunction and disadvantage, and influenced in many cases by intergenerational trauma and adversity. One additional finding of interest with regard to the nature of cumulative harm was the frequency with which the participants perceived their father contributing most dominantly to the household dysfunction. Of the 12 participants, 7 identified having an alcoholic father, 9 stated that their father perpetrated domestic violence against their mother and/or the children, and 3 disclosed that their father has sexually abused them or their siblings. In fact, interestingly, upon analysis, it was observed that one participant did not speak of her mother (who was present for their childhood) or her role in the familial dysfunction in any way throughout the interview.

Meaning of Cumulative Harm

The desire to make sense of, understand and learn about their own cumulative harm was described by the participants. Making meaning through their vocational choices was evident and was described by the participants as a thirst for knowledge, a curiosity to make sense of their own journey by working with others who shared the lived experience of abuse, trauma and victimisation. For some participants, they felt motivated to work in a field that actively helped them to understand their own journey. Participant 1 expressed a curiosity for people's behaviour, and "In mental health and in drug and alcohol work in domestic violence and all those things, I guess I experienced as a young person".

For several other participants, the meaning-making emerged from their career choice during their studies to obtain a qualification in the helping professions, giving them a "theoretical framework" (P11) to understand their own experiences. Several participants described a point in their studies where they saw their own childhood experiences of adversity, reflected in the content of their education;

So then I did the uni stuff and that was really challenging but I majored in sociology and psychology and sociology, all the sudden I understood my life. I thought that was me (P4).

One participant described the remedial experience of their career choice as "cathartic" (P12). For many participants, the remedial nature of the helping profession extended to an environment of learning, discussion and mutual processing of trauma and harm. The environment which characterises the helping professions is usually one of dialogue and support for the heterogeneity of lived experience which provided an environment of safety and acceptance which allowed several of the participants to explore their own cumulative harm and process their trauma in parallel with their clients. For Participant 3, the context of drug and alcohol counselling service in which she worked provided an environment that allowed her to process and learn about her own experiences;

> *when I worked at the rehab just for the sheer fact that I was exposed to so much, um, discussion and learning and, and you know, that whole, that whole place is all about growth and healing and, and just to be around those conversations and, you know, there's different ways of living just over here and people talk about it. You just, you, you start to really process it yourself, but that was a huge shift for me as well. That was a really supportive environment where I felt, I felt accepted for who I was (P3).*

The participants articulated the value of their professional learning, the gathering of skills and knowledge relevant to their helping profession, which satisfied a dual role of professional and personal development. Participant 7 refers to it as "elements of personal knowledge and practice knowledge". For Participant 8, there was a link between the impact the cumulative harm had on her sense of self and confidence and the desire to continuously learn in order to allay personal feelings of inadequacy. In this way, professional learning was remedial as it quelled feelings of self doubt experienced by Participant 8 as a result of her traumatic childhood.

> *…my supervisor always says that one of the impacts for me is the sense of, I don't know enough, I've got to keep studying. Like, I've got five degrees now, and I've just enrolled in graduate certificate of forensic psychology, which should be interesting. But I suppose it can be stressful for me cause I'm always doing extra courses and, and, and stuff. Yeah. But it means that I've got a lot of knowledge, but I'm not as confident (P8)*

Equally, for Participant 10, the confidence that professional learning provided her was remedial in that it made her feel powerful, which combatted the feelings of powerlessness that her cumulative harm had caused;

The fact that I learned something and I guess, you know, from being made to feel powerless, one of the coping strategies for me is to do things that make me feel powerful and learning, um, makes me feel powerful. The process of acquiring new knowledge and then the transference of that knowledge into some kind of clinical skill. It makes me feel like I've beat the people, that took my power, even a hundred years later, I can still get a feeling of power out of it (P10).

This theme of professional learning as a remedial activity began to merge with the third theme of the value of trauma, in which participants felt that in learning about themselves and their cumulative harm journey, they were able to then apply that personal work, to help others.

I wanted to go to uni, I wanted to make sure that I learnt as much as possible about my own world to be able to then put it into practice…. What I saw myself in the bachelor of social work/social sciences really about reflecting on my own journey and what I've seen is that my master's in social work has been really about how do I put that into practice? How do I apply that to others. (P2).

In a way kind of, everything I'm doing is to make sense of all of this stuff for me. But in doing that, I can help others (P4).

….so because of, I guess, that curiosity and interest about my own narrative and how that kind of can be shaped and changed and used to my advantage or my disadvantage. Um, yeah, I'm really interested in, in working with people and, and I guess supporting them to do the same to kind of analysis (P1).

Value of Cumulative Harm

Against this backdrop of applying personal work to professional contexts, the theme of the value of trauma began to emerge. Participants expressed a "heightened motivation" (P1) for working with people who experienced or were experiencing adversity which was similar to their own. Many of the participants identified a desire to not "waste" their personal childhood traumas and cumulative

harm, and to find value in their trauma by using their lived experience to help others navigate adversity. Participant 4 identified a usefulness in her traumas, *" I can turn these things into something that's useful cause I have experienced it from that side"*.

> *I needed to do something with this to make it worth while to make my journey mean something (P6).*

> *I'm really interested in, in working with people and, and I guess supporting them to do the same, to kind of analyse their beliefs and the story that they carry with them and perhaps can rewrite if they want to (P1).*

For one participant, she had come to perceive her cumulative harm in childhood as a form of training, "*I was like, I've been training all my life for this. My mother trained me* " (P10).

> *I thought, you know what? I have got something to offer. I am, I can sort of branch out and be good at something I am, I am capable…. So my experiences gave me the confidence. Well, I believe that I was good enough because I'd had those experiences (P3).*

The above extract traces the links between knowledge and confidence, for this participant the lived experience of cumulative harm and adversity formed what the participant viewed as a valid and worthy knowledge base on which to base a career, her personal traumas made her feel that her professional contribution was "good enough". Equally, Participant 1 acknowledge that having shared experiences similar to those of her clients afforded her insight and enabled her to connect in a valid manner;

> *… because of my, my experiences throughout childhood and, and I guess yeah, through my own reflection on those and my own, um, sort of engagement in counselling and psychology to kind of unpack that I, I can, yeah. I feel aware about how people's stories impact them and who they become (P1).*

> *I would say the only reason why I'm a benefit is because of my trauma and what I've done to work through it. I would be as useless as tits on a bull if I'd just had the trauma history (P5).*

Several participants emphasised the role their engagement with helping professionals in childhood had on their decision to enter the helping professions. For

these participants, being a 'service utiliser' as a child held experiences which influenced their career decision making in adulthood.

> *I remember we used to have these little chats and the social worker would come and just chat with me and, and, um, she was so lovely. And I said to her one day, you know, I wish I could do like what you do….. And that planted a seed (P4)*

> *So really, you know, what do I do now after all this time is, is because of what she did and that's what I want to offer (P5).*

The core motivations identified in the study manifested in different ways, however, all participants consistently sought to understand, to place value on, and to utilise their cumulative harm experience through their career. This motivated their vocational choices both to enter the helping profession and the choices they have made within the professions (Leadership, policy, frontline, etc). The vocational choices and behaviours of the participants were influenced by the impact that the cumulative harm experiences had on the individual's identity. The participants whose identity was influenced to develop a passion for advocacy and a more aggressive approach to social justice, and those who had attachments that mitigated the relational impacts of their harm, made choices that reflected these identity conclusions formed through their harm cumulative experience ($n = 5$). These participants spoke of advocacy, of justice, of promoting the rights of the vulnerable and achieving juts outcomes for victims of abuse. These participants tended to choose careers in front line work, especially statutory child protection. Equally, individuals who formed identity conclusions which were characterised by a lack of confidence, and self-worth, were motivated to help others find peace, to help them navigate the experience, rather than achieve retribution or punishment, and were more therapeutic in their vocational choices ($n = 7$). These participants tended to choose careers in mental health, counselling, and drug and alcohol support.

Unintentional Influences of Cumulative Harm

In addition to the motivation which was explicit, deliberate and overt, many of the participants referred to unintentional motivations, those which evolved organically or were acknowledged retrospectively. Some of the participants referred to these as 'unconscious' motivations to describe the lack of awareness they held about these

influences until later in their career or as a result of reflecting through the interview process for this research. However for clarity and to avoid inaccurate or meaning-laden terminology, given the participants were aware of these connections at the time of the interviews, we have referred to these as 'unintentional', rather than unconscious.

> *Now, looking at it, isn't it funny where I ended up and you're reinforcing it. It's interesting….I think my whole life has been, definitely a reason why I've chosen it [career] (P2).*

> *Now I understand why I went into it. Um, so it was subconscious subconsciously being drawn into it. You know, it led into it, drawn into it. I was going to say spiritual guidance (P6).*

> *I feel like I happened into it by accident. I certainly stayed because I felt that I could contribute and, or have something, you know. I feel like I happened into it by accident. I certainly stayed because I felt that I could contribute and, or have something, you know (P11).*

Several participants noted a relationship between the type of trauma they experienced in childhood and the type of qualification they chose to pursue. Some participants articulated a connection between the familial dynamics experienced in childhood and the studies they selected at university, which was only apparent to them in retrospect.

> *Was it a conscious decision initially? I mean, even I look back and I go, wow. I was 17 at, at uni. How did I end up doing gender studies like that, like, you know, is really quite blindsided, but in, yeah, looking at that lens of kind of working through my own trauma staff or trying to get another sense of the world or like, it makes complete sense, um, to me…I think the gender dynamics of like mum and dad, I think again, subconsciously, I think that somehow ending up in gender studies, wanting to save women, like I think that that gendered stuff of DV and, and emotional like abuse, all that. I think that was the driver subconsciously, completely subconsciously (P7).*

For participant 9, her life's work has been influenced by her own experiences of attachment. Participant 9 described her own sibling group as the protective factor

which mitigated the harm caused by her parents, which has driven her career pathway, resulting in a doctorate investigating attachment between siblings and its value in child protection. Participant 9 reflected on this connection in the interview:

I wonder what sort of person I would have been if I'd felt loved and supported, um, by a parent. But on the other hand, I had a unique experience of being, you know, loved and, um, uh, depended upon by my siblings. That was really, um, important and restorative and I think has protected me against some of the life consequences that a lot of people who've had a history of abuse…my passion is about, um, keeping siblings together in out of home care.

For some participants, these unintentional motivations manifested through the relational and social impacts of their trauma then bled through to their career behaviour and decision making. For Participant 1, the peacekeeping and appeasing behaviours that developed in childhood permeated her early career experiences as a social worker;

that need to be appeasing all the time and keep the peace. Uh, so probably for the first year of my social work career, I probably wasn't able to say no to anyone. And I was running around, I was people's taxi drivers and, you know, doing everything for everyone, burning myself out completely (P1).

For Participant 3, the self-protection mechanisms developed in childhood have influenced her level of discomfort in her job, and in turn, motivated career decisions making. Participant 3 expressed difficulty in managing the development of workplace friendships and the blurring of boundaries between personal and professional life which motivated career changes;

I've only noticed recently, which was a bit tough to realize is when the workplace relationships get too close. I just, I don't, I don't like it. I've always had friends at work. Always. I make friends at work super easily, no dramas, but a lot to keep it a bit separate. Yep. And then after about 18 months, two years, like people, people want more and I don't like that….Story my life. I love having mates. I just feel like it's too much, it's suffocating in a workplace. That's enough as it is. And then the next layer to friendships and sharing your life and blending you, you know, I'm blending all the different worlds. I've always really struggled with that. I've always found it incredibly difficult to merge my worlds,

whether it was my friends from boarding school, with my friends, from home, or, you know, I've always compartmentalized things. It's a bit of a controlling anxiety driven sort of behaviour, which I know isn't great, but it's there (P3).

For Participant 5, the lack of connection experienced as a child spent in institutional out of home care, fostered a debilitating difficulty in navigating relational and social obligations in the workplace;

The biggest, biggest difficulty I've had in my working life as a social worker has not been the client. It's, it's been the other, um, professionals that I've worked with and felt really disillusioned by the lack of our capacity to collaborate and cooperate….And so that relational capacity is really the, you know, being damaged or challenged. And you know, to the point now, I think I'd feel exhausted by that type. It creates so much anxiety for me. Cause the other thing is like being in a home, you know, when they're, when I was working with the psychiatrist, she said to me, you haven't been socialized.

Participant 5, then described the influence this has had on her vocational decision making.

Ideally, I was thinking I would really like to go into private practice because I can, you know, there's positives and negatives, but I would like to do that. Um because it allows me to work on my own. I don't have to get caught up in that other stuff.

Several participants described intrinsic, emotive motivations such as being "led by the heart" (P3), having "passion" for the type of work (P.10) "wanting to make a difference" (P.11), and wanting to "save all the women and children" (P7). Participant 3 described being "led back to the job", after taking a sabbatical due to vicarious trauma and burnout, and described her decision to return to a helping professions as "heart-based" decision (P3).

Alternatively, Participant 4 demonstrated that for some participants all decisions seemed deliberate, with no room for unconscious motivations because the participant appeared to be hyper-conscious of decision making and choices. In fact the participant uses the word 'deliberate' and 'conscious' liberally.

So I made a conscious decision that it's something, it happens to me. I want you to be able to stand up and be okay (P4).

Adaptability of Cumulative Harm

Participants in the study expressed an alignment between skills, interests and preferences developed through their trauma and the career they have chosen. Specifically, several participants highlighted empathy as a trait that emerged as a result of their cumulative harm which has aligned well with their career in the helping professions, and in some ways has motivated this vocation choice.

I think that it developed resilience, it developed empathy, ability, strengthened up my lens in regards to how I saw the world and how people treated other people (P2).

you certainly have the level of empathy that's needed in being able to get rapport and build relationships and work with people. Of course it's not good or lucky that I had that experience, but in one way, always doing something useful with it, at least, um, because it did help (P11)

I'm able to relate to people differently, you know, like I don't take on their stuff and I feel like, um, you know, I can make a difference because I can have empathy from where they're, where they're at and how they feeling, especially if they feel like, you know, the issues with self-worth or whatever (P8)

Yeah, look, I think, I think, I think quite like it impacted my, my choice of career quite a lot, because I think, um, I'm a highly empathic kind of person. I experienced a lot of empathy and compassion (P1).

Additional to empathy, several other characteristic adaptations emerged as central to the participant's shared experience. Many participants drew attention to insight and advocacy as two key skills which developed as a result of their trauma and was valuable in their career. The following excerpt from Participant 1 illustrates the relationship that the participant identified between their insight and their vocational behaviour;

And I guess, because I've, you know, I've experienced my own, you know, lots of things that then I work with people who, and then also experiencing that like self harm or like using alcohol and, and, you know, high risk behaviours. You

know, I also, I guess have a belief that people are capable of change that if they want to, they can change and they deserve to have the support and opportunities to do so (P1).

Participant 3's articulated a similar sentiment;

I was just more insightful and compassionate and caring, but also over time, I've really learned about professional boundaries and the importance, those, and that's impacted my career choice because I thought, you know what? I have got something to offer (P3).

Participants also expressed an inherent sense of advocacy which resulted from their experience of cumulative harm, which was a transferable skill in their career. These participants often held roles that required they advocate for others in childhood, such as participant 2 who did so for her parents and siblings as a child.

So I was very much about equality…. So I've always sort of had that little bit, you know, things aren't always fair and people have to stand up and make a difference to the way people perceive people that are less fortunate or don't have what we have (P2).

Children who had witnessed injustices in childhood, such as participants 7, 8, 9 and 10, who not only experienced abuse but witness the control and mistreatment of their mothers in childhood, also expressed a strong sense of advocacy.

I think we held it [sense of justice] long before that. And it was our sense of why did, why did no one ever come to help us? Why did all the other people who must have known what our experience was? Why did no one come to help us and how much we had thought that, you know, wish there was some justice for us?…not only is there a strong sense of advocacy, although my sister and I, the sister who works in child protection, we have got all sorts of ways. I think psychologically that we work around this, there is also a strong sense that whoever did wrong to those kids is going to pay (P9).

For Participant 10, there was a ripple effect, in which their advocacy might then influence others to do the same for others;

I started to realize were actually a clinical skill that I could keep improving on throughout my work. And B are easily translatable to other people or

transferable to other people, um, the advocacy for other people and the building of community as well. I'm still, um, blown away almost every day by somebody else's own aha moment. Somebody else's own building of their own strength or seeing somebody else get themselves to a place where then they can start advocating for somebody else (P10).

Another trait that was identified by the participants as resulting from their cumulative harm and contributing to their career behaviour is the capacity to endure, specifically, the way surviving their maltreatment and adversity in childhood has enabled them to "do hard things" in adulthood (P4).

I remember reading a meme about something and it said, you know, I was born to do hard things and I thought that's me. I was born to do hard things (P4).

For some participants, the ability to withstand and endure in childhood has instilled in them an innate strength that has been valuable in adulthood, and specifically in their career. Participant 10 articulated that whilst trauma and harm accumulates, so too do the strengths that can result of the trauma;

I think the compounding is using the strength that had already come out the other side of something as a building block for the next incident, instead of starting at the ground again, couple of blocks up, cause I've already got proof that I'm going to come out the other side. I don't have to go through those first few steps again. I dunno if that's just what I tell myself, but, um, yeah, a compound as well as compounding them negative things. I guess I learned early on, I could also compound the positives (P10).

Several participants further developed this idea of alignment but emphasised their "goodness of fit" and their suitability to the helping professions as a result of their trauma. This idea of fitting the professions spoke to the way participants saw their vocational choice as an extension of their life narrative, an extension of their identity which was shaped through trauma.

I fell into it because it was a placement from university back in the day, when you get, didn't get a choice, you just got sent somewhere. Um, but I feel like I fell into the best possible place. So it became my choice….And I have my

conscious choices to do that throughout my career. Um, so mental health is where I fell and I think that's a good fit (P10).

So I guess it's sort of made me a little bit fit well into community services, like just who I am fits that industry (P3)

That was the biggest thing going out and trying different things, nothing fit but I fit here. And I think it's the nature of the people you work with cause you get those people who have had experienced adversity or those different things but then they have worked it out. There's a lot of us out here and it's like they accept that you're a bit different (P4).

Identity Conclusions Resulting from Cumulative Harm

Within the interview, the theme of identity was the most significant in terms of the impact of cumulative harm on the individual and the formation of self which influenced career decision making. All participants referred in some way to the impact of their cumulative harm on their identity, and the way that influenced their vocational choices. The most dominant sub-themes encompassed the impact of trauma on identity formation, and the development of the self-concept of participants and their sense of self-worth, which, in turn, permeated the choices the participants made about their career and work life.

…And that is something I never ever had, self, self efficacy, self respect, self-esteem. There are things that never existed in my life (P6).

Several participants referred to the way their cumulative harm shaped their world view;

I think often it's lots of small moments, um, of lack of safety or fear, um, anxiety worry, or like many observations that I guess perhaps being pieced together to form, uh, certain beliefs or certain lenses through which I view the world, um, and potentially, you know, have an impact act on relationships, um, with, with different people way I see different people (P1).

…the cumulative stuff had a great effect on the way I chose a partner and then had children and then it effected the way I got to see the world (P2)

Participant 2 describes the ripple effect of the impact of trauma on her sense of self;

…childhood trauma definitely blocks our own self worth you know it definitely does stops us from having the confidence to logically look through an issue and we tend to hold on to what we know rather than make strong decisions based on good common sense and great advice from people around you.

Participant 3 then highlights the specific influence this impact on self had on her vocational choices;

…just no confidence, always feeling displaced, unwanted, um, awkward self-conscious, um, and really, really anxious. So they're the negative things that came out of it, which career wise, I think that sort of kept me in entry level hospitality positions. Cause I didn't feel that I deserved like to do anything else. I didn't feel that I had the skills or the potential, the ability to push myself out of that comfort zone. Like I was in hospitality from 14, so it was pretty easy. Like I could just turn up and be good at it. (P3).

For some, the impact of the cumulative harm on their self worth has proved to be a significant obstacle to career progression and engagement

I almost pulled out [of my degree] and I think that's part of the damage that was done with childhood. You know, you're not very clear about what you want and I'm at that stage. I still didn't know. I thought I, I had to really work hard to get any where.

As described above, Participant 5 struggled to determine a career path following her trauma, and elaborates further to illustrate the way her trauma had impacted her self confidence so severely, that her long term engagement with a psychologist, whilst positive, was perceived negatively, through her lens of self doubt.

…and then that experience with that psychiatrist for the 20 years, that that really impacted upon me both negatively and positively because I actually left counselling because of that. Um, and I left it because I couldn't be as good as she was (P5).

Participant 8 also commented on the impact of cumulative harm on her self worth and confidence and illustrates below how that has flowed into her vocational behaviour, in particular knowledge acquisition.

It [trauma] has a huge impact and that takes up a lot of energy. Cause I find myself, a) thinking about how am I going to do this? Do I want to do this? Is it stupid? Should I be doing something else, applying for jobs that I really don't want to do, but also that investment in, you know, like I must do hundreds of hours of PD every year because I always, you know, see things, I don't know enough about that.

A number of participants experienced parentification as a child, in which caretaking or mediating responsibilities, beyond that which is developmentally or age-appropriate, are bestowed on the child. Several participants drew connections between their childhood caretaking and career choices;

…one of the really important things had been that I was very needed in terms of the support and protection and everything else of my siblings, that it's a really defining, um, it's a really defining role as a person to be someone who's needed and necessary , especially to children because not only do you have your own, um, you know, personal feelings of worth from it by and large in the community, it's seen as a good thing you're seen as a good person

(P9).

I knew I was so bloody good at humouring people. I became the person who had to be at all, all the parties because I was the one that drew everyone together. You know what I mean? The ones who were really, I knew were dangerous people, but desperately wanted to be part of things. And um, it just kept evolving like that, this care caretaking and all the time, it was me who was seeking the caretaking. But I did find comfort in some of the conversations. It helped me unravel that massive knotted ball of wool in my head, trying to make sense of me and who I was outside of my family, who I wanted to be and who fuck they made me. Yeah. What they made me into. Um, and I couldn't understand how they didn't understand the damage they did…(P6).

Participants also called attention to the way their career choices helped to remediate these feelings of self doubt and developed their sense of value and growth.

The trauma, um, brings you to the point of decision or the point of motivation. Um, the pivot point, if you wish, uh, with clarity, right (P12)

…because I thought, you know what? I have got something to offer. I am, I can sort of branch out and be good at something I am, I am capable. Um, so once I sort of started to realize and focus on the positives, I was then able to, you know (P3).

…and then I realized, well actually when I was doing it, it gave me hope that I would have more choices. So I ended up coming back and then finishing my arts degree (P4).

I learned that my childhood doesn't define me and I know that's such a cliche. Um, but what it does do is it makes me who I am today and I cannot turn my back on this. Um, it makes me who I am and that, and who I am and what those experiences make me a really good therapist. And because every single goddamn client walks in that door has trauma. Every single one of them (P6).

For all participants, there was a shared experience of identity formation, born of trauma and cumulative harm in childhood, which shaped their career decisions and their vocational self, which then contributed to a redefining of their self concept and self worth.

Figure 5

Diagrammatic Representation of Findings

Reauthoring: The lived experience of cumulative harm and its influence on career choice

Trauma Narrative

Chronic Childhood Trauma and Adversity → Cumulative Harm → Territories of Identity
- Social constructivism
- Trauma narratives (White, 2005)
→ Behaviour and Life Choices

Influences on career choice
- Meaning of trauma
- Value of trauma
- Ownership of trauma
- Unconscious influences of trauma
- Identity conclusions of trauma
- Adaptability of trauma

Post Traumatic Growth (Tedeschi & Calhoun) ← Career Decision Making and vocational behaviour
- CCT
- Self-concept
← Re-authoring of Trauma Narratives through career choice
- CCT
- White, 2005

Career Narrative

Discussion

The aim of the study was to a) examine the lived experience of cumulative harm from the perspective of those who have experienced it firsthand; and, b) investigate the influence of cumulative harm on career choice. This discussion will now focus on the interpretation of the findings in relation to the overarching research question: How does the lived experience of cumulative harm influence the choice to enter the helping professions?

The themes which emerged from the findings highlighted the influence of cumulative harm in the formation of identity conclusions, which motivated career decision-making, both through the impact of the harm on the individual's self concept, as well their resultant world view. All core themes identified in the study contributed in some way to the identity conclusions of each participant, either through the impact of cumulative harm or as a product of the meaning-making or value-adding process of post-trauma vocational decision-making. The nature, adaptability and unintentional influences of cumulative harm represent the impact that cumulative harm has had on the formation of the self of each participant. Themes of value and meaning of cumulative harm illustrate the influence of these

impacts on vocational decision-making. Identity conclusions of cumulative harm reflect the integration of these impacts and influences on a vocational self.

Identity Conclusions, Cumulative Harm and Career Narratives

According to research, an individual's identity and self-concept are influenced by life events, which in turn inform their ability to engage in meaning-making in the future (Fivush et al., 2017; Goth et al., 2012; Hammack, 2008; McConnell, 2011; Spencer & Tinsley, 2008). This is reflected in the findings of this study and is particularly apparent in the themes of identity conclusions of cumulative harm. Participants extolled numerous accounts of identity conclusions, both positive and self-deprecating, formed through their cumulative harm, and articulated an acknowledged connection between their identity and sense of self, and the vocational choices they have made. The findings of this study highlighted the way in which cumulative harm contributed profoundly to life narratives formed in childhood, which carried through to adulthood.

There was some diversity and accumulation in the influences of the cumulative harm experience on career choice across the participants. However, the theme of identity conclusions formed in childhood as a result of the cumulative harm was an underpinning influence that appeared to act as the catalyst for the other themes and which permeated career decision-making at the core. In particular, the *nature, meaning, value,* and *adaptability* of cumulative harm, as perceived by the participants, contributed to their identity conclusions, and informed their life and career narratives. This is consistent with the trauma and trauma narrative literature (White, 2004; 2005) and the career development research (Savickas, 2005; 2013). The findings of this study revealed that participants were highly motivated by the desire to understand their traumatic childhoods, their cumulative harm experiences, and thus themselves, through their work and professional learning in their career.

In the context of cumulative harm experiences, the study highlighted that career choice was influenced by a need to construct a narrative that fostered an understanding of their childhood experiences and early life traumas. This intrinsic motivation organically contributed to the process of building a life narrative and a career story that reflected their active attempt to make meaning and shape their future (Savickas, 2005). Savickas asserts that *career adaptability* involves the actions of attitudes, beliefs, and competencies that resolve personal trauma, and that

life themes are the personal truths—stories—which make trauma meaningful. "People strive to actively master what they passively suffer" (Savickas, 2001, p. 55).

This study confirmed findings of earlier work of CCT which identifies that trauma, including lived experience of cumulative harm, influences career development by constructing a career narrative that seeks to make meaning and understand and find value in their lived experience. Savickas (2005) argued that careers are constructed subjectively, by imposing personal meaning on past memories, present experiences, and future aspirations. This meaning-making process forms a narrative that spans an individual's vocational life course. In emphasising the role of life themes, Savickas (2013) used an example of a helping professional life theme to highlight the meaningfulness of associations between early life trauma and career:

> 'I will become (actor's reputation) so that I can (agent's goal), and in the process (author's theme).' For example, one medical student's mapping sentence was 'I will become a psychiatrist so that I may heal families in crisis and in the process reduce my own feelings of helplessness about my own family's suffering.' (p. 165)

The emphasis on meaning-making as central to integrating life narratives with career narratives was evident in the findings of the study as all participants expressed considerable influence of meaning-making and remedial motivations to choose a career in the helping professions.

Reauthoring

The most significant finding, which makes a novel contribution to the existing body of evidence, is the emerging understanding that through vocational decision-making, life, career and trauma narratives converge to foster a *reauthoring experience*. The central tenet of Personal construct theory (Kelly, 2017; Sewell & Cruise, 2011) is the philosophical assumption that there are always alternative constructions (interpretations, anticipations, etc.) to choose from in dealing with the world (known as constructive alternativism; Kelly, 1955; 1991). In essence, it is assumed that all current understandings of the world are subject to revision or replacement. Within this framework, an individual is seen as an active agent, anticipating, and integrating lived experience in ways that are highly individualised (Sewell & Cruise, 2011). Whilst the identity conclusions which are formed through

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cumulative harm construct a life narrative which then influences the ensuing career narrative, the way that the participants use, adapt to, and find value in their trauma reshapes their life narrative and can promote growth, healing and has a remedial effect on their sense of self. This reauthoring then contributes to a new identity conclusion. White (2005) considers these alternative storylines to be new territories of identity.

Reauthoring, as highlighted in this study, is considered an important remedial step in addressing trauma and promoting recovery from trauma. Van der Merwe and Gobodo-Madikizela (2008) assert that reconstructing the trauma into a narrative form is one of the most crucial processes in the journey towards the healing of the victim. Epston and White introduced the narrative metaphor and the reauthoring metaphor to the therapeutic field (Epston & White 1990; Epston 1992; White 2001). One of the key considerations their work introduced was to acknowledge how stories shape people's identities. White (1995) encouraged clients to understand their meaning constructions and work toward a more productive renegotiation of their self-narratives in terms of their feelings about themselves and their relationships with others. According to Lee (1997), new narratives provide alternative frames for attributing meaning to experiences that can help clients understand their histories and identify new possibilities and actions.

When viewing the reauthoring process revealed in the study from a career construction perspective, career-related narratives express the uniqueness of an individual and the motivations influencing an individual's vocational choices and explicate the meanings that guide those choices (McIlveen & Patton, 2007). Career narratives "tell how the self of yesterday became the self of today and will become the self of tomorrow" (Savickas, 2005, p. 58). Savickas (2005) argued that, rather than a sequential, staged process of career development, CCT posits a reciprocal process in which self-defining life stories guide adaptation through the evaluation of opportunities and constraints and use vocational personality traits to address developmental tasks, occupational transitions and personal adversity and traumas.

Noting the adaptive capability of an individual's self-concept, in response to their experience of childhood trauma, research has posited that being able to successfully integrate childhood trauma into one's identity, such as through career and vocational choices, can result in positive outcomes (Madigan et al., 2013a).

Truskauskaite-Kuneviciene et al. (2020) provide some evidence that childhood trauma experiences can lead to increased coping skills and adaptive functioning for the individual. This is also evidenced in the findings of this study, and the systematic review conducted by Bryce et al., (2021) through the adaptability of cumulative harm, in which skills and traits which align with the helping profession are developed through trauma.

The contribution adaptability makes to the reauthoring process identified in this study can be explained in part by the concept of Post Traumatic Growth (PTG). PTG is considered both a process and an outcome, in which individuals not only recover from trauma but continue to develop and grow in positive ways (Lev-Wiesel, Amir and Besser, 2004; Tedeschi, Park & Calhoun, 1998). According to O'Leary and Ickivics (1995) individuals can experience three possible outcomes post-trauma; survival, recovery or thriving. Tedeschi and Calhoun (1995; 1998; 1999; 2004) argued traumatic events shatter an individual's understanding of the world, forcing them to reconfigure their worldview. Tedeschi and Calhoun (2006) further attest that PTG requires distress to promote coping which involves a host of cognitive and social processes that over time may facilitate growth. Woodward & Joseph's (2003) perspective of post-traumatic growth argues some individuals develop a higher level of functioning, beyond survival or recovery, to thrive. PTG researchers emphasise the role of the struggle in the propulsion towards a higher level of functioning (Cryder et al., 2006; Tedeschi & Calhoun, 1995; Calhoun & Tedeschi, 2006). Flynn (2003), whilst exploring PTG and resilience after sexual abuse, concluded resiliency post-trauma was dependent on mastery of specific tasks and reorganising self-concepts. Lev-Wiesel, Amir and Besser (2004) believed this may be achievable through "undoing the damage of the abuse and creating new aspects of self that contribute to a sense of wellbeing" (p.10). Zomer and Zomer (1997) suggested that when trauma is cumulative, as is common in intrafamilial child abuse, and the individual's exposure to adversity is chronic, escape becomes their only option. When physical escape is unavailable, psychological escape takes its place and disassociation can occur, allowing the child to function in other areas of their life and possibly enabling PTG (Lev-Wiesel, Amir & Besser, 2004; Cloitre, Scarvalone & Difede, 1997).

The finding of this study reveals that cumulative harm influences the choice to enter the helping professions by stimulating a reauthoring experience reflective of a

trauma recovery process (Crossley, 2000; White, 2004; 2005). Individuals reauthor their traumatic life narrative by constructing a career narrative that reframes, utilises, and places value on the lived experience of cumulative harm. This reauthoring, mirroring the trauma recovery process espoused in the trauma narrative literature (White, 2004; 2005), propels the individual towards post-traumatic growth (Lev-Wiesel et al., 2004; Morril et al., 2008; Tedeschi & Calhoun, 2006). Participants held specific identity conclusions, which motivated this reauthoring process. Participants sought to reauthor through the themes outlined above, *meaning, value, adaptability,* and *unintentional motivations*. However, remedial motivations, especially those met through professional learning and utilisation of trauma to help others, highlighted the dominance of meaning-making and value making as motivations for entering helping professions. This reflected a journey for all participants from identity conclusions formed through childhood trauma to new territories of identity, achieved through a reconstruction of life narratives by integrating career narratives to reframe and make sense of their cumulative harm experiences.

Implications for Practice

Trauma-informed career counselling methods that draw on the lived experience and the themes identified in this study would afford practitioners the opportunity to identify and address, with increased accuracy, the influence of cumulative harm on career choice in the helping professions. Within the frame of CCT, the Career Construction Interview (Savickas, 2005, 2011, 2013) is a useful method for facilitating individuals' career explorations and finding meaningfulness in their stories. Melding this approach with narrative therapeutic approaches, as purported by Powers and Duys (2019) will provide an appropriate career counselling method that acknowledges the motivating influences of cumulative harm, as well as the potentially deleterious impacts, and support, perhaps even facilitate the reauthoring process which was revealed through this study. This endeavour would permit practitioners to promote the reframing experience that survivors of cumulative harm seek to achieve both consciously and unintentionally, through vocational decision-making.

There are other narrative career counselling methods similarly amenable for career exploration and reflective practice in professionals (Lengelle et al., 2016; Taylor & Savickas, 2016) that may be used to generate life themes to resolve

matters of trauma toward effective personal and professional outcomes. The narrative approaches view the client's story as integral to the very processes and outcomes of assessment and intervention (McIlveen, 2008; McIlveen & Patton, 2007). When describing autoethnography as a tool for reflexive narrative analysis in career development psychology, McIlveen (2008) posits the value of 'storying' as a method of introspection which both critical and empathetic;

> Indeed, there are classics that express not only the author in his or her epoch, but tantalisingly open the reader to his or her own being in the world, and timelessly capture all the ethical frailties of being an ordinary human: lusty self-deception and greed, in Oscar Wilde's The Picture of Dorian Gray; hiding from oneself, in Graham Greene's A Burnt-out Case; personal redemption, in George Eliot's Silas Marner, and the terrifying and grotesque within all, in Mary Shelley's Frankenstein and Robert Louis Stevenson's The Strange Case of Dr Jekyll and Mr Hyde. Storying serves the author: it expresses a being in the world by extending his or her ideas into a discursive space in which they may or may not be received as intended; maybe repeated, forgotten, or simply never heard, and thus darkened under historical oblivion; or may perhaps be re-read into the text of the future to be….Perhaps story is the soul of empathy—genuine understanding, a shared humanity that reaches across and touches; and in feeling with the other, we become our own self—the human intertextuality of existence (p.18).

These narrative tools may be integrated into the coursework of degree programs for helping professions so as to promote an awareness of this reauthoring process and develop these future practitioners' reflexive awareness of their resolutions. Narrative approaches are strongly supported in trauma-informed therapy and counselling more broadly (White, 2004; 2005) and contribute to a trauma-informed pedagogical approach to higher education, particularly valuable in pre-service helping professions. Future research that develops specific measures, tools and scales for guiding reflection on the influence of cumulative harm on career decision-making and vocational behaviour would aid in implementing reflexive practice both with preservice and practising helping professionals, in a more streamlined manner.

Implications for Future Research

This present investigation has identified new findings that can assist in the career development and counselling of individuals with lived experiences of cumulative harm. The findings provide new knowledge useful in vocational training, higher education and employment sectors relevant to the helping professionals. These findings help educators, counsellors and practitioners to understand the motivations and interests of individuals entering the helping professions with childhood experiences of adversity and victimisation. More qualitative and quantitative research is required to determine whether these findings are generalizable to a larger population of helping professionals, and in other countries.

Chapter Summary

Study 2 achieved the aim of investigating life themes in career construction and the lived experience of cumulative harm in helping professionals. The findings of study 2 identified the way individuals reauthor their traumatic life narratives by constructing a career narrative that reframes, utilises, and places value on the lived experience of cumulative harm. Participants held specific identity conclusions, which motivated this reauthoring process. Participants sought to reauthor through the themes outlined above, *meaning, value, adaptability,* and *unintentional* motivations. However, remedial motivations, especially those met through professional learning and utilisation of trauma to help others, highlighted the dominance of meaning-making and value making as motivations for entering helping professions.

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CHAPTER 6: STUDY 3

The findings of Study 1 and 2 of this research, highlight the relationship between childhood adversity and victimisation and career trajectories in the helping professions (Elliott & Guy, 1993; Fussell & Bonney, 1990; Murphy & Halgin, 1995; Nikcevic et al., 2007). The evidence from the systematic literature review conducted as part of this research (Study 1) indicated that family of origin dysfunction, parentification, individual characteristics and traits developed through adversity, and experiential motivations were associated with the career choice in the helping professions (Bryce et al., 2021). The findings from the systematic literature review indicated that further research was required to explore different professional cohorts and the utility of narrative life themes as both a source of data for research. This was implemented as part of study 2 (Bryce et al., 2022), which sought to investigate life themes in career construction and the lived experience of cumulative harm in helping professionals. The subsequent findings of study 2 identified the way individuals reauthor their traumatic life narrative by constructing a career narrative that reframes, utilises, and places value on the lived experience of cumulative harm.

Cumulative harm, the label coined by Australian researchers in the early 2000s to describe the impact of an accumulation of adverse childhood experiences or traumas on an individual may influence all aspects of an individual's life course, including relationships, parenting strategies and career decisions. Research highlights the influence childhood experiences have on vocational decision-making (Hartung, Profeli, & Vondracek, 2005; Whiston & Keller, 2004). According to Malach-Pines and Yafe-Yanai (2001), an individual is driven to choose a career path that reflects significant childhood experiences, satisfies needs previously unmet in childhood and actualises aspirations inherited through familial heritage. Whether through the shaping of individual traits and aptitudes or through the influence of the external contexts and systems which interact to affect the vocation development of an individual, the role of childhood is meaningful. Thus, it can be assumed that adversity and trauma in childhood, such as experiences through cumulative harm, would contribute to career decision-making.

This chapter outlines the methods and results of the final stage of the research. As outlined in Table 1 (Chapter 3) the aim of Study 3 was to enrich the generalisability of the qualitative data collected in Study 2, to test, revise and confirm

the construct domains, latent factors and item pool, and to contribute to the goal of constructing a measure or tool for self-reflection. Study 3 sought to examine the measurement model of the Cumulative Harm Impact Questionnaire (CHIQ) and to explore correlations between the CHIQ and the existing measures used in the study.

The Present Study

A precedent exists whereby qualitative interviewing is used to prepare for quantitative studies, most commonly survey research (Rowan & Wulff, 2007). Survey research is a useful and legitimate approach to research that has clear benefits in helping to describe and explore variables and constructs of interest (Ponto, 2015). Given its social and scientific capacity, survey research is espoused as a research methodology that permits social researchers to address their concerns about the meaning and value of our work (Visser, Krosnick and Lavrakas, 2000). Quantitative survey research enriches the generalisability of the qualitative data collected, especially when using small samples as is appropriate in IPA, as in Study 2. Quantitative survey research contributes to the goal of constructing a measure or tool for self-reflection as allows the construct domains, latent factors and item pool to be tested, revised and confirmed in an iterative process (Netemeyer, Bearden and Sharma, 2003). Further to this, quantitative survey research reflects my philosophical assumptions of pragmatism and interpretivism, evident in the research goal of transitioning from understanding (lived experience and impact of cumulative harm) to action (a construct or measure of impact).

Scale Development

Boateng et al. (2018) present nine steps for scale development. These steps were utilised to develop the instrument, the CHIQ. In the first phase, items are generated, and the validity of their content is assessed. In the second phase, the scale is constructed. Steps in scale construction include pre-testing the questions, administering the survey, reducing the number of items, and understanding how many factors the scale captures. In the third phase, scale evaluation, the number of dimensions is tested, reliability is tested, and validity is assessed.

The outcome of the qualitative study was a thematic description of the common elements of the lived experience (Starks & Trinidad, 2007). These construct domains inform factors from which an item pool was generated. This item pool informed the construction of the initial instrument/scale for dissemination in study

three. Superordinate and sub-themes from the qualitative study were converted into construct domains and factors respectively. An item pool was developed to reflect these themes and a table outlining the Item Pool is presented in Table 7.

Table 7

Development of Item Pool from Qualitative Thematic Analysis

Superordinate theme/Construct Domains	Themes/Factors, Definitions and Items
Nature of Cumulative harm	Chronicity: *This theme relates to the ongoing and repetitive (chronic) nature of the adversity and harm experienced in childhood.*
	I have experienced ongoing and repetitive incidents of harm throughout my childhood
	I have experienced adversity that was ongoing throughout my childhood
	The harm I experienced in my childhood was ongoing and repetitive, occurring over a prolonged period of time
	The family dysfunction I experienced in my childhood was ongoing and repetitive
	The disadvantage I experienced in my childhood was ongoing and repetitive
	The disadvantage I experienced in my childhood was related to repetitive trauma experiences
	The adversity I experienced in my childhood was ongoing and repetitive
	Multi-type/Poly-victimisation/Re-victimization: *Multitype maltreatment refers to experiencing multiple types of abuse, Poly victimisation refers to multiple victimisations in childhood that include more than abuse and neglect, such as bullying, community violence, theft and property crime etc.* *Revictimization refers to experiencing further abuse as an adult.*
	I experienced multiple types of adversity, abuse and neglect in my childhood
	I have experienced revictimisation in adulthood
	I have experienced victimisation in both my childhood and adulthood

Intra-familial trauma compounded community adversity: *Community disadvantage and adversity, such as poverty, community violence, low socioeconomic status, or community abuse or danger, compounded the experiences of familial adversity and harm.*

The cumulative adversity I experienced was made worse by community disadvantage

The harm I experienced in childhood was intensified because of other problems in the community

The adversity in the community I lived in as a child compounded my experience of abuse and neglect

My experience of cumulative harm was made worse by the adversity of my community

The community adversity where I lived as a child compounded my experiences of abuse and neglect within my family

Multifinality: *Multifinality literally means "many ends." This refers to siblings having similar cumulative harm experiences yet their outcomes vary.*

My experience of cumulative harm and adversity have led to different outcomes for me than my siblings

The adversity and abuse in my family had a different impact on my siblings than on me.

The cumulative harm I experienced in childhood affected me and my siblings differently

I sometimes wonder why my experiences affected me less than for my siblings

Meaning of cumulative harm (meaning making)	Meaning making from vocation choice: *Career helps to make sense of cumulative harm experiences.*
	I chose a career in the helping professions to help me make sense of my childhood abuse experiences
	The career I have chosen helps me to understand my own abuse experiences
	My career choice helps me make meaning of my cumulative harm experiences
	My career as a helping professional helps me to comprehend my childhood experiences of cumulative harm
	Remedial experiences through career: *Career helps to promote healing and contributes to recovery.*
	I have experienced healing through my chosen career
	My chosen career helps me to recover from my childhood cumulative harm and trauma
	My career choice is like therapy
	My career as a helping professional has helped me resolve my childhood trauma
	The positive feeling I experience from helping others, helps me cope with my own emotional pain linked to the cumulative harm I experienced in childhood
	I don't seek help with my own childhood trauma because my career helps me cope with difficult emotions
	Professional Learning as remedial growth: *Professional knower and skills engaged in and acquired as part of study for career purposes helps to explain and make sense of cumulative harm and contributes to recovery.*
	The professional learning I undertake in my career aids in my trauma recovery
	The professional learning I undertake in my career helps me heal

	By learning about my work, I am also learning about my cumulative harm experiences
	I am motivated to learn more about my helping profession so that I can also learn more about my cumulative harm experiences in childhood
	I am able to cope with my own childhood experiences better as a result of the professional development provided through my career
	The study and professional learning I have done in my career helps me make sense of the harm I experienced in my childhood
	The study and professional learning I have done in my career helps me heal from harm I experienced in my childhood
Value of cumulative harm	Using lived experience to help others navigate adversity: *Using personal experiences to help others with similar traumas.*
	My cumulative harm experiences are valuable to my chosen career
	I have chosen this career so that I can use my lived experience of cumulative harm to help others navigate adversity
	I have chosen this career so that I can use my lived experience of cumulative harm to help others who have suffered childhood trauma
	My cumulative harm experiences can be used to help others
	My career choice means my cumulative harm is not wasted
	I can use my cumulative harm experience to help others
	Lived experience as a valid knowledge base: *Lived experiences is a valid and important knowledge foundation for career.*
	My lived experience of cumulative harm gives me a valid knowledge base to enact my work as a helping professional
	My lived experience of childhood adversity gives me a valid knowledge base to enact my work as a helping professional

My cumulative harm experiences make me a better helping professional

Lived experience as a Service User: *Experience with helping professional with childhood has influenced career choices*

My lived experiences of being a service client ((e.g., receiving services from a psychologist, social work etc) in childhood has motivated my career choice

My interactions with helping professionals in childhood motivated me to choose a helping profession as a career

My positive experiences with helping professionals in childhood motivated me to choose a helping profession as a career

My negative experiences with helping professionals in childhood motivated me to choose a helping profession as a career

Unintentional influences of cumulative harm	. Relational and social influences: *The ways that cumulative harm has influenced social and relations development and behaviours*

My lived experience of cumulative harm has impacted my relationships with others, which has influenced my career choice

My lived experience of cumulative harm has impacted how I socialise with others, which has influenced my career choice

The impact of cumulative harm on my social development has influenced my career choice

The impact of cumulative harm on my relationships has influenced my career choice

Led by the heart, emotive motivations: *Career motivations which are emotive*

I believe I was led by the heart to choose my career in the helping professions

I felt emotionally drawn to this career

I feel (rewarded by, satisfied with, completed by or variations) my career as a helping professional

	Lived experience as an unintentional motivator for career choice: *Career choice has been influenced by cumulative harm unconsciously and without deliberate or conscious awareness.*	
	I have been motivated from within by my lived experience of cumulative harm to choose a career in the helping professions	
	I have been intrinsically motivated by my cumulative harm experiences to choose a career in the helping professions	
	My motivation to enter a helping profession comes from within me	
	I can see now that my cumulative harm experience influenced my career choice, but I was not aware of it at the time	
	Looking back, my career choice was unconsciously influenced by my cumulative harm.	
	The influences of cumulative harm on my career choice was unconscious	
	I just know that my motivations to be a helping professional came from somewhere deep inside me	
	I'm not sure where inside of me my desire to be helping professional came from	
Identity conclusions of cumulative harm (self)	Vocation, calling, where 'need' to be: *Career choice is more of a calling than just a job.* I see my career choice as a 'calling'	
	I see my career choice as a vocation	
	I feel I need to be in this career	
	Child as a mediator/counsellor or carer: *Parentification in childhood in which childhood roles in the family involved counselling, mediating or peacekeeping, or significant caring responsibilities, has influenced career choice.*	
	My role as counsellor/mediator/peacemaker' in my family in childhood has motivated my career choice	
	My role as 'carer' in my family in childhood has motivated my career choice	
	I feel my peacemaking role in childhood influenced my choice of career choice	

I feel caring for family members in childhood influenced my career choice

Growth of self: *There has been personal growth as a result of career choice.* I have experienced growth of self through my career choices

I have changed my career as a result of resolving my cumulative harm

As I have resolved my cumulative harm, my career choice has changed as a result

As I have resolved my lived experiences of cumulative harm I have felt more drawn to the helping professions

Impact of cumulative trauma on sense of self/ self -worth: *Cumulative harm has influenced how you see yourself and how you feel about yourself*

My cumulative harm experiences have influenced my sense of who I am as a person

My cumulative harm experiences have influenced my sense of self worth

The impact of cumulative harm on my self worth has influenced my career choice

The impact of cumulative harm on my self worth has influenced my career progression

Identify formation: *The way in which a sense of identity has been constructed*

The cumulative harm experiences has shaped my identity

My career choice has helped me to develop an identity outside of the cumulative harm I experienced as a child

My sense of identity has influenced my career choice

	Career developed sense of value and self worth: *Career has contributed to personal sense of identify and self worth.*
	My career choice has helped me to develop a sense of value
	My career choice has helped me to develop a sense of self worth
	My career choice has helped me develop a sense of purpose
	Perception sensitive/perception creating/perception preserving: *Development of how you see yourself, how you feel others see you, and how you want the world to see you.*
	Cumulative harm has affected my perception of my self
	Cumulative harm has affected my perception of others
	Cumulative harm has affected my perception of the world around me
	My perception of the world has influenced my career choice
	I feel others perceptions of me during childhood contributed to my trauma
	Other's perceptions of me affect me greatly
Adaptability of cumulative harm (skills, traits)	Goodness of fit: *Well suited to career*
	I believe I have chosen a career in the helping professions because it turns my experiences of cumulative harm into something positive
	My chosen career is a good fit for me because of my cumulative harm experiences
	I believe I have chosen a career in the helping professions because it fits with my cumulative harm experiences
	My cumulative harm experiences make the helping profession a good fit for me as a career.

Alignment of Interests and skills: *Skills and traits of an individual which are well suited to the career choice in the helping professions*.

My career choice aligns well with who I am as a person

I have developed a set of traits as a result of my cumulative harm experiences

I have developed a set of skills as a result of my cumulative harm experiences

My career choice is motivated by the skills and traits I have developed through cumulative harm in childhood

Insight: *A deep personal understanding of cumulative harm and adversity which comes from lived experience*.

My lived experience of cumulative harm gives me insight into other's trauma

My lived experience of cumulative harm gives me insight into my client's trauma

Insight into other's adversity motivates my career choice

My insight makes me a better helping professional

Advocacy: *Promoting the rights, safety, protection, and wellbeing of others actively*.

My lived experience of cumulative harm motivates me to advocate for others who are vulnerable, oppressed, disempowered or victimised

My cumulative harm experiences make me a better advocate for others

I want to use my career to advocate and empower others

I want to use my career to address inequality

I want to use my career to seek justice for others

	Capacity to Endure: *Ability to withstand difficult circumstances.*
	My lived experience of cumulative harm has helped me develop the capacity to endure adversity
Career and Life Narratives	Narratives: *Personal and professional stories which contribute to our identity and the way we see ourselves*
	I believe cumulative harm is part of my personal story which has influenced my career choice
	My career has been negatively impacted by my cumulative harm experiences
	I believe I can rewrite my personal story through my career choice
	I believe I can positively build on my personal story through my career choice

Content Validity

A Content Expert Panel was convened to assess the clarity, relevance and accuracy of the item pool. Content Experts were selected for their expertise as practitioners and academics in the area of child protection and welfare practice. Content Experts reviewed the questions, assessed each item, and proposed additional or amended items and revisions were made based on Content Expert feedback. Full biographies of the content experts are available for perusal as Appendix K and summarised as follows.

- Dr Chris Goddard, Adjunct Professor at University of South Australia
- Dr Kerryann Walsh Kerryann Walsh is a Professor in Education at Queensland University of Technology
- Professor Daryl Higgins, Director of the Institute of Child Protection Studies, Australian Catholic University
- David Steggall, Lecturer of Human Services, University of Southern Queensland, and social worker with ten years of experience in the Child Protection System and Child and Youth Mental Health Services across Government and Non-Government sectors
- Krystal Schaffer, Lecturer of Human Services, University of Southern Queensland, with ten years' experience working in social work services, working extensively with children, young people and families both in frontline service and specialist research and advisory positions
- Simone Collier, State Project Manager, Act for Kids

Revisions were made based on Content Expert Panel feedback. Items were entered into the Lime Survey Tool (USQ Survey Tool) to construct the Cumulative Harm Impact Questionnaire. Validation scales were then added to the Questionnaire.

Pilot Test

A pilot test using five (5) participants were employed to test for face validity and survey functionality, prior to the commencement of Study 3. This was considered necessary for several reasons. Firstly, poorly designed questions can affect the type and quality of data collected (Gillham, 2001). Secondly, implementing a pilot survey can ensure that the survey is appropriate and accepted by the target population to maximise the opportunity to gather quality data (Leon, Davis, & Kraemer, 2011; Secomb & Smith, 2011). Hence, the aims of pilot testing this survey were to

determine the functionality of study measures and to obtain feedback from participants about the usability of the survey tool. This information allowed for the refinement of measures and methods prior to the Cumulative Harm Impact Questionnaire being available to the larger USQ sample. The pilot test version of the survey appears in Appendix L. The final version of the survey is attached as Appendix M.

Method

Participants

Study 3 involved a sample of 384 participants all of whom were either studying to be a helping professional or held a current qualification in a helping professional discipline. Twenty-seven participants were removed from the sample due to missing or incomplete data. Resulting in 357 full responses. The participants ($n = 357$) ranged in age from 19 years to 61 years, with an average age of 28.54 years and 24 years was the most frequent age ($n = 36$). The follow age groups were identified in the sample; 19-30 years ($n = 243$, 68.1%), 31-40 years ($n = 87$, 27.4%), 41-50 years ($n = 22$, 6.2%), and 51-61 years ($n = 5$, 1.5%). The sample comprised of majority female participants ($n = 295$, 82.6%), with 15.7 % male ($n = 56$), and 1.7% non-binary (n = 6). Table 8 illustrates the disciplines of the participants' professional qualifications (completed or enrolled). The highest number held qualifications in Nursing and Midwifery ($n = 75$, 21%), closely followed by Psychology ($n = 75$, 20.7%), initial teacher education ($n = 62$, 17.4%), and health and paramedical ($n = 58$, 16.2%). Other disciplines include counselling ($n = 18$, 5%), postgraduate guidance and counselling ($n = 14$, 3.9%), postgraduate special education ($n = 9$, 2.5%), human services and welfare ($n = 8$, 2.2%), and law and criminal justice ($n = 4$, 1.1%). The remaining participants indicated 'other' as their professional discipline ($n = 35$, 9.8%). The majority of participants ($n = 311$, 87%) were currently employed in a helping profession, with the remaining 12.9% ($n = 46$) not yet employed in the helping profession.

Table 8

Participants' Professional Qualifications by Discipline

| | Qualification | | | |
	Frequency	Percent	Valid Percent	Cumulative Percent
Initial Teacher Education	62	17.4	17.4	17.4
Postgraduate Guidance and Counselling	14	3.9	3.9	21.3
Postgraduate Special Education	9	2.5	2.5	23.8
Counselling	18	5.0	5.0	28.9
Human Services and Welfare	8	2.2	2.2	31.1
Health and Paramedical	58	16.2	16.2	47.3
Nursing and Midwifery	75	21.0	21.0	68.3
Psychology	74	20.7	20.7	89.1
Law and Criminal Justice	4	1.1	1.1	90.2
Other	35	9.8	9.8	100.0
Total	357	100.0	100.0	

Procedure

Cross-sectional surveys involve the collection of data at a single point in time from a sample drawn from a specified population (Visser et al., 2000; Fraenkel & Wallen, 2012; Ponto, 2015). Cross-sectional surveys afford the researcher the opportunity to assess relationships between variables and differences between subgroups in a population, as well as the causal impact of variables (Visser et al., 2000). The instrument was delivered in an electronic format via advertisements placed on study desks, university notice boards for special courses and also via recruitment through Prolific (https://www.prolific.co/). Utilising a combination of

methods of survey administration can help to ensure better sample coverage, therefore reducing coverage error (inadequate sampling) (Dillman, Smyth, & Christian, 2014; Singleton & Straits, 2009).

The survey was disseminated to a cohort of currently practicing and preservice helping professionals, recruited through their participation in the university courses that are within the helping professions discipline, which include, but are not limited to psychology, human services, guidance and counselling and nursing. An additional source of recruitment for Group 3 participants will be via a Market Research Service provider known as Prolific.

Following significant efforts to recruit through Australian Universities, the research team have identified that participants for this survey require a more focused recruitment organisation to access the participants for this research study. Recruitment criteria included employment sector and industry affiliation in a helping professional field, and tertiary education (current or previous) in a helping professional discipline. Prolific has documented policies in relation to confidentiality and anonymity to ensure all participants' privacy is protected. In addition, there is a policy ensuring that a participant's contact details will not be passed onto other organisations or used by them or a third party for other future purposes unrelated to this study. The participants will be paid a sum of $5 to participate in the study. This is paid for by the Recruitment organisation, Prolific. Whilst this is a small amount of money, it is an inducement only, and is not significant in coercing or obliging anyone to participate in the survey if they have no interest in the study.

The goal of sampling in survey research is to obtain a sufficient sample that is representative of the population of interest; a large random sample increases the likelihood that the responses from the sample will accurately reflect the entire population (Ponto, 2015). The sample comprised practicing and preservice helping professionals from a range of disciplines including psychology, counselling, criminology, law, human services, paramedicine, nursing, and education. The same will also include both postgraduate and undergraduate preservice professionals

Validation Scales

Five scales were used to compare data gathered in the questionnaire. These scales were embedded in the Survey along with the Cumulative Harm Impact

Questionnaire items. They were disseminated with the instrument in Study 3 and analysed for convergence validity.

These scales were:

- Impact of Life Events Scale – Revised (IES-R), a 22 item questionnaire that measures the subjective stress caused by traumatic events (Weiss & Marmar, 1997). In the proposed research the IES-R will be used to compare data gathered in the questionnaire relevant to the lifespan implications of traumatic events. Coefficients of internal consistency were reported for both subscales for all three time points for the two groups both separately and combined. These coefficients ranged from α = .79 to .92 (Weiss & Marmar, 1997). A sample item from the IES-R includes "In the past seven days with respect to your experiences of abuse and/or adversity which occurred in childhood, I had trouble staying asleep".

- Post Traumatic Growth Inventory (PTGI), an instrument for measuring the positive outcomes in individuals who have experienced traumatic events (Tedeschi & Calhoun, 1996). In the proposed research the PTGI will be used to compare data gathered in the questionnaire relevant to the adversarial growth present for individuals who have experiences cumulative harm. The internal consistency of the resulting 21-item PTGI is Cronbach's α = .90 (Tedeschi & Calhoun, 1996). A sample item of the PTGI includes "As a result of abuse and/or adversity experienced in childhood, I developed new interests".

- The Self-Reflection and Insight Scale (SRIS) measures three factors in the self-regulation cycle: need for reflection; engagement in reflection, and insight (Grant, Franklin & Langford, 2002). The SRIS (Grant, Franklin & Langford, 2002) will be used to compare data gathered pertaining to self awareness and self reflection. Insight and self reflection have been identified to be related to wellbeing (Lyke, 2009; Harrington & Loffredo, 2010). Regarding the scales internal consistency, Cronbach's α for internal consistency ranged from α .71 to .91 for Self reflection and from α =.82 to .87 for Insight (Roberts & Stark, 2008). A sample item from the SRIS includes "I am not really interested in analyzing my behaviour".

- The Utrecht Work Engagement Scale (Schaufeli, Bakker & Salanova, 2006) uses three scales to determine the level of work engagement; vigour, dedication, and absorption. The UWES will be used to compare data relevant to the impact of trauma on vocational performance and engagement. Engagement has been defined as the opposite of burnout, and therefore only the UWES-9 will be used to account for both engagement and burnout. (Maslach et al., 2001; Schaufeli, Bakker & Salanova, 2006). The internal consistency of the scales largely exceeds the generally accepted criterion for existing scales of Cronbach's $\alpha \geq .70$ (Nunnaly & Bernstein, 1994). A sample item of the UWES includes "at my work, I feel bursting with energy".

- Brief Calling Scale (BCS; Dik et al., 2012) is an efficient 4-item instrument designed to assess the extent to which people perceive that they have a calling or are seeking one. Empirical studies using this scale reported correlations between the two items between r = .76 and .82 and have shown significant relationships with career decision self-efficacy, intrinsic work motivation, religious commitment, and meaning in life (Dik & Steger, 2008; Duffy & Sedlacek, 2007; Steger, Pickering, Shin, & Dik, 2010). A sample item from the BCS is "I have a calling to a particular kind of work".

Minimal changes were made to the validation scale to preserve the integrity of the measures. However, some alterations were made to the working of instructions to clarify and ensure the relevance of the population being studied as some measures focused narrowly on older populations or populations which were working (not studying). The following changes were made to the validation measures:

- Numbers for answer responses were removed and only narrative descriptors utilised (i.e.. strongly agree, rather than 5)

- Stems of answers used in instructions and only the descriptors used in answer options to ensure suitable formatting for handheld devices (PTGI)

- Instruction altered to broaden the population o be included in the IESR and UWES (i.e., student population and 'work' to include study).

Data Screening and Analysis

Issues such as missing data and detecting outliers were important processes in screening data prior to analysis (Tabachnick & Fidell, 2007). Eight cases were

deleted due to empty data, and 18 cases were removed due to missing data. Raw data were cleaned. The analysis included, descriptive analytics, and the testing of variables and their relationships within the CHIQ model, exploratory statistical work was also conducted in regard to the CHIQ and its correlations with the other existing measures. All data analysis was conducted via SPSS. Analysis was conducted in three stages, employing factor analysis, correlation analysis, and regression and mediation analysis.

Factor Analysis

CFA is a form of psychometric assessment that allows for the systematic comparison of an alternative factor structure based on systematic fit assessment procedures and estimates the relationship between latent constructs, which have been corrected for measurement errors (Morin et al., 2016). CFA is considered a best known statistical procedure for testing hypotheses and theory in social research (Schumacher & Lomax, 1996; Byrne, 2003). CFA is used "to assess the extent to which the hypothesized organisation of a set of identified factors fits the data" (Pett, Lackey & Sullivan, 2003, p.4). CFA was utilised to further confirm the validity and reliability of the findings from Study 2. The systematic fit assessment procedures are determined by meaningful satisfactory thresholds, these techniques include the chi-square test of exact fit, Root Mean Square Error of Approximation (RMSEA ≤ .08), and Comparative Fit Index (CFI ≥ .95; Hu & Bentler, 1999; Schreiber et al., 2006). Fit indices were calculated using the "model fit measures" plugin (Gaskin & Lim, 2016). The Statistical Package for Social Sciences (SPSS Version 19) was used for descriptive and inferential data analysis, with AMOS (Version 19) used in development of the models for factor analysis (discussed further in this chapter).

<div align="center">

Results

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Goodness of Fit

A summary of the measurement model findings based on the CFAs of the factors contained within the Cumulative Harm Impact Questionnaire is presented in Table 9. The determination of model fit was based on a comparison of the fit indices obtained from the 7 CFAs using the suggested cut-off values frequently cited in the literature for the CFI and RMSEA indices (Steiger & Lind, 1980; Bentler, 1990). A model was deemed a "good" fit based on the comparisons and the feedback provided by the Model Fit Measures in AMOS. All subscales were categorized as

having "Acceptable to Excellent" model-data fit. This designation was based on CFI and RMSEA meeting the minimum threshold for fit, as well as a Chi-Square result greater than 0.05. The final decision regarding model fit is also presented in Table 9.

Table 9

CFA Results and Decision Matrix for CHIQ Subscales

Subscale	Chi-Square	(df)	CMIN/df	CFI	RMSEA	Model Fit Decision
Nature of Cumulative Harm	272.804	84	0.331	0.969	0.079	Acceptable
Meaning of Cumulative Harm	143.879	49	2.936	0.972	0.073	Acceptable
Value of Cumulative Harm	142.098	49	2.899	0.977	0.074	Acceptable
Unintentional Motivators of Cumulative Harm	23.555	8	2.944	0.989	0.074	Acceptable
Identity Conclusions of Cumulative Harm	547.592	220	2.489	0.954	0.065	Acceptable
Adaptability of Cumulative Harm	282.102	96	2.938	0.968	0.074	Acceptable
Narratives of Cumulative Harm	58.184	2	29.092	0.817	0.281	Poor

Note. (df)= degree of freedom, CFI=comparative fit index (>.95), RMSEA= root mean-square error of approximation (<.08).

Nature of Cumulative Harm

The hypothesised model for the subscale of the Nature of Cumulative Harm, containing three factors of accumulation, community and multifinality presented a poor fit, modification indices were used to determine redundant items and relationships, which resulted in the removal of 4 items. Items removed were *I have experienced adversity which was ongoing throughout my childhood* (CH2) and *The disadvantage I experienced in my childhood was ongoing and repetitive* (CH5), *I have experienced revictimisation in adulthood* (MU2), and *I sometimes wonder why my experiences affected me less than for my siblings* (FI4) as these items were too similar to the remaining items. The model fit process is outlined below in Table 10. The Standardised Regression Weights and Squared Multiple Correlations for Nature of Cumulative Harm are presented in Appendix N, and illustrate that all items have a significance of under 0.001, and are well predicted by the model*.*

Table 10

Model Fit of Nature of Cumulative Harm

Model version	CMIN	Df	CMIN/DF	CFI	RMSEA
M1	1010.179	149	6.780	0.888	0.127
M2	973.161	132	7.372	0.889	0.134
M3	430	113	3.808	9.55	0.089
M4	272.804	84	3.248	0.969	0.079

Note: M1= hypothesised model; M2= less FI4; M3= correlated CH3 & CH1, CH2 & CH7, CH7 & CH5 & less MU2; M4=correlated CO3 & CO5 and less CH2 and CH5.

Figure 6

Nature of Cumulative Harm Correlated Factors Model
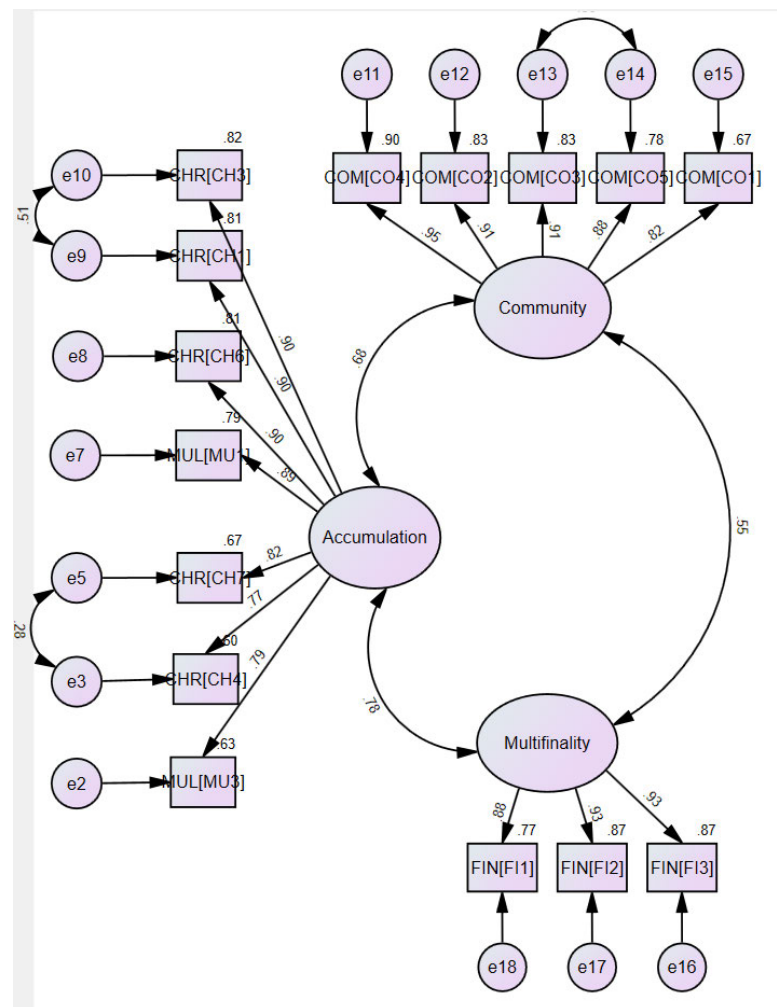
Meaning of Cumulative Harm

Meaning making from Career Choice was tested on its own and provided a non-significant model on Chi-Squared test and perfect fit model. Professional Learning was also tested as a stand-alone measure and indicated a non-significant model of perfect fit. Given the good fit of the Meaning Making and Professional Learning models as single factors, Remedial subscale was tested as a single factor but it did not fit well. Therefore, a correlated factors model was tested, and its fit was acceptable with two error covariances correlated based on modification indices. This is presented in Figure 7. Removed weak and redundant items using modification indices, this included *My chosen career helps me to recover from my childhood cumulative harm and trauma* (RE2), *The positive feeling I experience from helping others, helps me cope with my own emotional pain linked to the cumulative harm I experienced in childhood* (RE5); *By learning about my work, I am also learning about*

my cumulative harm experiences (PRO3*); I am motivated to learn more about my helping profession so that I can also learn more about my cumulative harm experiences in childhood* (PRO4); *the study and professional learning I have done in my career helps me make sense of the harm I experienced in my childhood* (PRO6). The model fit process is outlined below in Table 11. This resulted in an acceptable model fit, presented in Figure 7. The Standardised Regression Weights and Squared Multiple Correlations for Meaning of Cumulative Harm are presented in Appendix N, and illustrate that all items have a significance of under 0.001, and are well predicted by the model*.*

Table 11

Model fit determination of Meaning of Cumulative Harm

Model Version	CMIN	Df	CMIN/Df	CFI	RMSEA
M1	2.572	2	1.286	1.00	0.028
M2	2.317	1	2.317	0.999	0.061
M3	19.644	2	9.822	0.96	0.157
M4	143.879	49	2.936	0.972	0.074

Note: M1 = Meaning only factor model; M2= Professional Learning only factor model; M3= remedial only factor model; M4= Correlated factors model with two error covariances correlated.

Figure 7

Meaning of Cumulative Harm Correlated Factors Model
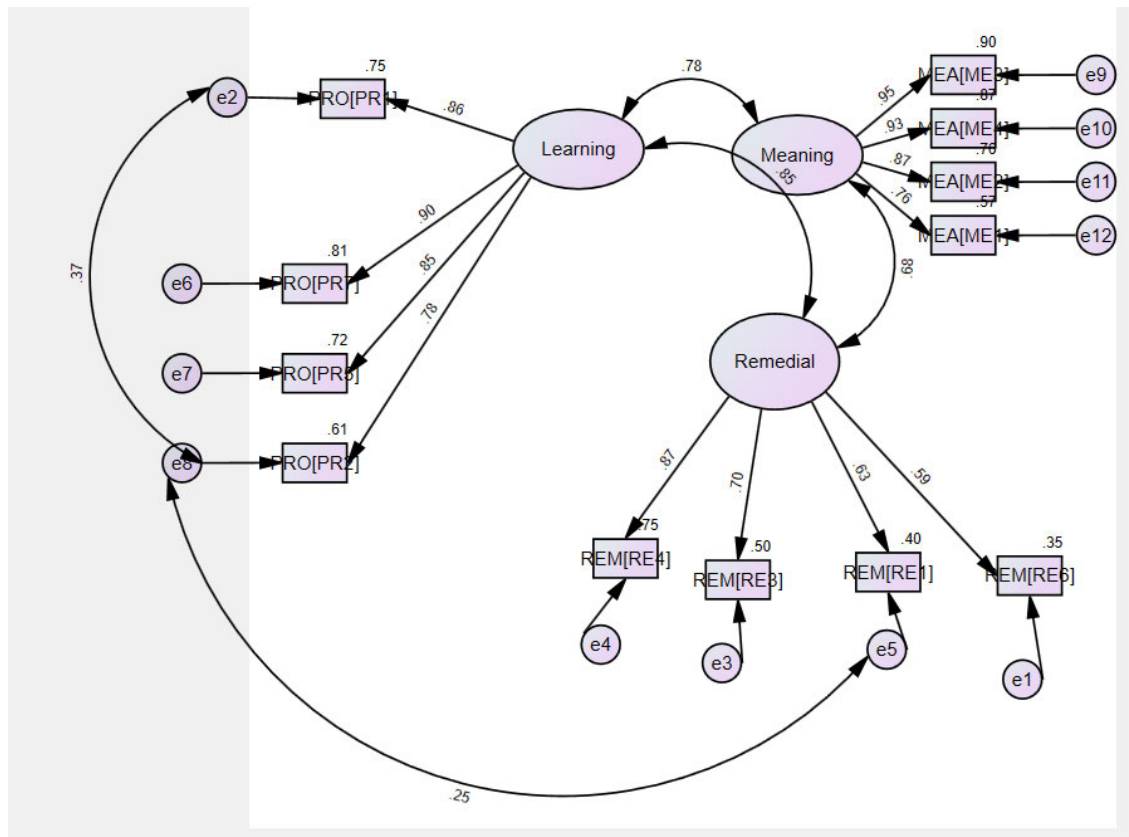
Value of Cumulative Harm

CHIQ Values Correlated Factors Model was tested, deleted one item, *My positive experiences with helping professionals in childhood motivated me to choose a helping profession as a career* (SE4) and used modification indices to correlate some errors to arrive an Acceptable fit, presented in Figure 3. The model fit process is outlined below in Table 12. This resulted in an acceptable model fit, presented in Figure 8. The Standardised Regression Weights and Squared Multiple Correlations for Value of Cumulative Harm are presented in Appendix N, and illustrate that all items have a significance of under 0.001, and are well predicted by the model.

Table 12

Model fit determination for Value of Cumulative Harm

Model Version	CMIN	Df	CMIN/Df	CFI	RMSEA
M1	572.249	64	8.941	0.880	0.149
M2	142.098	49	2.900	0.977	0.073

Note: M1= Hypothesised correlated factors model; M2 less SE4 and correlation of OT3 & OT2, and OT6 & OT4.

Figure 8

Value of Cumulative Harm Correlated Factors Model
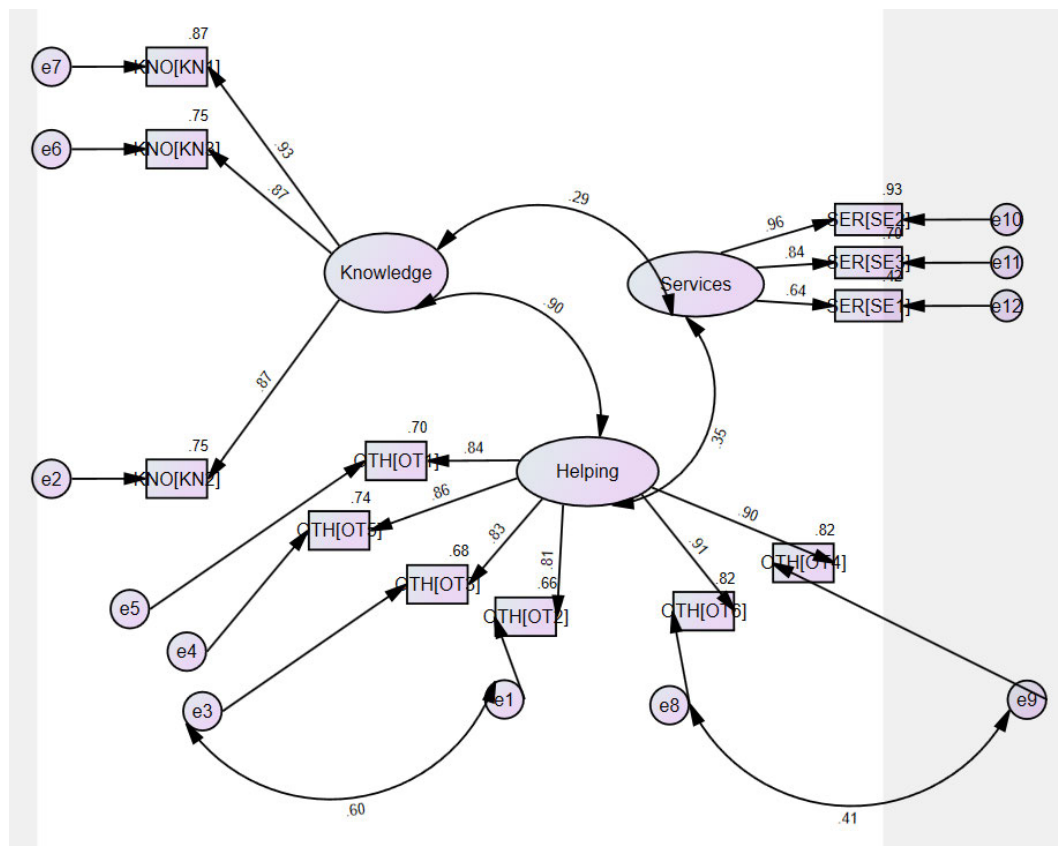
Unintentional Motivators of Cumulative Harm

The Three factor hypothesized model based on interview data was a poor fit (values) therefore the following items were eliminated because square correlations were too low, (.078, .164, .025 respectively). The items were *my motivation to enter a helping profession comes from within me* UNI3); *I just know that my motivations to be a helping professional came from somewhere deep inside me* (UNI7); *I'm not*

sure where inside of me my desire to be helping professional came from (UNI8).
Multiple models were trialled using modification indices, PAF and suggested module
fit measures to little benefit. The factor of Relational influences did not fit well. A two
factor model was tried comprising Unintentional motivations (UNI 4, 5,6) and
Emotive motivations (MOT 1, 2, 3) but removed Relational motivations (REL), and
found acceptable fit. The model fit process is outlined below in Table 13. This
resulted in an acceptable model fit, presented in Figure 9. The Standardised
Regression Weights and Squared Multiple Correlations for Unintentional Motivations
of Cumulative Harm are presented in Appendix N, and illustrate that all items have a
significance of under 0.001, and are well predicted by the model.

Table 13

Model fit determination for Unintentional Motivations of Cumulative Harm

Model Version	CMIN	Df	CMIN/Df	CFI	RMSEA
M1	917.106	87	10.541	0.808	0.164
M2	591.275	51	11.594	0.863	0.173
M3	428.217	51	8.396	0.904	0.144
M4	23.555	8	2.944	0.989	0.066

*Note: M1= Hypothesised corelated factors model; M2= less UN3, UN7 & UN8; M3=
less UN3, 7, 8 and UN1 & UN2to REL; M4= 2 factor model less REL items (REL
1,2,3,4 & UN1, UN2).*

Figure 9

Unintentional Motivations of Cumulative Harm Model
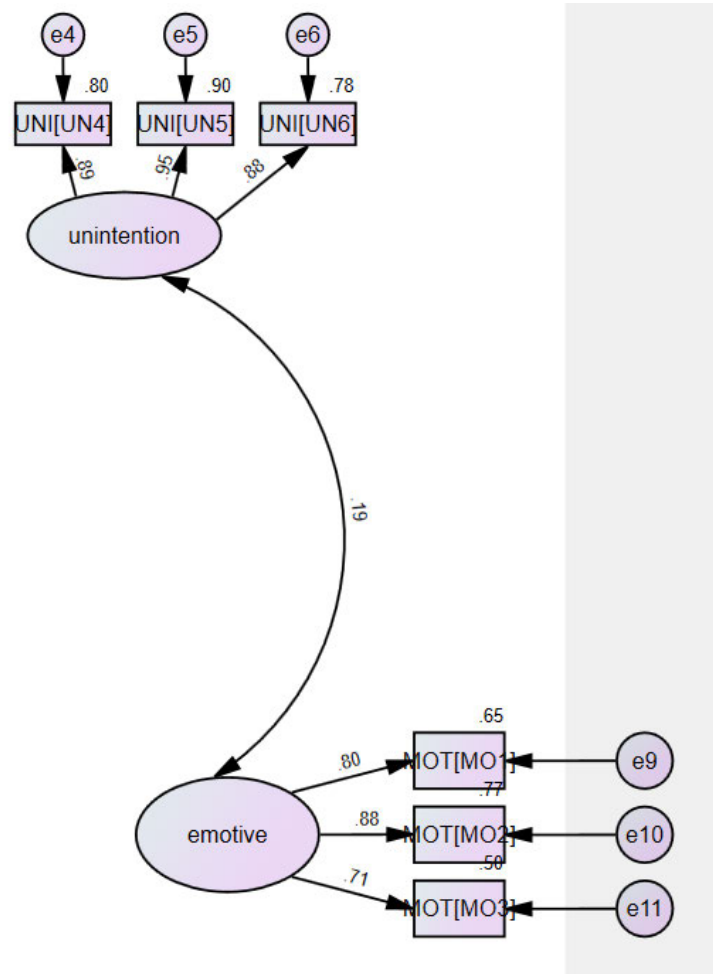
Identity Conclusions of Cumulative Harm

The results of the PAF were used to hypothesise an initial four factor model, excluding outlying items GR3, GR2 and PC6. An acceptable model fit was determined. The model fit process is outlined below in Table 14. This resulted in an acceptable model fit, presented in Figure 10. The Standardised Regression Weights and Squared Multiple Correlations for Identity Conclusions of Cumulative Harm are presented in Appendix N, and illustrate that all items have a significance of under 0.001, and are well predicted by the model.

Table 14

Model fit determination Identify Conclusions of Cumulative Harm

Model Version	CMIN	Df	CMIN/Df	CFI	RMSEA
M1	547.592	220	2.489	0.954	0.065

Note: M1= hypothesis model based on PAF, excluding GR3, GR2 & PC6

Figure 10

Identity Conclusions of Cumulative Harm Model
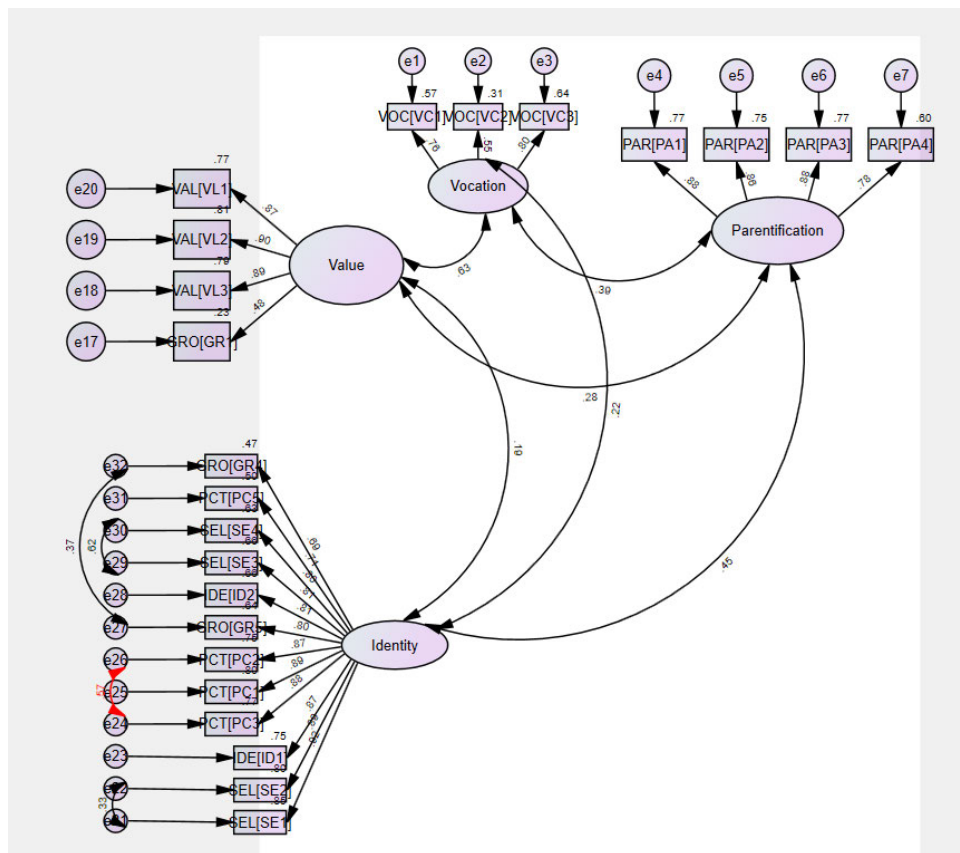
Adaptability of Cumulative Harm

The hypothesized four factor model was a poor fit. The PAF was used to construct a four factor model and found to be a good fit. Added MI to IG1 and IG2, and INT 2 and 3. The model fit process is outlined below in Table 15. This resulted in an acceptable model fit, presented in Figure 11. The Standardised Regression Weights and Squared Multiple Correlations for the Adaptability of Cumulative Harm are presented in Appendix N, and illustrate that all items have a significance of under 0.001, and are well predicted by the model.

Table 15

Model fit determination of Adaptability of Cumulative Harm

Model Version	CMIN	Df	CMIN/Df	CFI	RMSEA
M1	1172.832	114	10.288	0.833	0.162
M2	282.102	96	2.939	0.968	0.074

Note: M1= Hypothesised model; M2= model based on PAF with correlated items (IG1 & IG2, and IN3 and IN2)

Figure 11

Adaptability of Cumulative Harm Model
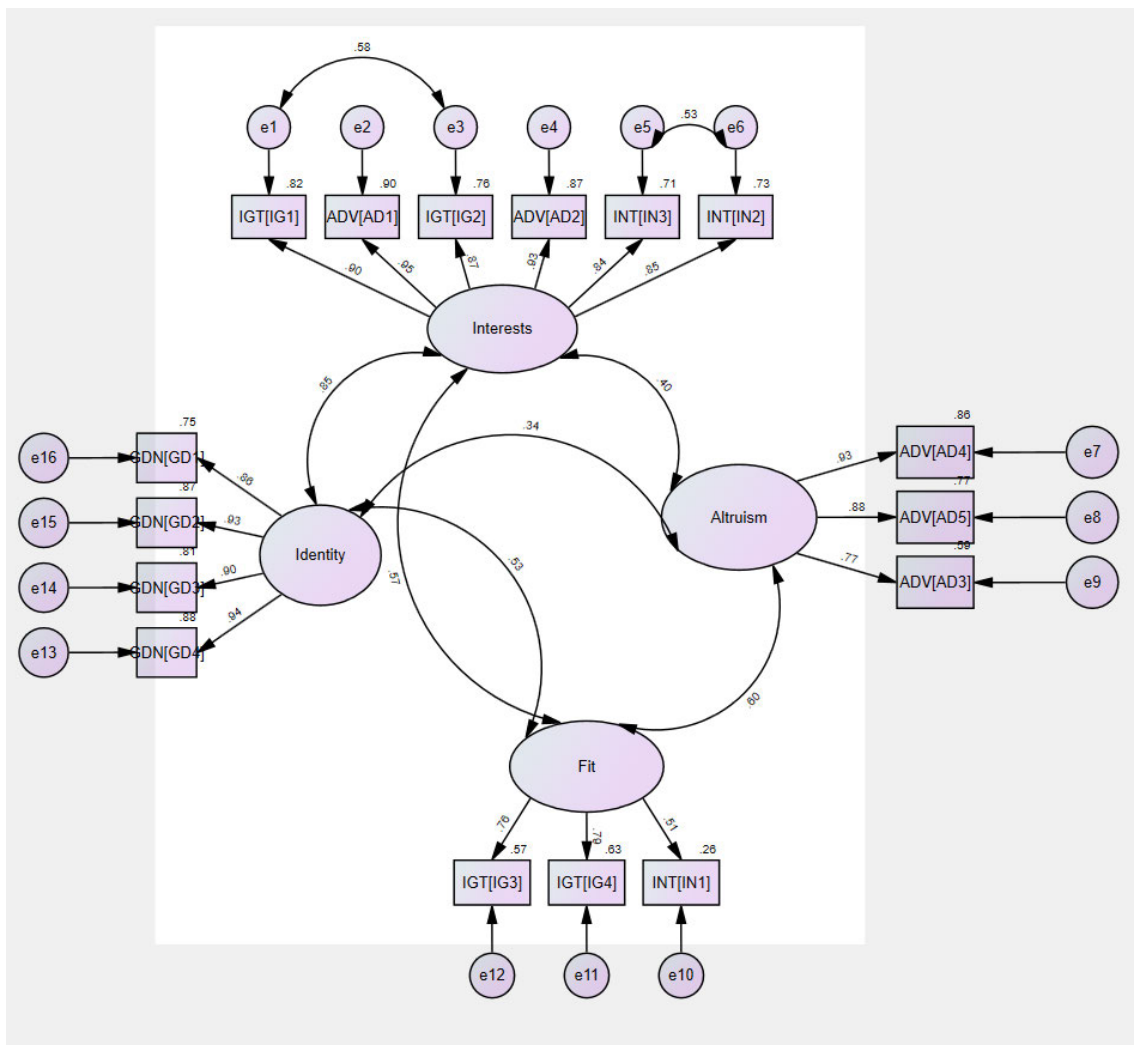
Narratives of Cumulative Harm

The CHIQ Narrative model was tested and found to be a poor fit on PAF and on CFA, therefore it was deemed necessary to remove this subscale from the model.

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This may indicate that narratives are individual stories that do not lend themselves to a measurement model. The PAF is presented in Table 16, The model fit process is outlined below in Table 17.

Table 16

Pattern Matrix for PAF results for Narratives of Cumulative Harm

	Pattern Matrix[a]	
	Factor	
	1	2
IAR[NA4]	.809	
IAR[NA3]	.734	
IAR[NA2]		.667
IAR[NA1]	.308	.594

Extraction Method: Principal Axis Factoring.

Rotation Method: Oblimin with Kaiser Normalization.[a]

a. Rotation converged in 5 iterations.

Table 17

Model fit determination of Narratives of Cumulative Harm

Model Version	CMIN	Df	CMIN/Df	CFI	RMSEA
M1	58.184	2	29.092	0.817	0.281

Scale Scores

Scale scores were calculated through a sum of the scores for each model, then divided by the number of items within each model (average). Scale score frequencies are outlined below in Table 18. Moderate scores were evident across the scales, with the highest scoring present in the general caring motivations which are frequently cited for professional caring and helping. However it is also interesting that higher scale scores were observed for parentification and identity which attests to the findings of Studies 1 and 2, and also the literature which identifies

parentification and caring roles in childhood as an influence on career choice, even outside the influence of cumulative harm (DiCaccavo, 2002; Vincent, 1996). Descriptive Statistics of the CHIQ are also presented in Table 19.

Table 18

Scale Scores for each Model of the CHIQ

Subscale	Model	Scale Score (mean)
Nature	Accumulation	2.52
	Multifinality	2.00
	Community	2.84
Meaning	Learning	3.02
	Meaning	2.74
	Remedial	2.81
Value	Helping	3.04
	Services	2.91
	Knowledge	3.19
Unintentional	Unintentional	2.74
	Emotive	4.10
Identity	Value	4.21
	Vocation	3.78
	Parentification	3.12
	Identity	3.25
Adaptability	Fit	2.98
	Professional Identity	4.02
	Altruism	4.25
	Interests	3.45

Table 19

Descriptive Statistics of the CHIQ

<div align="center">Statistics</div>

	Accumulation	Community	multifinality	Learning	Meaning	remedial	Knowledge	Helping	Services	Unintentional	emotive	Identity	vocation	Value	Parentification	Interests	Fit	Altruism	Profession ID
N Valid	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean	2.528	2.004	2.845	3.022	2.743	2.810	3.199	3.048	2.916	2.747	4.108	3.252	3.786	4.217	3.128	3.458	2.983	4.256	4.025
Std. Error of Mean	.064	.053	.071	.059	.064	.048	.061	.062	.060	.062	.043	.060	.044	.0365	.061	.065	.064	.0431	.0387
Median	2.428	2.000	3.000	3.250	3.000	2.750	3.666	3.333	3.000	2.666	4.000	3.583	4.000	4.250	3.250	3.833	3.250	4.333	4.000
Mode	1.00	1.00	1.00	4.00	1.00	2.50	4.00	1.00	3.00	1.00	4.00	1.00	4.00	4.00	4.00	4.00	1.00	5.00	4.00
Std. Deviation	1.220	1.016	1.347	1.121	1.220	.914	1.159	1.179	1.138	1.179	.821	1.145	.836	.691	1.161	1.242	1.219	.815	.732
Range	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Sum	902.71	715.50	1015.67	1079.00	979.50	1003.25	1142.33	1088.17	1041.00	981.00	1466.67	1161.25	1351.67	1505.75	1116.75	1234.50	1065.25	1519.67	1437.00

Reliability Statistics

Cronbach's alpha reliability coefficient normally ranges between 0 and 1. The closer Cronbach's alpha (α) coefficient is to 1.0 the greater the internal consistency of the items in the scale. George and Mallery (2003) provide the following guide, "α > .9 – Excellent, α > .8 – Good, α > .7 – Acceptable, α > .6 – Questionable, α > .5 – Poor, and α < .5 – Unacceptable" (p. 231). When Cronbach's Al[has was calculated for the all models within the CHIQ, all alpha coefficients were between .7 and 1, with a majority achieving over .9. It is worth noting that the extremely high alpha coefficients may reflect possible redundancy in items which may indicate the CHIQ could be shortened in the future. The Reliability statistics for the CHIQ are presented in Table 21. Alpha coefficients for each validation scale were also calculated to identify the current reliability statistics of each scale. Results were also between .7 and 1, with only the SRIS Insight subscale resulting in an alpha coefficient below .7 (α = .623). Reliability statistics for each validation scale are outlined in Table 20.

Table 20

Reliability statistics for CHIQ

Subscale	Model	Cronbach's Alpha	N of Items
Nature	Accumulation	.950	7
	Multifinality	.938	3
	Community	.953	5
Meaning	Learning	.920	4
	Meaning	.932	4
	Remedial	.790	4
Value	Helping	.948	6
	Services	.847	3
	Knowledge	.918	3
Unintentional	Unintentional	.933	3
	Emotive	.834	3
Identity	Value	.865	4
	Vocation	.740	3
	Parentification	.912	4
	Identity	.964	12
Adaptability	Fit	.718	3
	Professional Identity	.950	4
	Altruism	.888	3
	Interests	.962	6

Table 21

Reliability statistics for CHIQ

Subscale	Model	Cronbach's Alpha	N of Items
IES-R	Intrusion	.908	8
	Avoidance	.904	8
	Hyperarousal	.878	6
	Total	.957	22
PTGI	Relating to Others	.928	7
	New Possibilities	.908	5
	Personal Strength	.905	4
	Spiritual Change	.782	2
	Appreciation of Life	.856	3
	Total	.968	21
SRIS	Engaging in Self-Reflection	.838	6
	Need for Self-Reflection	.857	6
	Insight	.623	8
	Total	866	20
UWES	Vigour	.830	3
	Dedication	.888	3
	Absorption	.810	3
	Total	.922	9
BCS	Presence	.926	2
	Search	.882	2

Correlations of Factors Within the CHIQ Measure

Using Pearson Correlation tests (2-tailed), correlations were evaluated within the CHIQ measure. Correlations ranged from 0.143 (Altruism and Community factors) and 0.911 (Interests and Identity factors). Accumulation correlated with all

items in the model except emotive motivations, vocations, and value. Correlations with accumulation ranged from 0.178 (Altruism) and 0.756 (Multifinality). Community correlated with all items in the model except emotive motivations, vocations, and value. Correlations ranged from 0.143 (Altruism) and 0.648 (Accumulation). Multifinality correlated with all items in the model except emotive motivations, vocations, and value. Correlations ranged from 0.161 (Altruism) and 0.756 (Accumulation).

Learning correlated with all items in the model without exception. Correlations ranged from 0.215 (Emotive) and 0.747 (Helping). Meaning correlated with all items in the model without exception. Correlations ranged from 0.157 (Emotive) and 0.754 (Helping). Remedial motivations correlated with all items in the model without exception. Correlations ranged from 0.247 (Altruism) and 0.732 (Learning). Knowledge correlated with all items in the model without exception. Correlations ranged from 0.204 (Emotive) and 0.837 (Helping). Helping correlated with all items in the model without exception. Correlations ranged from 0.211 (Value) and 0.837 (Knowledge). Service utilisation correlated with all items in the model without exception. Correlations were lower than other items and ranged from 0.162 (Community) and 0.464 (Interests). Unintentional motivations correlated with all items in the model without exception. Correlations ranged from 0.174 (emotive) and 0.692 (identity). Identity correlated with all items in the model without exception. Correlations ranged from 0.161 (Emotive) and 0.911 (Interests). Parentification correlated with all items in the model without exception. Correlations ranged from 0.229 (Community) and 0.481 (Unintentional). Interests correlated with all items in the model without exception. Correlations ranged from 0.179 (Value) and 0.911 (Identity). Fit correlated with all items in the model without exception. Correlations ranged from 0.208 (Value) and 0.827 (Interests). Altruism correlated with all items in the model without exception. Correlations ranged from 0.143 (Community) and 0.552 (Professional Identity). Professional identity correlated with all items in the model without exception. Correlations ranged from 0.152 (Community) and 0.552 (Altruism).

Emotive motivations correlated with all items in the model except accumulation, community and multifinality (all items in the Nature of cumulative harm model). Correlations ranged from 0.157 (Meaning) and 0.588 (Vocation). Vocation correlated

with all items in the model except accumulation, community and multifinality (all items in the Nature of cumulative harm model). Correlations ranged from 0.167 (Meaning) and 0.552 (Value). Value correlated with all items in the model except accumulation, community, multifinality, and meaning. Correlations ranged from 0.179 (Interests) and 0.552 (Vocation).

Correlations of CHIQ with Validation Scales

The correlation between the CHIQ and other constructs was evaluated in the total sample (n = 357). Due to the size of the Table which contains the Correlations for the CHIQ and validating scales, the full table is located in Appendix O, and only CHIQ and each individual measure are presented here.

Correlations between CHIQ and impact of life events, post traumatic growth, self-reflection and insight, work engagement and calling were on average moderate, with all significance levels at $p < 0.001$ (2-tailed) or $p < 0.005$ (2 tailed). Correlations reflected the items within the CHIQ that were aligned with the various concepts each existing scale measures. IESR (Weiss & Marmar, 1997) measures the impact of trauma and adversity, which correlated well with items in the CHIQ that were associated with the impact of cumulative harm on the individual and their career decision making, ranging from 0.132 to 0.544. The IESR did not correlate with the items of emotive motivations, vocation, and value, which mirrored the correlations within the CHIQ itself.

The PTGI (Tedeschi & Calhoun, 1996) measured adversarial growth, which closely parallels the intentions of the CHIQ, therefore all items correlated moderately, ranging from 0.168 to 0.571. The SRIS (Grant, Franklin & Langford, 2002) presented interesting findings, correlating with items that reflected insight and self-reflection, such as those within the adaptability of cumulative harm model (professional identity, altruism, fit and interests) which includes items specifically related to insight. These correlations ranged from 0.130 to 0.301. The SRIS did show not only a weak correlation but some negative correlations (correlation significant at the 0.01 and 0.05 level) with some items specific to the SRIS Insight sub scale. SRIS Insight was negatively correlated with accumulation (-0.167), community (-0.053), learning (-0.043), knowledge (-0.087), helping (-0.114), service utilisation (-0.188), unintentional motivations (-0.159), identity (-0.161), parentification (-0.138), interests

(-0.116), and fit (-0.134). This illustrates a negative association between cumulative harm and insight that is worthy of further research and deeper exploration.

The UWES (Schaufeli et al., 2006), measuring work engagement and perceiving engagement as the antipode of burnout, was correlated with items that met needs for the individual, such as remedial and therapeutic motivations, emotive motivations, value, vocation, fit and knowledge, altruism, and professional identity. These ranged from 0.125 to 0.474. Those items which reflected the impacts of cumulative harm that were more deleterious in nature such as identity and parentification were not correlated with the UWES. The BCI (Dik et al., 2012) measures calling, through two sub scales of presence and searching. The CHIQ showed moderate to strong correlations with items on the BCI (Presence) subscale which aligned with calling, such as vocation, value, emotive motivations, fit, professional identity (0.223 to 0.632) and was also correlated moderately to items that reflected relational or affective motivations such as parentification, and service utilisation (0.205- 0.263). Weaker correlations were noted in the BCI (Searching) subscale, ranging from 0.119-0.149 respectively, which is consistent with the intention of the subscale, indicating the CHIQ is more aligned with presence of calling, rather than searching for a calling. Correlations for each validation scale are presented below in Tables, 22 to 26

Table 22

Correlation Table for CHIQ and IESR

CHIQ	IESRIntr	IESRAvoid	IESRHyper	IESRTotal
Accumulation	.542**	.512**	.454**	.544**
Community	.433**	.374**	.372**	.423**
Multifinality	.464**	.424**	.382**	.458**
Learning	.312**	.328**	.259**	.326**
Meaning	.468**	.432**	.409**	.471**
Remedial	.240**	.255**	.193**	.250**
Knowledge	.419**	.422**	.361**	.435**
Helping	.426**	.430**	.354**	.439**
Services	.247**	.205**	.213**	.239**
Unintentional	.386**	.394**	.317**	.398**
Emotive	0.048	.132*	0.054	0.088
Identity	.518**	.515**	.424**	.528**
Vocation	0.104	.156**	.105*	.133*
Value	0.043	0.079	0.020	0.055
Parentification	.294**	.275**	.247**	.295**
Interests	.472**	.480**	.380**	.484**
Fit	.464**	.447**	.393**	.471**
Altruism	.171**	.175**	.148**	.179**
Professional ID	.190**	.189**	.131*	.186**
IESRIntr	1	.778**	.876**	.947**
IESRAvoid	.778**	1	.751**	.920**
IESRHyper	.876**	.751**	1	.926**
IESRTotal	.947**	.920**	.926**	1

*Note: * = P<.01, ** = P<.05*

Table 23

Correlation Table for CHIQ and PTGI

CHIQ	PTGRTO	PTGNP	PTGPS	PTGSC	PTGAOL	PTGRTotal
Accumulation	.200**	.368**	.382**	.299**	.365**	.334**
Community	.178**	.336**	.287**	.297**	.299**	.291**
Multifinality	.151**	.277**	.334**	.253**	.315**	.270**
Learning	.341**	.423**	.475**	.296**	.408**	.427**
Meaning	.309**	.397**	.413**	.293**	.376**	.389**
Remedial	.411**	.466**	.455**	.324**	.425**	.466**
Knowledge	.414**	.484**	.514**	.349**	.471**	.490**
Helping	.404**	.499**	.525**	.361**	.485**	.498**
Services	.239**	.248**	.250**	.175**	.228**	.259**
Unintentional	.354**	.373**	.413**	.318**	.373**	.400**
Emotive	.313**	.255**	.246**	.202**	.265**	.295**
Identity	.421**	.516**	.571**	.348**	.518**	.523**
Vocation	.341**	.341**	.301**	.261**	.306**	.353**
Value	.279**	.312**	.327**	.168**	.325**	.318**
Parentification	.415**	.346**	.379**	.230**	.375**	.402**
Interests	.422**	.502**	.571**	.361**	.507**	.519**
Fit	.447**	.520**	.519**	.384**	.486**	.522**
Altruism	.298**	.269**	.321**	.206**	.262**	.306**
Professional ID	.442**	.410**	.445**	.314**	.402**	.455**
PTGRTO	1	.836**	.772**	.598**	.789**	.931**
PTGNP	.836**	1	.862**	.659**	.858**	.951**
PTGPS	.772**	.862**	1	.614**	.838**	.914**
PTGSC	.598**	.659**	.614**	1	.602**	.718**
PTGAOL	.789**	.858**	.838**	.602**	1	.908**
PTG Total	.931**	.951**	.914**	.718**	.908**	1

*Note: * = P<.01, **= P<.05*

Table 24

Correlation Table for CHIQ and SRIS

CHIQ	SRISREngaging	SRISRNeedSR	SRISRInsight	SRISRTotal
Accumulation	.123*	.167**	-.167**	0.043
Community	.115*	.151**	-0.053	0.085
Multifinality	0.095	0.099	-.165**	0.003
Learning	.239**	.286**	-0.043	.195**
Meaning	.191**	.261**	-.123*	.130*
Remedial	.166**	.218**	-0.054	.133*
Knowledge	.186**	.280**	-0.087	.153**
Helping	.219**	.287**	-.114*	.156**
Services	0.097	.164**	-.188**	0.023
Unintentional	.170**	.212**	-.159**	0.084
Emotive	0.082	.137**	0.059	.119*
Identity	.205**	.287**	-.161**	.129*
Vocation	0.065	.119*	0.040	0.096
Value	.216**	.204**	0.090	.209**
Parentification	0.081	.203**	-.138**	0.058
Interests	.170**	.283**	-.116*	.136*
Fit	.152**	.269**	-.134*	.115*
Altruism	.226**	.316**	0.009	.228**
Professional ID	.243**	.360**	.112*	.301**
SRISEngaging	1	.762**	.319**	.843**
SRISNeedSR	.762**	1	.274**	.849**
SRISInsight	.319**	.274**	1	.694**
SRIS Total	.843**	.849**	.694**	1

*Note: * = P<.01, **= P<.05*

Table 25

Correlation Table for CHIQ and UWES

CHIQ	UWESVI	UWESDE	UWESAB	UWESTot
Accumulation	0.020	0.030	0.089	0.052
Community	0.071	0.048	.128*	0.091
Multifinality	-0.048	0.010	0.026	-0.005
Learning	.136*	.200**	.188**	.194**
Meaning	0.025	0.092	.107*	0.083
Remedial	.255**	.265**	.226**	.277**
Knowledge	0.040	.148**	.148**	.125*
Helping	0.025	.116*	.115*	0.095
Services	0.060	0.079	0.059	0.074
Unintentional	0.004	0.081	.122*	0.077
Emotive	.307**	.437**	.323**	.395**
Identity	0.013	0.092	.136*	0.089
Vocation	.310**	.459**	.369**	.422**
Value	.329**	.496**	.454**	.474**
Parentification	0.091	.156**	.184**	.160**
Interests	0.018	0.087	.106*	0.078
Fit	0.096	.152**	.172**	.156**
Altruism	.153**	.290**	.235**	.252**
Professional ID	.219**	.355**	.258**	.309**
UWESVI	1	.729**	.687**	.896**
UWESDE	.729**	1	.721**	.908**
UWESAB	.687**	.721**	1	.893**
UWESTot	.896**	.908**	.893**	1

*Note: * = P<.01, ** = P<.05*

Table 26

Correlation Table for CHIQ and BCS

CHIQ	CLGPres	CLGSearch
Accumulation	0.028	0.061
Community	0.032	0.033
Multifinality	-0.029	0.031
Learning	.202**	-0.051
Meaning	.174**	0.056
Remedial	.297**	0.031
Knowledge	.180**	0.042
Helping	.175**	0.066
Services	.205**	.149**
Unintentional	.123*	.150**
Emotive	.518**	-.113*
Identity	.126*	.120*
Vocation	.632**	-0.097
Value	.417**	-0.089
Parentification	.263**	.119*
Interests	.165**	0.072
Fit	.223**	0.091
Altruism	.274**	0.041
Professional ID	.439**	-0.007
CLGPres	1	-.165**
CLGSearch	-.165**	1

*Note: * = P<.01, **= P<.05*

Regression and Mediation Modelling

Regression Analysis

Similar to correlation, regression allows an investigation of the relationship between the variables of the CHIQ. Based on the findings of the factor analysis and correlation analysis, as well as the findings of studies 1 and 2, a model of cumulative harm and career influence was hypothesised. It was hypothesised that accumulation

predicts career fit. 'Accumulation' was chosen, as it represented the overarching collection of factors that represented cumulative harm. Additionally, 'career fit' was hypothesised as the outcome, as a factor that best represented the collection of factors that encompassed career fit broadly. 'Identity conclusions' was selected as a factor to be included in the hypothesised model as it reflects the factors which contribute to 'self' which was a crucial element within the findings of Study 2 and the factor analysis conducted in Study 3. 'Helping others' was chosen as a factor which best represented the theme of 'value to others' as a motivator for career choice. Efforts were made to hypothesise the most consistent factors across all Studies (1, 2, and 3), and were representative of overarching themes and concepts. This hypothesis was tested using Hayes process macro for SPSS (Hayes, 2013), which uses a regression-based approach to mediation. The Significance value for the study was 0.05. The variables were chosen for exploration as they represented the strongest themes and patterns across the findings of all three Studies.

The regression results for accumulation and career fit illustrate the weakening of accumulation as the other variables were included. With career fit as the outcome variable, accumulation was initially a significant predictor (β = .57, p<.05); however, at the completion of the regression testing of the Model it had reduced to not significant (β = -.050, p = .203). In the testing of the model with career fit as the outcome variable, the predictor variable of accumulation was not significant when identity conclusions and helping others was added. Therefore, the relationship between accumulation and career fit was mediated by identity conclusions and helping others. The results for this model are presented in Table 27.

Table 27

Hierarchical Regression Results for Accumulation to Career Fit

Variable	β	SE	B	t	p	LL	UL	R	R_2	ΔR2	R2 Change	F Change
Step 1								.572[a]	.327	.325	.327	172.319
Constant	1.540	.122		12.606	.000	1.299	1.780					
Accumulation	.571	.044	.572	13.127	.000	.486	.657					
Step 2								.823[b]	.677	.675	.350	383.571
Constant	.135	.111		1.220	.223	-.083	.354					
Accumulation	-.016	.043	-.016	-.377	.706	-.100	.068					
Identity Conclusions	.888	.045	.834	19.585	.000	.799	.977					
Step 3								.855[c]	.731	.728	.054	70.562
Constant	.022	.102		.213	.831	-.180	.223					
Accumulation	-.050	.039	-.050	-1.275	.203	-.127	.027					
Identity Conclusions	.545	.058	.512	9.373	.000	.431	.660					
Helping Others	.431	.051	.417	8.400	.000	.330	.532					

Note: Dependent Variable: Career Fit; 1. Predictors: (Constant), Accumulation; 2. Predictors: (Constant), Accumulation, Identity; 3. Predictors: (Constant), Accumulation, Identity, Helping Others

To consider the role of professional identity, reflected in the data to this point and its relationship to identity conclusions, as well as career fit, another model was hypothesised and tested. In this model the predictor variable was accumulation, and the outcome variable was professional identity, the results for this model are presented in Table 28.

Table 28

Hierarchical Regression Results for Accumulation to Professional Identity

Variable	β	SE	B	t	p	LL	UL	R	R2	ΔR2	R2 Change	F Change
Step 1								.213	.045	.043	.045	16.899
Constant	3.702	.087		42.411	.000	3.530	3.874					
Accumulation	.128	.031	.213	4.111	.000	.067	.189					
Step 2								.441	.194	.190	.149	65.349
Constant	3.153	.105		29.965	.000	2.946	3.360					
Accumulation	-.102	.040	-.170	-2.527	.012	-.181	-.023					
Identity Conclusions	.347	.043	.544	8.084	.000	.263	.432					
Step 3								.480	.231	.224	.036	16.735
Constant	3.097	.104		29.816	.000	2.892	3.301					
Accumulation	-.119	.040	-.198	-2.990	.000	-.197	-.041					
Identity Conclusions	.178	.059	.279	3.017	.003	.062	.294					
Helping Others	.213	.052	.343	4.091	.003	.111	.315					

Note: Dependent Variable: Professional Identity; 1. Predictors: (Constant), Accumulation; 2. Predictors: (Constant), Accumulation, Identity; 3. Predictors: (Constant), Accumulation, Identity, Helping Others

The regression results for accumulation and professional identity illustrate the weakening of accumulation as the additional variables of identity conclusions and helping others were included. With professional identity as the outcome variable, accumulation was initially a significant predictor (β = .128, p<.05); however, at the completion of the regression testing of the model it had reduced to not significant (β = -.119, p = .003). In the testing of the model with professional identity as the outcome variable, the predictor variable of accumulation was not significant when identity Conclusions and helping Others were added. The relationship between accumulation and professional identity was therefore mediated by identity conclusions and helping others.

Given the result of the research thus far, and the theorised role post traumatic growth plays in positive outcomes after trauma, a further model was hypothesised in which post traumatic growth (PTG) predicted career fit, mediated by identity

conclusions and helping others. In this model, PTG was initially a significant predictor (β = -.023 p<.05); however, at the completion of the regression testing of the Model it had reduced (β = .004, p = .005. In the testing of the model with Career fit as the outcome variable, the predictor variable of PTG was not significant when Identity Conclusions or Helping others was added. The relationship between PTG and Career Fit was mediated somewhat by Identity Conclusions and Helping Others. The results are depicted in Table 29.

Table 29

Hierarchical Regression Results for PTG to Career Fit

Variable	β	SE	B	t	p	LL	UL	R	R2	ΔR2	R2 Change	F Change
Step 1								.522	.272	.270	.272	132.736
Constant	1.852	.113		16.438	.000	1.630	2.074					
PTG	-.023	.002	.522	11.521	.000	.019	.027					
Step 2								.830	.688	.687	.416	472.696
Constant	.089	.110		.809	.419	-.127	.304					
PTG	.005	.002	.126	3.325	.000	.003	.008					
Identity Conclusions	.806	.037	.757	21.742	.000	.733	.879					
Step 3								.858	.735	.733	.047	62.881
Constant	-.008	.102		-.080	.936	-.209	.192					
PTG	.004	.001	.092	2.824	.005	.001	.007					
Identity	.479	.054	.450	8.953	.000	.374	.585					
Conclusions Helping Others	.405	.051	.392	7.930	.000	.305	.505					

Note: Dependent Variable: Career Fit; 1. Predictors: (Constant), PTG; 2. Predictors: (Constant), PTG, Identity; 3. Predictors: (Constant), PTG, Identity, Helping Others.

A model was also tested which explored PTG as a predictor of professional identity, with identity conclusions and helping others as mediators. In this model, PTG was initially a significant predictor (β = .012 p<.05); however, at the completion of the regression testing of the Model it's significance had reduced with the introduction of the mediators (β = .008, p = .000). In the testing of the model with Career fit as the outcome variable, the predictor variable of PTG was less significant when identity conclusions or helping others was added. The relationship between PTG and professional identity was mediated somewhat by identity conclusions and helping others. The results are depicted in Table 30.

Table 30

Hierarchical Regression Results for PTG to Professional Identity

Variable	β	SE	B	t	p	LL	UL	R	R_2	ΔR2	R2 Change	F Change
Step 1								.455	.207	.205	.207	92.593
Constant	3.433	.071		48.634	.000	3.294	3.572					
PTG	.012	.001	.455	9.623	.000	.009	.014					
Step 2								.505	.255	.250	.048	22.636
Constant	3.075	.102		30.204	.000	2.875	3.275					
PTG	.008	.001	.321	5.963	.000	.006	.011					
Identity Conclusions	.164	.034	.256	4.758	.000	.096	.231					
Step 3								.524	.275	.269	.020	9,807
Constant	3.037	.101		29.981	.000	2.838	3.236					
PTG	.008	.001	.298	5.559	.000	.005	.011					
Identity	.036	.053	.056	.667	.505	-.069	.140					
Conclusions Helping Others	.159	.051	.256	3.132	.002	.059	.259					

Mediation Models Phase 1A and B

Hayes process macro for SPSS (Hayes, 2013) was utilised which uses a regression-based approach to mediation. The Significance value for the study was 0.05. The following exploratory exercises (Figures 12 to 15) will illustrate the effect of accumulation of adversity and trauma on career fit and professional identity , with identity conclusions and value based motivations of helping others as the mediators. Additionally, the effect of PTG on Career fit and professional identity was also explored, with identity conclusions and helping others as mediators. These variables were chosen for exploration as they represented the strongest themes and patterns across the findings of all three Studies. Direct and indirect effects will be provided with standard coefficients. The standardized coefficient resulting from the Hayes PROCESS is displayed for each variable effect. The total effect (c) of the predictor (x) variable on outcome variable (y) is also included in italics for 1A and 1B.

The Hayes PROCESS Model 6 (Hayes, 2013) was run in SPSS to calculate the standardized indirect effects for each variable and the total effect of the predictor variable of Accumulation and the outcome variable of Career Fit, with the effect mediated by Identity Conclusions and Helping Others (Phase 1A). As with any multiple mediation model, the concern is not only with the total effect of X on Y, but also with each specific indirect effect (Preacher & Hayes, 2008). The interpretation of 1A results, provides that a mediation effect does exist, due to the direct effect of X on

Y being .05. The predictor variable of Accumulation is a significant predictor for the outcome variable Career Fit, but is not significant once mediated by Identity Conclusions, and value-oriented motivation of Helping Others. Figure 12 illustrates the testing of the Model with Career Fit as the outcome variable, mediated by Identity Conclusions and Helping Others. Table 31, illustrates the indirect effects of Y on Y for accumulation to career fit, mediated by identity conclusions and helping others

Figure 12

Results of Identity and Helping, mediating the relationship between Accumulation and Career Fit.
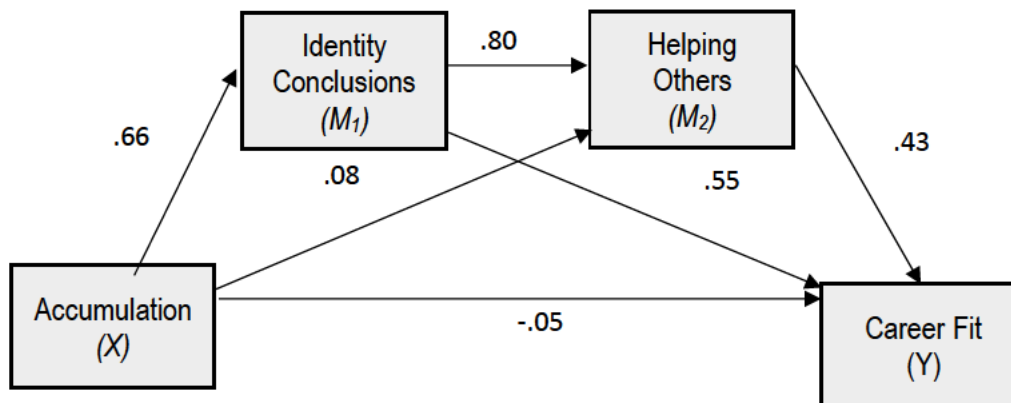
Total effect of Accumulation on Career Fit (β = .57, 95% CI [.49, .66], t = -13.13, p <0.005).

Table 31

Indirect Effects of Y on Y for Accumulation to Career Fit, Mediated by Identity Conclusions and Helping Others

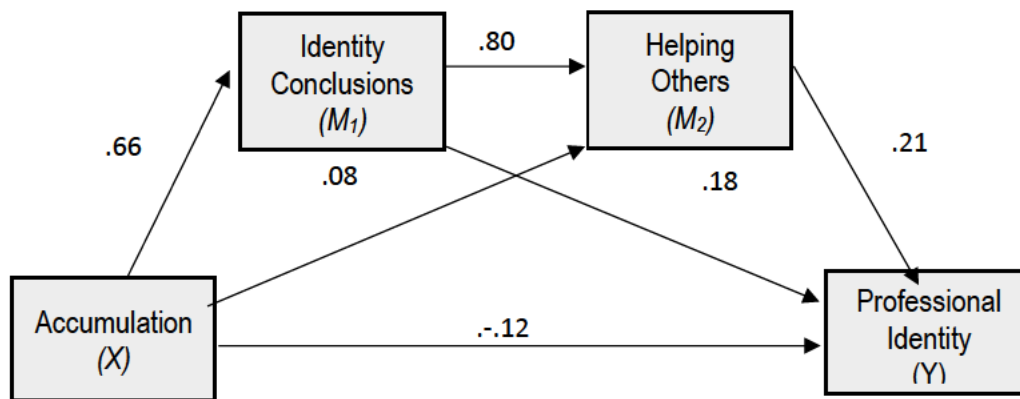|	Effect	BootSE	BootLLCI	BootULCI
Total	.62	.04	.54	.70
Ind1	.36	.05	.26	.46
Ind2	.03	.03	-.01	.08
Ind3	.23	.04	.15	.31

Note: Ind1= Accum-> Identity Conclusion-> Career Fit; Ind2= Accum->Helping-> Career Fit; Ind3 = Accum-> Identity Conclusions -> Helping Others-> Career Fit

Reflecting the result of the regression analysis, Hayes PROCESS Model 6 (Hayes, 2013) was replicated to calculate the standardized indirect effects for each variable and the total effect of the predictor variable of Accumulation and the

outcome variable of Professional Identity, with the effect mediated by Identity Conclusions and Helping Others (Phase 1B). The interpretation of 1B results, reveals that a mediation effect does exist, due to the direct effect of X on Y being -.12. The predictor variable of Accumulation is a significant predictor for the outcome variable Professional Identity, but is not significant once mediated by Identity Conclusions, and the motivation of Helping Others. Figure 13 illustrates the testing of the Model with Professional Identity as the outcome variable, mediated by Identity Conclusions and Helping Others. Table 32, illustrates the indirect effects of Y on Y for accumulation to career fit, mediated by identity conclusions and helping others

Figure 13

Results of Identity and Helping, mediating the relationship between Accumulation and Professional Identity

Total effect of Accumulation on Career Fit (β = .13, 95% CI [.07, .19], t = -4.11, p <0.005).

Table 32

Indirect Effects of Y on Y for Accumulation to Professional Identity, Mediated by Identity Conclusions and Helping Others

	Effect	BootSE	BootLLCI	BootULCI
Total	.25	.03	.19	.31
Ind1	.12	.04	.03	.20
Ind2	.02	.01	.00	.04
Ind3	.11	.03	.06	.18

Note: Ind1= Accum-> Identity Conclusion-> Prof Identity; Ind2= Accum->Helping-> Prof Identity; Ind3 = Accum-> Identity Conclusions -> Helping Others-> Prof Identity

Given the result of the regression analysis, using Hayes Model 6, the standardized indirect effects for each variable were calculated, along with the total effect of the predictor variable of PTG and the outcome variable of Career Fit with the effect mediated by Identity Conclusion, and Helping Others. Additionally, the model was also tested for PTG predicting Professional Identity, mediated by Identity Conclusions, and Helping Others. The predictor variable of PTG is a significant predictor for the outcome variable of both Career Fit and Professional Identity respectively, and remains significant with the addition of mediators of Identity Conclusions and Helping others, therefore there is no mediation in either of these models. These models are illustrated in Figure 14 and 15.

Figure 14

Results of Identity and Helping, mediating the relationship between PTG and Career Fit
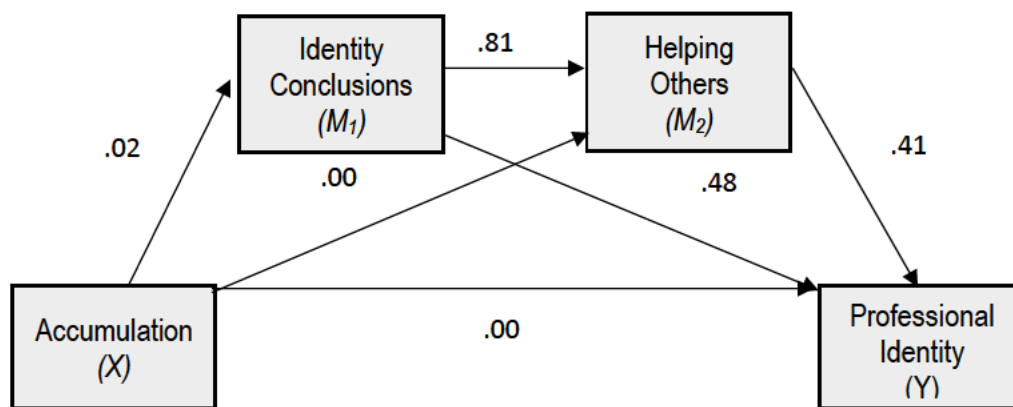
Total effect of Accumulation on Career Fit (β = .02, 95% CI [.02, .03], t = 11.52, p <0.005).

Figure 15

Results of Identity and Helping, mediating the relationship between PTG and Professional Identity

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Total effect of Accumulation on Career Fit (β = .01, 95% CI [.01, .01], t = 9.62, p <0.005).

The results of the regression and mediation analysis provides convincing evidence of the reauthoring process highlighted by this research endeavour, whereby cumulative harm influences career choice through the parallel process of constructing and reconstructing identity conclusions, both personal and professional, through life and career narratives, fostering a reframing of theory cumulative harm experiences.
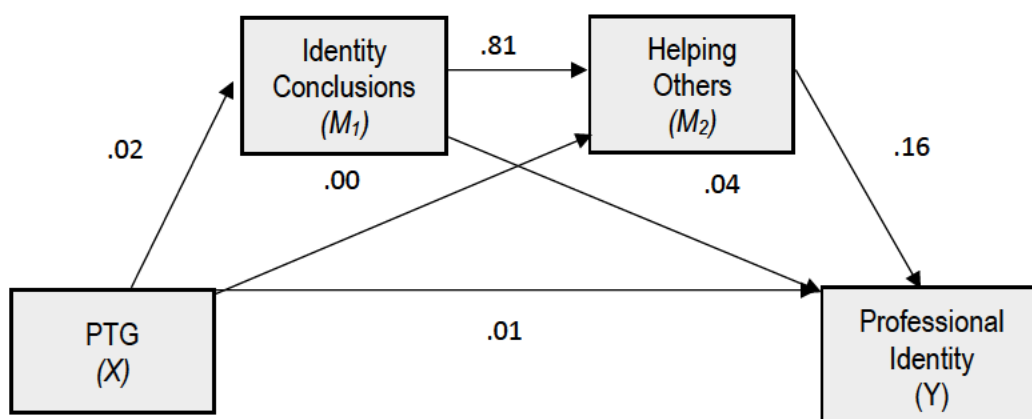
Discussion

The aim of Study 3 was to further generalise the results of study 1 and 2 to a broader population (*n* = 357) and to respond to the overarching research question of *'How does cumulative harm influence career choice in the helping professions?'.* The results of the current study reflect the findings of both Study 1 (SLR) and Study 2 (IPA) which identified that individuals who have experienced cumulative harm utilise vocational choices and decision-making to reauthor their trauma narratives and positively reframe their identity and sense of self. Cumulative harm is not the vehicle by which individuals choose their career, rather it provides an anchor point, a tethering for individuals to build onto, or rebuild their life narratives.

The CHIQ as a Model

The statistical analyses conducted in Study 3 indicate that the CHIQ model effectively predicts most of the items contained within it. The CHIQ model effectively explores the interrelationship between the items and the proposed factors, and some relationships between factors. The latent structure of the CHIQ was tested and found to be acceptable. The findings of the structural equation modelling were consistent with other works in the discipline of trauma and career behaviours (Malach-Pines and Yafe-Yanai 2001; Savickas, 2005; 2011). In particular, the model reflects the theoretical underpinnings of career construction theory (Savickas, 2005), which has been a consistent theme throughout this research, the core of which lies in the construction of life themes - self-defining stories that explore tasks, transitions, and traumas across an individual's vocational life course.

The strongest correlations within the CHIQ model were located across accumulation, identity and fit which speaks to the relationship between cumulative harm, formation of self, and vocational choices. These relationships were tested in the regression and mediation analysis which provided convincing evidence to

support these hypotheses (see Figures 14-17). This was also reflected in the existing scales of IESR (Weiss & Marmar, 1997), illustrating the linkage between cumulative harm, its pervasive impact and career decision-making. This connection between cumulative harm, identity conclusions and self and vocational behaviour was revealed in Study 2 and confirmed in the findings of this quantitative analysis. Research has shown that the ways professionals construct their identities are fundamentally important because identities shape how they understand themselves and how they respond to other people and the world around them (Baumeister, 1991; Swann and Bosson, 2010). Noting the adaptive capability of an individual's self-concept, in response to their experience of childhood trauma, it was posited by Madigan and colleagues (2013b) that being able to successfully integrate childhood trauma into one's identity, such as through career and vocational choices, can result in positive outcomes. The interconnection between cumulative harm, individual development (in particular self-concept and identity), and career construction which is revealed in Study 2 and confirmed and generalised in Study 3 is supported by Social Cognitive Career Theory (SCCT). SCCT "integrates the role of environmental influences on the development and pursuit of vocational and educational interests, choices, and performance" (Chronister & McWhirter, 2003, p.419). SCCT has been considered especially valuable when considering the career development trajectories of vulnerable and marginalised populations and groups, including African American women (Hackett & Byars, 1996), LBGTIQ+ populations (Morrow et al., 1996), incarcerated women (Chartrand & Rose, 1996), and women who have experienced domestic violence (Chronister & McWhirter, 2003). SCCT draws attention to the interactions between person, the environment, behavioural variables that contribute to career formation and academic and vocational interests, and the translation of these interests into goals, actions and attainments (Chronister & McWhirter, 2003).

Although the findings of this Study 3, and the subsequent provision of a model of cumulative harm and its influence on career choice are novel and contribute new knowledge to the field of vocational behaviour, the findings corroborate existing theory related to career construction as a means of adversarial growth. Savickas' Career Construction Theory (CCT; 2001) shares "connotative and denotative similarities" with SCCT (McIlveen & Midgley, 2015, p.235). Savickas (2001) asserts that *career adaptability* involves the actions of attitudes, beliefs, and competencies

that resolve personal trauma, and that *life themes* are the personal truths—stories—which make trauma meaningful. "People strive to actively master what they passively suffer" (Savickas, 2001, p. 55). Savickas (2005) argued that careers are constructed subjectively, by imposing personal meaning on past memories, present experiences, and future aspirations. This meaning-making process forms a narrative that spans an individual's vocational life course.

CHIQ Correlations and Validations with existing Measures

The correlations indicate the validity of the measure across the various elements tested using existing scales of the impact of trauma on career choice (IES-R; Weiss & Marmar, 1997), post traumatic growth (PTGI; Tedeschi & Calhoun, 1996), insight and self reflection (SRIS; Grant, Franklin & Langford, 2002), work engagement (UWES; Schaufeli et al., 2006), and vocational calling (BCI; Dik et al., 2012).

The Impact of Events Scale

Impact of Events Scale (IES-R; Weiss & Marmar, 1997) is considered one of the most widely used psychometric scales for the assessment of PTSD and PTSD symptoms. The IESR is an appropriate instrument to measure the subjective response to a specific traumatic event in the adult population, especially in the response sets of intrusion (intrusive thoughts, nightmares, intrusive feelings and imagery, dissociative-like re-experiencing), avoidance (numbing of responsiveness, avoidance of feelings, situations, and ideas), and hyperarousal (anger, irritability, hypervigilance, difficulty concentrating, heightened startle), which are the three clusters of criteria for PTSD (DSMV) as well as a total subjective stress IES-R score (Christianson & Marren, 2012). The findings of correlations between the IESR and the CHIQ demonstrate that the CHIQ model effectively measures similar, but not the same (moderate but not high correlations), elements as the IESR relating to the impact of traumatic life events, as they relate to career development and psychosocial development more broadly.

The Post Traumatic Growth Inventory

The CHIQ correlated moderately with all items of the PTGI which demonstrates that the CHIQ validly and effectively measures similar constructs, of post-adversarial growth, with specific attention paid to the growth achieved through vocational decision-making and behaviour, and the subsequent construction of career

narratives. This is a particularly valuable finding as it generalises the results of study 2, which highlighted the reauthoring process of integrating life and career narratives engaged in by helping professionals with lived experiences of cumulative harm (Savickas, 2005; White 2004; 2005). According to Tedeschi and Calhoun (1996), women tended to report more benefits than do men, which is reflective of the sample of participants who were recruited in study 2 (female = 11, Male = 1), as well as the sample for study 3 (female = 295, male = 56). Given that the PTGI is effective in determining how successful individuals who have experienced trauma are in reconstructing or strengthening their perceptions of self, others, and the meaning of events, the positive correlations between PTGI and all items of the CHIQ strengthen the validity of the CHIQ in measuring the influence cumulative harm has on the development of identity conclusions and life themes, the construction of career narratives, and subsequent vocational decision making (Bryce et al., 2021; Savickas, 2005).

The Self Reflection and Insight Scale

The SRIS explores concepts of private self-consciousness and the subordinate constructs of self-reflection and insight which are considered key factors in the self-regulatory process underpinning the creation of behaviour change, enhanced problem-solving capability, and personal awareness as well as improved patient clinical care (Harris, 2005). The SRIS correlated moderately with elements of the CHIQ which were located within the 'adaptability factors' of the model (professional identity, altruism, fit and interests).

However, a more interesting finding was the present (albeit weak, yet significant) negative correlations between factors of the 'nature of cumulative harm' (accumulation, community and multifinality). Items that reflected the accumulation of adverse childhood experiences in the CHIQ appear to negatively correlate specifically with the insight subscale of the SRIS. This may indicate that as harm accumulates for individuals the capacity for productive self-reflection diminished, reducing the capacity for insight, and tipping the scales towards more maladaptive introspections, such as rumination, fixation and preoccupation. A tendency to introspect on inner aspects of self, or private self-consciousness, has been repeatedly shown to be associated with depressive and anxiety symptoms (Grant et al., 2002; Smith and Greenberg, 1981; Trapnell and Campbell, 1999). Additionally,

repetitive, chronic, and negative forms of thought, such as depressive rumination and anxious worry, have received growing attention as a transdiagnostic factor that could explain the high comorbidity between depression and anxiety among the factors that relate to self-focus (Ehring and Watkins, 2008). Although definitions and conceptualizations of such repetitive thoughts vary across studies (Martin and Tesser, 1996; Watkins, 2008), repetitive thoughts have been demonstrated to have significant cross sectional and prospective associations with depressive and anxiety symptoms (Ruscio, et al., 2015; Trapnell and Campbell, 1999). Furthermore, experimental studies have suggested that inducing rumination and worry increases both depressive and anxious moods (Andrews and Borkovec, 1988; Blagden and Craske, 1996; McLaughlin et al., 2007). While insight has been shown to correlate with increased subjective well-being (Lyke, 2009), cognitive flexibility, and self-control (Grant et al., 2002), a lack of insight is related to increased levels of depressive and anxiety symptoms (Grant et al., 2002) and self-rumination (Harrington and Loffredo, 2010). Considering the academic literature on toxic stress and its effect on the brain, neurodevelopment and neurological implications of trauma must also be acknowledged as a potential explanation for the inability to be self reflective (Shonkoff et al., 2012).

According to Nakajima et al. (2017), insight is considered to be more closely related to adaptive behaviour, whereas self-reflection may hold more potential for maladaptive introspection. Equally, Stein and Grant (2014) also suggest that self-reflection is simultaneously associated with functional and dysfunctional mental processes for well-being. When considering these findings alongside the correlations with the CHIQ, self reflection in individuals who have lived experiences of cumulative harm, may be closely related to self-focus as a result of trauma, and depending on the degree of impact that trauma has had on functioning, may signal a fine line between adaptive and maladaptive introspection.

The Utrecht Work Engagement Scale

Research on compassion satisfaction, compassion fatigue, secondary traumatic stress, and work engagement by Mason et al. (2014) discovered that as work engagement increased, compassion satisfaction also increased, and burnout decreased. These findings are equally reflected in the CHIQ as the UWES moderately correlated with items of the CHIQ that aligned with work engagement

such as remedial motivations, vocation, emotive motivations, finding value through work, altruism and a sense of professional identity. These items may also be reflective of compassion satisfaction, given that the CHIQ is specific to helping (and caring) professions. Research has identified compassion satisfaction as a mitigating factor of compassion fatigue and other stress-related variables (Conrad & Kellar-Guenther, 2006; Mason et al., 2014; Tremblay & Messervey, 2011). However, additionally, compassion satisfaction has also been as positively correlated with resilience and negatively correlated with compassion fatigue, but strongly associated with burnout (Burnett & Wahl, 2015).

The Brief Calling Scale

A growing body of literature has begun to focus on the role of calling in career development (refs). Secular views consider calling to be a sense of purpose emanating from within an individual, and scholars argue personal meaning plays a significant role in an individual's experiences of calling, purpose and career satisfaction (Steger et al., 2010). A career calling can lead to goal-directed tasks that enable an individual to achieve their career aspirations (Praskova, Creed, & Hood, 2015), and career calling can increase the likelihood of career commitment and success (Duffy, Allan, & Dik, 2011). All of the definitions of calling, appear to converge on career calling as being related to feelings of purpose and altruism in work (Allan et al., 2015). This is reflected in the CHIQ and the moderate to strong correlations apparent in the BCI (Presence) scale correlating well with all items of the CHIQ which reflect those sentiments, including vocation, value, emotive motivations, altruism and professional identity (ranging from 0.274-0.632). Of equal value is the lack of correlation between the CHIQ and the BCI (Searching), indicating that cumulative harm has an influence on the *presence* of career calling, and assists in guiding a sense of purpose and meaning, and reducing the likelihood a helping professional who has lived experience of cumulative harm is *searching* for their calling. Therefore, it may be further inferred from these findings, that the strength of the influence of cumulative harm on identity conclusions and development of self, directly impacts vocational identity, and thus the presence of calling. The development of career, as an extension of identity, from childhood is well supported in the literature (Porfeli & Lee, 2012), recognising the need for vocational identity to be constructed align with an individual's self-concept.

Vocational Motivation for Professional Helping

Interestingly, the correlation analyses highlighted that experiences of cumulative harm do not appear to effect emotive vocational or value-based motivations. This can be explained as these affective motivations are often present in individuals who choose to enter a helping profession, not just those with adverse childhood experiences. (McLaughlin et al., 2010; Miers et al., 2007; Stevens et al., 2012). Equally, there were very low correlations in altruism also, which can be attributed to a similar sentiment (McLaughlin et al., 2010; Miers et al., 2007. Motivations to enter professional helping or caring through careers such as social work, counselling, nursing, and teaching, to name a few, often reflect altruistic and prosocial intentions (Rognstad 2002, Newton et al.2009, McLaughlin et al. 2010, Jirwe & Rudman 2012). The assumption from the literature is that individuals working in helping professions have been drawn to the profession because of the opportunity to help other people and make a valuable and meaningful contribution to the society through their work (Rognstad 2002, Grant 2008b, Mastekaasa & Smeby 2008, Mimura et al. 2009).

Limitations

There were a number of limitations to this research. Firstly, most of the sample was female ($n = 295$; male $n = 56$; nonbinary $n = 6$), which may restrict the generalisability of findings to the general population of helping professionals, albeit it acknowledged that the helping professions are predominately a female workforce. It is therefore recommended that future research examine the influence of cumulative harm on career choice from a more representative sample of helping professionals. Secondly, the findings of this study may not reflect the perspectives of the non-binary individuals, due to the low number of non-binary participants. The sample was also drawn from Western countries, in order to ensure 'sameness' in helping professional contexts. This, however, has resulted in a sample that is not culturally diverse, and therefore may not be generalisable to collectivist cultures and non-western contexts.

Practical Implications and Future Research

Study 3 has important implications for career development and counselling, as well as for higher education and training, and the helping professions more broadly. The CHIQ Model contributes valuable knowledge on the relationship between cumulative harm and vocational identity and behaviour to inform career development

frameworks and interventions. The findings of study 3 highlight the need for trauma-informed approaches to career counselling and development, which not only appreciate the deleterious impacts of childhood adversity on career trajectories but expand this scope to an understanding of cumulative harm and childhood trauma as a motivator of career choice (Powers & Duys, 2019; Bryce et al., 2021). These findings support the need for a narrative approach that promotes the reauthoring process professionals with a lived experience of cumulative harm engage in to reframe their experiences, in order to achieve positive career outcomes. An approach that acknowledges the powerful connections between life and career narratives and the potential for vocational identity to ameliorate the impacts of cumulative harm on self concept is a valuable addition to career development interventions.

The CHIQ also provides a self reflection mechanism for practising and pre-service professionals to clarify the presence of cumulative harm and its influence on career decision-making and vocational behaviours. The model potentially affords professionals, students, and recruiters/employers a method of promoting reflexive practice in professional education and workplaces, to ensure helping professionals with a lived experience of cumulative harm are cognizant of the relationship between their life and career narratives, and can both nurture the positive motivators and skills, and manage the maladaptive traits resultant of their childhood adversity.

The findings of Study 3 identified a negative correlation between accumulation and insight which warrants deeper exploration. Future research is recommended to isolate this relationship and establish its exact nature. Equally, research that replicates, refines, and possibly reduces the CHIQ to a more manageable and streamlined tool is recommended to build on the findings of this study and to guide its implementation as a usable self-reflection tool across multiple contexts.

Chapter Summary

Study 3 achieved its intention of confirming and generalising the findings of studies 1 and 2. Study 3 demonstrates clear findings that the CHIQ, developed through the themes identified in studies 1 and 2, is an accurate representation of the influence of cumulate harm on career behaviour. The findings confirm and draw attention to the profound impact of childhood trauma on self-concept, and thus vocational identity. Once viewed as profoundly debilitating, these findings expand

our conception of trauma's influence as a deleterious and undermining force, to recognition of the potential motivating power of cumulative harm to promote alternate territories of identity which stimulate a reauthoring process, reflective of trauma recovery and integrating career narrative into life themes. The CHIQ provides a mechanism to harness this reauthoring process and stimulate a reflexive engagement with life and career narratives to achieve successful career outcomes, as students, as practitioners and leaders, within the helping profession.

CHAPTER 7: GENERAL DISCUSSION

This chapter collates the key findings of the research and discusses how these findings contribute meaningfully to the existing body of knowledge. This research makes a significant and valuable contribution to the field of career development and vocational behaviour, as well as to the child maltreatment discipline. This chapter presents recommendations for research and practice in the helping professions, namely outlining implications for career counselling and helping professional preparation programs such as higher education.

As identified in the literature review, one of the major gaps is seen to be the lack of recent research exploring the specific link between cumulative harm and career choice in the helping professions. Despite the volume of the evidence regarding the high number of students in higher education who have experienced childhood trauma and adversity (Kennedy & Scriver, 2016), there is minimal research in relation to the specific impact of cumulative harm on academic performance and professional capacity in the helping professions. Therefore, this present research has contributed new and valuable information to the field regarding the influence of cumulative harm on the preservice helping professional. Although research exploring the relationship between childhood adversity and maltreatment and career choice exists (Nikcevic et al, 2010; Fussell & Bonney, 1990; Reilly & D'Amico, 2008; Elliot & Briere, 1992; Nelson-Gardell & Harris, 2003), these studies have been profession specific or focused on either a positive or negative impact, rather than exploring the benefits and disadvantages simultaneously.

Equally, there is little research into the phenomenon of cumulative harm and the impact it has on individuals across the lifespan, particularly those entering the helping professions. The term has been coined, the concept acknowledged and implemented as a key term in professional child protection practice (Bath, 2014; Broadley, 2014; Bryce, 2018a; Bryce 2018b), with some notable mentions in international publications (Follette et al.,1996; McNutt et al., 2002) . However, there is minimal intensive research exploring neither the phenomenon nor the implications for individuals in adulthood, particularly in relation to career choice and professional capacity. Thus, the findings of this research will contribute significantly in terms of understanding and measuring the presence and impact of cumulative harm.

The overall research goal for the study was to address the question *'How does the lived experience of cumulative harm influence the choice to enter the helping professions?'* The primary objectives of the research were to a) examine the lived experience of cumulative harm from the perspective of those who have experienced it first-hand; b) investigate the influence of cumulative harm on career choice; and c) develop a scale for the identification and assessment of cumulative harm and its impact. The mixed methods approach deepened the understanding of influences and motives within the overall research (Creswell & Tashakkori, 2007), as well as provided confidence in the validity of results, clear perspective of the cohort, and strong support of the evidence and recommendations (Creswell, 2009). The findings from all three studies provide valuable knowledge for future career counselling and high education interventions targeting helping professionals, both preservice and practicing.

Summary of Key Findings

Study 1

Following the exhaustive systematic review of 28 studies, Study 1 identified key themes related to the influence of cumulative harm on career choice in the helping professions. Key findings of the review indicate that some helping professionals, and preservice practitioners, are motivated to pursue a career in helping, through family of origin dysfunction, including childhood abuse and neglect, parentification, individual characteristics and traits developed through adversity, and experiences of professional helping in childhood, loss, and a desire to remediate childhood maltreatment and rescue others from similar experiences. These elements reflect self-orientation and self-extension, which converge to create a self-defined whole, as espoused by the constructionist approach to career given in Career Construction Theory (CCT; Savickas, 2005). Additionally, the results signify that helping professionals entering the profession from a background of adverse childhood experiences are motivated by a multiplicity of factors, not a single factor. This finding illustrates the importance of considering the accumulation of childhood adverse experiences when exploring vocational narratives. Family of origin dysfunction influences career choice through child abuse, neglect and relational disruptions. This study synthesised and collated the existing research which explored the motivations for career choice in individuals who have experienced

childhood trauma and highlighted the gap in specific studies exploring cumulative harm and its influence on vocational decision-making.

Table 33

Summary of Key Findings from Study 1

- Family of origin dysfunction influences career choice through child abuse, neglect, and relational disruptions.

- Parentification through childhood counsellor and carer roles motivates career choice in helping professions.

- Individual characteristics and traits developed through adversity were associated with career choice.

- Experiential Motivations influence vocational decision-making, including experiences of professional helping in childhood, loss, and a desire to remediate childhood maltreatment and rescue others from similar experiences.

Study 2

The product of the second phase of the research was a thematic description of the common elements of the lived experience of cumulative harm and the influence on career decision-making. This study applied Interpretive Phenomenological Analysis to twelve semi structured interviews with participants who were helping professionals with a lived experience of cumulative harm. The finding of this study revealed that cumulative harm influences the choice to enter the helping professions by stimulating a reauthoring experience reflective of a trauma recovery process (Crossley, 2000; White, 2004;2005). Individuals engage in a reauthoring process in relation to their traumatic life narrative by constructing a career narrative that reframes, utilises, and places value on the lived experience of cumulative harm. This reauthoring, mirroring the trauma recovery process espoused in the trauma narrative literature (white, 2004; 2005), propels the individual towards post traumatic growth (Lev-Wiesel et al., 2004; Morril et al., 2008; Tedeschi & Calhoun, 2006). Participants in study 2 held specific identity conclusions, which motivated this reauthoring process. Participants sought to reauthor through the themes of, *meaning, value, adaptability,* and *unintentional motivations*. However, remedial motivations, especially those met through professional learning and utilisation of trauma to help others, highlighted the dominance of meaning making and value making as

motivations for entering helping professions. The themes reflected a journey for all participants from identity conclusions formed through childhood trauma to new territories of identity, achieved through a reconstruction of life narratives by integrating career narratives to reframe and make sense of their cumulative harm experiences.

The themes generated in study 2 closely reflected the themes initially identified in Study 1, illustrating an alignment across both investigations in relation to the influence cumulative harm and childhood trauma have on career decision-making. The findings of Study 2 contributed to the generation of constructs, latent factors, and an item pool, which, in turn, informed the construction of the initial instrument for study 3.

Table 34

Summary of Key Findings from Study 2

- The nature of cumulative harm highlights the profound contribution of parental conflict and entrenched poverty and neglect.
- Cumulative harm influences the choice to enter the helping professions by stimulating a reauthoring experience reflective of a trauma recovery process.
- Individuals constructed a career narrative that reframes, utilises, and places value on the lived experience of cumulative harm, revising their traumatic life narrative.
- Participants held specific identity conclusions, which motivated this reauthoring process.
- Participants sought to reauthor through the themes of, meaning, value, adaptability, and unintentional motivations.

Study 3

The aim of Study 3 was to extend the results of studies 1 and 2 to a broader sample (*n*=357) and to respond to the overarching research question of *'How does cumulative harm influence career choice in the helping professions?'.* The findings of Study 3 were two-fold, first, the CHIQ was found to have construct validity. Second, the results of Study 3 triangulated the findings of both Study 1 and Study 2 which identified that individuals who have experienced cumulative harm utilise vocational

choices and decision-making to reauthor their trauma narratives and positively reframe their identity and sense of self. Cumulative harm is not the vehicle by which individuals choose their career, rather it provides an anchor point, a tethering for individuals to build onto, or rebuild their life narratives.

Table 35

Summary of Key Findings from Study 3

- The CHIQ model effectively predicts all of the items contained within it.
- Cumulative harm is not the vehicle by which individuals choose their career, rather it provides an anchor point, a tethering for individuals to build onto, or rebuild their life narratives through career.
- The strongest correlations within the CHIQ model were located across accumulation, identity and fit which speaks to the relationship between cumulative harm, formation of self, and vocational choices
- the findings corroborate existing theory related to career construction as a means of adversarial growth
- analyses highlighted that experiences of cumulative harm do not appear to effect emotive vocational or value based motivations to enter the helping professions
- The correlations indicate the validity of the measure across the various elements tested using existing scales (IES-R; Weiss & Marmar, 1997; PTGI; Tedeschi & Calhoun, 1996; SRIS; Grant, Franklin & Langford, 2002; work engagement; UWES; Schaufeli et al., 2006; BCI; Dik et al., 2012).
- Identity and helping others fully mediate the effect of accumulation on career fit.
- Equally, post traumatic growth has a statistically significant moderation effect on the influence of identity on accumulation.

Theoretical Implications

The present research sought to examine the lived experience of cumulative harm and investigate the influence of cumulative harm on career choice, and the findings corroborated existing knowledge and contributed new understandings to the field.

Examining the Lived Experience of Cumulative Harm

Study 2 sought to examine the lived experience of cumulative harm from the perspective of those who have experienced it firsthand. The findings of this study contribute imperative new knowledge to the definitions and typologies of abuse and neglect and draw on empirical evidence to broaden the scope of what constitutes childhood maltreatment and o tetter account for accumulation. Further, the findings catalyse a paradigm shift that positions accumulation as a distinct harm type and clarifies the qualities which embody cumulative harm; persistent dysfunction, dysregulation, disadvantage, and disconnection.

Qualities of the Condition of Cumulative Maltreatment

There have been several studies that explore the concept of cumulative harm, define it and confirm this value in the child welfare discipline, however, there has been a dearth of recent research, since the initial conceptualisation of cumulative harm in the literature (Bromfield et al, 2007). The findings of this present research corroborate the prior research which attests to the prevalence of repetitive and ongoing maltreatment (Bromfield & Higgins, 2005; Edwards et al., 2003; Felitti et al., 1998; Higgins & McCabe, 2004). Described by Finkelhor and colleagues (2007) as a persistent condition, rather than an isolated event, childhood abuse and neglect were represented in the twelve participants in this study as a protracted state of being, whereby chronic adversity characterised their childhood, across both intra- and extra-familial environment, and permeated their adulthood, often through further re-victimization. One participant referred to it as an *invisible illness,* others used descriptors such as *remorseless* and *relentless.*

The findings confirm the pre-existing understandings that researchers and practitioners have long held regarding the deleterious impact of accumulation, both in regard to harm and risk (Edwards et al., 2003; Finkelhor et al., 2007; MacKenzie et al. date). All 12 participants were profoundly affected by their chronic childhood adversity, with their sense of self and identity formation seemingly most significantly impacted. According to research, an individual's identity and self-concept are influenced by life events, which in turn inform their ability to engage in meaning-making in the future (Fivush et al., 2017; Goth et al., 2012; Hammack, 2008; McConnell, 2011; Spencer & Tinsley, 2008). The findings reflect existing research which posits that the experience of trauma causes an individual to re-evaluate their

understanding of themselves, and potentially disrupts their identity and self-concept and prevents it from developing in an adaptive manner (Berman et al., 2020).

The findings also correspond with existing models of risk where the influence of the number of exposures rather than specific types of exposures is found to be the best predictor of harm (Appleyard et al., 2005; Gustafsson et al., 2010; MacKenzie at al., date). However, from the findings of Study 2, it is clear that *quantity* takes on a *quality* of its own. Although this present research and that which has come before (Appleyard et al., 2005; Collier & Bryce, 2021; Edwards et al., 2003; Finkelhor et al., 2007; Li et al., 2014; MacKenzie et al. 2011) have highlighted that it is the quantity of harms and risks which is often the most potent predictor of negative outcomes, the experiences which informed this study provide evidence of the 'qualities' that accumulation takes on as subtype of maltreatment in its own right. As identified in Study 2, accumulation is commonly characterised by chronic and ongoing exposure to disadvantage and dysfunction which, although may take many forms, impacts the child in the same way as other distinct abuse types. These impacts are common to all victimisation experiences, and encompass neurological, developmental, emotional, physical and social effects (Felitti et al., 1998; Edwards et al., 2003; Bryce, 2018a; Perry, 2006).

Although there exists in research a foundational understanding of the deleterious impact of accumulated adversity and risk, there has been no investigation into the nature, or rather qualities, of the cumulative experiences which contribute to the harm and risk. Previous studies examining cumulative harm have focused on children's experiences recorded in child protection case studies and have been unable to identify typical presentations or commonalities (Sheehan, 2019). The findings of Study 2, drawing on retrospective accounts of accumulation, from the perspective of adulthood have highlighted experiences that were common to all participants, which provides powerful new knowledge to inform intervention and prevention. The findings have revealed that all participants experience overwhelming and profound dysfunction, often stemming from diminished parental capacity and poverty in the family unit or community environment. Most of the participants described chronic parental conflict and emotional dysregulation, which created an environment of hostility that infiltrated the entire family dynamic and fostered fear and hypervigilance in the participants. Prolonged hypersensitivity to threat cues in

childhood may manifest as a threat-readiness trait (Perry, 2001), and become an ingrained response that has enduring effects on children's feelings and behaviours, and contribute to the maintenance of adversity in adulthood (Thompson et al., 2014). Even those participants whose experiences included some form of episodic abuse such as isolated incidents of sexual victimisation described the most damaging aspect of their adversity as being the intractable environment of conflict, disconnection, and dysfunction as a family unit. These findings align strongly with the theoretical underpinning of this study, the Cumulative Ecological Transactional Model which acknowledges the complexity of family systems and permits the examination of the processes involved in both aetiology and outcomes associated with child maltreatment.

Cumulative Harm, Identity and Narratives

> "What stitches do we have to keep repeating meticulously in order to complete a meaningful pattern for the cloth of our lives, whereby the past can be enveloped and still offer something for the future?" (Fanita English, Holocaust Survivor)

According to the findings of this present study, individuals constructed a career narrative that reframes, utilises, and places value on the lived experience of cumulative harm, revising their traumatic life narrative. Narratives have a long-held place in therapeutic traditions and approaches. Re-telling of trauma stories is a standard component of most seminal and current therapeutic interventions with trauma survivors (Kaminer, 2006). Janoff-Bulman (1985), building on the earlier work of Lerner (1980), identified that core beliefs and assumptions that people hold about themselves, others and the world, are shattered by a traumatic experience. This finding reflects the result of this study which highlights the impact of cumulative harm on identity formation and self-concept. One of the aims of narrative therapeutic interventions is to identify and explore the maladaptive beliefs and assumptions that are contained within the survivor's trauma narrative and to assist the survivor in developing and incorporating into his or her trauma narrative alternate explanatory accounts that are more realistic and adaptive (Ehlers & Clark, 2000; Foa & Rothbaum, 2001). A central theme throughout all three phases of this research endeavour highlighted the influence of cumulative harm on the formation of identity conclusions which both informed career decision-making, and impacted carer

behaviour and success. In particular, the lived experiences explored in Study 2 emphasised the coexistence of motivating and debilitating influences on vocation, which resulted from cumulative harm. Equally, in Study 3, the strongest correlations were those between accumulation, identify and fit, and identity proved to be an exceptionally strong mediator of the effect of accumulation on fit. According to White (2004) when working with survivors of recurrent trauma, a primary consideration is to restore a valued sense of who they are, a preferred sense of identity or personhood or sense of themselves. White (2005) also emphasises the importance of subordinate storyline development in consultations with survivors of childhood trauma in order to facilitate alternative territories of identity for children to stand in as they begin to give voice to their experiences of trauma. "Telling one's own story allows one to interpret, evaluate, appreciate, and relate events and to build a house that we carry inside. We become the heroes and heroines of our own story, instead of being controlled by outside forces" (Gelardin, 2001, p.7). Thus, as identified in this research, career cumulative harm is not the vehicle by which individuals choose their career, rather it provides an anchor point, a tethering for individuals to build onto, or rebuild their life narratives through career.

Cognitive meaning making after trauma, a key aspect of narrative approaches, involves the positioning of the trauma as a source of personal strength and as an impetus for growth (Kaminer, 2006). The constructivist psychology movement, located within the positive psychology paradigm (Seligman & Csikszentmihalyi, 2000), recognises that many survivors are able to find value and purpose in their trauma experience, by using the trauma as an opportunity to re-evaluate their lives in a more positive way (Fosha, 2001; Norman, 2000). Similarly, the narrative therapy literature advocates that adverse experiences are also stories of resilience and survival and that these aspects of the experience can be thickened and enriched (White & Epston, 1990). The findings of this study, evident across all three phases, corroborate the value of meaning making in trauma recovery and highlight its motivating influence on career choice in those who have experienced cumulative harm. All three phases of the research highlighted meaning making as a core influence of cumulative harm on career decision-making.

The transition from life narratives to career narratives has been expertly articulated in the work of Savickas (2002) in his Career Construction Theory,

thoroughly espoused as a foundational theory informing this study. As highlighted elsewhere in this thesis, CCT focuses on life themes, vocational personality, and career adaptability. These elements of career construction have been corroborated vehemently in Study 2. Participants in Study 2 held specific identity conclusions, which motivated a reauthoring process through the themes of, *meaning, value, adaptability,* and *unintentional motivations.* The themes reflected in Study 2 closely reflected the themes initially identified in Study 1, illustrating an alignment across both investigations in relation to the influence cumulative harm and childhood trauma have on career decision-making. The strongest correlations within the CHIQ model validated in Study 3 as an extension of the findings of Study 2, were located across accumulation, identity and fit which speaks to the relationship between life themes of cumulative harm, formation of self, and vocational choices.

However, the novel contribution the study makes to the career construction literature is in the reauthoring process which marks the path between life narratives of cumulate harm, and the construction of career narratives that reframe, utilise, and place value on the lived experience of cumulative harm. Several studies have identified the negative impacts that trauma can have on career development. CCT fits well to describe how traumatic experiences can impede life and career narratives of survivors and how this disruption may affect career adaptability. However, this study adds a new perspective, highlighting the remedial power of career construction, and the therapeutic elements and recovery processes inherent within the formation of a career narrative. Although cumulative harm has deleterious implications for identity formation and self concept, the stories that can be written, and re-written, through career narratives highlight a reciprocal positive pathway by which identity can be reshaped and growth can be achieved. This study posits a reconceptualised view of the relationship between childhood trauma, vocational identity and career decision-making. Cumulative harm can have potent influences on career choice through the motivation to make meaning of, ascribe value to, and use characteristic adaptations of their childhood adversity and abuse. However, equally, for some, career choice may in fact be a powerful antidote to cumulative harm, and reauthoring through career narratives, can ameliorate and mitigate the lifelong deleterious impacts of childhood trauma.

Re-Conceptualising the Wounded Healer

The influence of trauma on life trajectories has long been marred by an overwhelming preoccupation with damage, brokenness, and fracturing of the self. Tropes of "altered forever", "lifelong victimhood" and even "survivor" now tend to conjure feelings of pity, perhaps even condescension. Early work in the vein of the "harmed becoming the helper" touted labels such as the "wounded healer", though well intentioned still bestowed a language of impairment, undermining the juxtaposed "healer". Carl Jung coined the archetypal dynamic to describe a phenomenon that may take place between the analyst and the analyzed. Jung (1951) in fact suggested that sometimes a disease was the best training for a physician. This is a particular fascinating line of enquiry for Jung, given he himself endured a childhood characterised by isolation and loneliness, which motivated a lifetime of self-reflection. However, the intended sentiment of the wounded healer has been hijacked by the overfocus on the injurious nature of childhood harm. However many cultural and creative legends have indeed emerged from a fractured childhood to achieve greatness, often as a direct refection of their trauma, including Frida Kahlo, Orson Welles, Charlie Chaplin, The Bronte sisters, Martin Luther King, Edith Piaf, and Muhammad Ali (Parris, 2020).

The original archetype of the wounded healer is rooted deeply in historical significance, in the Arthurian legends, in the Norse tales, in Hebrew lore, as well as in Eastern sources, one encounters a special, healing figure who knows how to cure others because he/she has suffered illness too (see Meserve, 1991, p. 87-92). The focus is on the insight, knowledge and empathy that can only be derived from first experiencing the suffering for oneself.

The idea of the wounded healer is one of the staples of shamanism, as Joan Halifax and Donald F. Sander and Steven H. Wong have shown: the training of shamans involves an "initiatory crisis" - a prolonged stage of deliberate physical illness and/or psychological crisis that the initiated has to undergo as part of the training process. Such afflictions and their eventual cure serve as evidence that the shaman-to-be was indeed chosen by the spirits (Benziman et al., 2012). In the traditional African Xhosa culture, becoming a healer is a process that involves experiences of illness, physical injury and pain. One of the Xhosa rites of initiation is *Thwasa*, a state of illness. The person experiencing it will undergo ailment and pain

of body and mind and be made to suffer stomach aches, nervousness, and severe ache in the back, as well as possible periods of unconsciousness. During these attacks, this person might also become emotionally withdrawn and be troubled by dreams (see Wreford, 2008) *Thwasa* is crucial for becoming a healer (Benziman et al., 2012). The process of *Thwasa* reflects the Western concept of the wounded healer, based on the rationale that it is through the experience of pain and discomfort that the person will learn how to observe, understand and heal the ailments of others (Benziman et al., 2012). Similar sentiments are expressed in Islamic Culture, in Jewish Law and more modern-day literary representations (Benziman et al., 2012).

A modern depiction of a contemporary wounded healer remembered from my own childhood, is embodied in the figure of *Pollyanna*, the eleven-year-old orphan protagonist of Eleanor H. Porter's 1913 novel (Benziman et al., 2012). This character of an optimistic and ever-cheerful American girl emerged as an evolution of an increasingly popular character type in Western literature since the nineteenth century. Like Little Nell, Little Eva, Heidi, and Anne Shirley before her (in Charles Dickens's 1841 The Old Curiosity Shop, Harriet Beecher Stowe's 1852 Uncle Tom's Cabin, Johanna Spyri's 1880 Heidi, and Lucy Maude Montgomery's 1908 Anne of Green Gables, respectively), the uplifting figure of an orphan female child increasingly came to offer a hopeful representation of rebirth and growth. Pollyanna offers a particularly interesting instance of a healer/redeemer whose own vulnerability and suffering become paramount in her growing ability to heal others. It is largely her early loss and deprivation that makes this eleven-year-old girl such an effective healer. Pollyanna's early wounds — the loss of both her parents and all her siblings, and her poverty-stricken early childhood — make her a healer whose treatment is so effective because it is grounded in deep solidarity and empathy (Benziman et al., 2012).

The Posttraumatic growth movement was indeed a turning point in the linguistical and philosophical battle between repulsion and propulsion, traversing the divide between distress and growth, and acknowledging vehemently that the two can in fact coexist. PTG offers a renunciation of the tradition of martyrdom and victimhood, in favour of human interconnectedness. The 'wounded healers' of African, Muslim, and Western traditions use sufferings and afflictions, in order to share their existential vulnerability with others. It is this sharing that demonstrates the

ethical and psychological power of interpersonal relations to help both healer and patient, the analyst and the analysed progressed toward growth and adaptability.

The findings of this present research have highlighted that it is not the distress of childhood trauma and cumulative harm that motivates career decision making. The findings indicate individuals are motivated by meaning making, helping others, and altruism rather than distress or trauma symptomology. The suggestion that psychological distress does not motivate the decision to enter the helping professions demands that we consider the alternative influences. It has been revealed in this research that individuals who endure such experiences are often motivated to enter the helping professions as it provides a forum for them to constructively exercise the skills developed in childhood, such as empathy, sensitivity, and the ability to deeply understand another's distress (Thirkield, 2007), a phenomenon previously termed 'The Caretaker Syndrome' (Valleau, Bergner, & Horton, 1995).

This research endeavour sought to answer a single question, *how does cumulative harm influence career choice in the helping professions?'.* In doing so, the research revealed, through the narratives of those with lived experience, a renewed conception of trauma's influence as a motivating power to promote alternate territories of identity, which stimulate a reauthoring process, reflective of trauma recovery, integrating career narrative into life themes, imbued with meaning and unity (McAdams & McLean, 2013). Once viewed as profoundly debilitating, these findings expand our formerly narrow conception of childhood trauma as a deleterious and undermining force on the life and career trajectory of individuals, to stimulate a reflexive engagement with our life and career narratives to achieve successful career outcomes and a self-defined whole (Bryce et al., 2021; Savickas, 2005). This research highlighted the parallel existence of trauma and distress, as purported by Tedeschi and Calhoun (1995) in their PTG theory, coexisting to propel the individual forward. Although wounded by their cumulative harm experiences, embattled by their universal experiences of persistent dysfunction, dysregulation, disadvantage, and disconnection, the participants all reauthored their wounded life narratives, through their vocational choices and behaviours, to redefine themselves, and to benefit others facing their own harm.

Practical Implications

In recent studies, including those specifically related to the helping professions, between 44%-84%% of college students in the US reported having experienced a potentially traumatic event during their lifetime, with 20-25% of students experiencing two or more traumatic events (Butler, et al. 2017). The most common traumatic event was reported to be household dysfunction (Butler et al., 2017). Recent studies indicate that students who have been exposed to trauma and traumatic events may experience difficulty adjusting to college (Read et al. 2011), achieve poorer academic outcomes (Smyth et al. 2008) increase mental health problems, and are more likely to drop out (Guttierez & Gutierez 2019). These findings suggest that any reasonably sized class of students today will likely contain individuals who have experienced personal trauma (Kennedy & Scriver, 2016). Read et al. (2011) confirm that "the apparent ubiquity of trauma and PTSD in college students suggests that these issues are an important area of focus for college counsellors and administrators" (p.154).

Across my quantitive study, of the 393 helping professionals that completed the CHIQ and other measures, one third of those participants identified experiencing some form of ongoing and repetitive harm, adversity, dysfunction or disadvantage in childhood. One third of helping professionals in my study experienced cumulative harm. Of the 12 participants in the qualitative study, selected for their cumulative harm experiences, all experienced childhood trauma which was chronic and characterised by persistent dysfunction, dysregulation, disadvantage, and disconnection. The implications, therefore, are two-fold. The ubiquity of trauma histories in preservice professionals underscores important considerations in the delivery of curriculum, given the sensitive and likely triggering nature of the content. Secondly, that the motivating influences of those trauma histories, as has been made explicit through the findings of this research be acknowledged and incorporated into trauma informed career counselling practice and preservice career counsellor preparation programs.

Trauma-Informed Pedagogy in the Helping Professions

Existing research acknowledges the importance of considering trauma and trauma informed practices in the context of higher education, especially as it pertains to programs that engage with sensitive content, such as in the helping professions. It

is also important for educators to make their pedagogical practice more trauma informed by acknowledging the prevalence of students' trauma histories and ensuring safety is central to the classroom experience (Cless & Goff, 2017).

In an effort to reduce the risk of trauma responses to sensitive pedagogical content, and ameliorate the impact on students, several academics have published strategies and guidelines for teaching about trauma (e.g. Black, 2006; Carello & Butler, 2014, 2015; Gilin & Kauffman, 2015; O'Halloran & O'Halloran, 2001; Miller, 2001; Zurbriggen, 2011). There is a consensus that supports the integration of secondary traumatic stress, vicarious trauma, compassion fatigue, burnout, and self-care into the curriculum. The use of content or trigger warnings is also commonplace. Many studies support the acknowledgement and implementation of trauma informed teaching, encouraging instructors to increase their awareness of the risk and protective factors for students (Cless & Goff, 2017). While instructors cannot control the vulnerabilities of all students, researchers recommend educators identify strategies to maximise student learning by becoming trauma informed, choosing to adopt a strengths-based, person-centred and solution-focused practice to avoid jeopardising learning (Carello & Butler, 2015).

Cless and Goff (2017) propose the Trauma-Informed Classroom Care model to assist educators to identify and respond to student reactivity to traumatic materials, with implications for instructional design (Cless & Goff, 2017). Cless and Goff's (2017) approach conceptualises student reactivity to traumatic material using Herman's (1997) Triphasic Model of trauma recovery. This model describes three phases of trauma recovery: safety, remembrance and mourning, and reconnection. The three phases of trauma recovery in this model serve as an effective way to understand a student's own level of reactivity to trauma, both personal and in the classroom (see Herman, 1997; Cless & Goff, 2017, p.29). The Trauma Informed Classroom Care model proposed key areas for pedagogical consideration, these are, necessity of trauma exposure, accommodating reactions to trauma, managing student disclosure of trauma, accounting for flexibility, strategic communication, and assessment of student learning outcomes and engagement (Cless & Goff, 2017).

This research has highlighted the role of narratives in prompting post adversarial career choices and post traumatic growth. These narrative tools may be integrated into the education, training and professional development of helping

professions so as to promote an awareness of this reauthoring process and develop the reflexive awareness of future practitioners. Narrative approaches are strongly supported in trauma-informed therapy and counselling more broadly (White, 2004; 2005) and contribute to a trauma-informed pedagogical approach to higher education, particularly valuable in pre-service helping professions. Future research that develops specific measures, tools and scales for guiding reflection on the influence of cumulative harm on career decision-making and vocational behaviour would aid in implementing reflexive practice both with preservice and practicing helping professionals, in a more streamlined manner.

Trauma Informed Career Counselling

Given the findings of this study regarding the motivating influences of cumulative harm on career decision-making and vocational behaviour, trauma informed career counselling is considered a critical step in supporting individuals with histories of childhood adversity and trauma to construct career narratives that will promote post traumatic growth. As the findings of this study show, trauma can influence career choice and motivate vocational decision-making. This study also confirmed the findings of other studies that have explored the negative impact of trauma on career development (Coursol et al., 2001; Currie & Widom, 2010; Kim & Klose Smith, 2021; Swanberg et al., 2005). Currie and Widom (2010) found that those with higher ACEs scores were more likely to experience lower levels of education, employment, and economic assets across the life span, which resulted in a 14% gap in the probability of employment by middle age. Kim and Klose Smith (2021) identified that negative patterns may be established very early in one's vocational life and that early traumatic experiences may influence lowered career adaptability. They highlighted the need for career counsellors working with young people to prioritise early interventions that enhance resiliency and "promote purposeful improvement in career curiosity, choice among one's options, and the confidence to pursue one's chosen career" (p.272).

Powers and Duys (2020) provided a number of recommendations for integrating trauma informed practices into career counselling approaches and central to this was the use of self-reflection scales and measures which promote reflection and develop insight, such as the ACEs Questionnaire (Felitti et al., 1998), the Post Traumatic Growth Inventory (Tedeschi & Calhoun, 1996), and the Career Adapt-

Abilities Scale (Savickas & Porfeli, 2012). To this end, the CHIQ, developed through this study satisfies these recommendations and provides a tool for measuring and evaluating the presence and impact of cumulative harm on career choice and behaviour.

The findings of this study highlight the dual power narratives hold in career counselling, through their remedial and therapeutic value for trauma recovery, and to assign meaning to career aspirations, decisions, and behaviour in order to find value in their lived experience. Powers and Duys (2020) further recommend instilling a sense of hope and support to help clients "reframe their personal narrative, our efforts may empower a more resilient career trajectory" (p.182). Narratives have value in career counselling, as a means of facilitating the reauthoring process revealed in this research. Storying and narrative approaches permit practitioners to promote the reframing experience that survivors of cumulative harm seek to achieve both consciously and unintentionally, through vocational decision-making.

Challenging Thresholds for Intervention

The finding from Study 2, that one of the most profound contributors to cumulative harm is in fact chronic parental conflict and household dysfunction, challenges our current conceptions of child abuse and neglect and our established systems of protection. The harm that may be most damaging, is not present in the categories by which we screen allegations of maltreatment, nor the types we assess in order to protect vulnerable children, or the harms which currently meet the threshold for intervention (Alexander et al., 2022; Gillingham & Humphreys, 2010; Gillingham, 2009). One participant spoke of her cumulative harm as *lots of small moments…pieced together* (P1).

Much of the research to date has exclusively investigated cumulative harm as it related to practice implications (Broadley, 2014; Sheehan, 2018, Bryce, 2018). However, this study has delved deeply into the contributors of that harm to allow for a more thoroughly informed understanding of how cumulative harm is experienced. The findings reveal the propensity for these manifestations to be born of adversity which would often not meet thresholds for intervention such as entrenched poverty, intergenerational patterns of family conflict and general familial dysfunction. It is evident in the findings that what is often described as 'low level' adversity, in fact

becomes high level harm, when chronicity and persistence are adequately accounted for.

In Australia, as well as other jurisdictions such as Canada, welfare systems similarly operate on a 'threshold approach', and families have to meet a minimum level of abuse and neglect in order to qualify for statutory or tertiary intervention access services (Saskatchewan Ministry of Social Services 2010). This notion of 'threshold' is in direct conflict with what characterises the majority of child protection concerns, where harm is cumulative and the "result of neglect stemming from poverty, substance abuse, mental health problems, and inadequate housing" (Saskatchewan Ministry of Social Services 2010, p.5). Child protection systems which, both in practice and legislation, tend to focus on incidents, rather than the resulting harm to a child's welfare or development (Dickens, 2007), set up a threshold of significant harm in order to justify statutory intervention (Sheehan 2018). A significant challenge for child protection agencies and adjudicators is to identify a 'decisive event' that can satisfy legal requirements and meet the predetermined threshold of significance (Dickens 2007, Sheehan 2018). Sheehan's (2019) study, found that cases which were characterised by cumulative harm were unlikely to move beyond initial intake or receipt of concerns this lack of tangible or decisive event. However, these cases then reticulate through the various levels of non-statutory intervention to re-enter the child protection system for further attention (Li et al., 2014).

The return of unsubstantiated cases of cumulative harm into the child protection system suggests a lack of understanding of the contributors to and qualities of cumulative harm and the future symptomology which may not be currently observable, but which is probable due to chronicity and accumulation. Sheehan (2019) describes this as "system neglect", leaving the child in a "worrying void" and vulnerable to ongoing maltreatment and harm (p.443). The findings of this study demand the deconstruction of these established thresholds and to broaden the scope of maltreatment typologies to better account for the lived experience of childhood abuse, neglect and dysfunction in order to make room for persistence, chronicity and accumulation. Failure to do so further perpetuates the victimisation of the most vulnerable, marginalised and oppressed. In the words of one of the participants:

So, you know, like it's like the system perpetuates that and it, and it adds to it, you know? So you've got your initial abuse and then the system just accumulates, you accumulate more and more and more. It then becomes systemic rather than interpersonal (P.8).

Future Research

The present research has resulted in the development of a measure of the influence of cumulative harm on career choice in the helping professions and early analysis demonstrates the construct validly, however further research is required to extend these findings. Further investigations are recommended to test the measurement properties of the CHIQ in other samples to obtain validity evidence for its factor structure. There is also a need to test the CHIQ's predictive validity evidence with regard to the outcomes of students obtaining qualifications in the helping professions, as this would contribute further to the success and wellbeing of student cohorts in this discipline.

Additionally, the mediation models proposed in this study, specifically, Accumulation to Career fit, mediated Identity and Helping Others, requires further exploration and refinement, in particular, examining the motivations and vocational choices of those who seek to make a difference in a rational way, in comparison to those who seek to rescue and have difficulty separating their own experiences from those they help professionally. Further research is recommended that explores the role of psychological defence mechanisms in career decision-making.

Building on the practical implications proposed regarding trauma-informed pedagogy, it is recommended that future research explore the views and experiences of higher education academics who teach and train helping professionals to understand the knowledge and competencies regarding cumulative harm and careers.

Limitations

There were several limitations to this research. Firstly, most of the sample, across both Study 2 and 3, was female which may restrict the generalisability of the findings to the general population. Therefore, it is recommended that future research examine the role of cumulative harm in career decision-making in a more evenly distributed population, or perhaps in a male cohort specifically. Further to this, in

Studies 2 and 3, disability, culture and ethnic background, and experiences of the LGBTIQ+ community were not explored explicitly, and therefore future research should investigate the experiences of a more diverse population.

Conclusion

The findings of this study answer the initial research question in the following ways, cumulative harm influences career choice in the helping professions,

- Through the impact it has on the development of the individual, particular through the formation of identity conclusions and self-concept.
- Through a desire to make meaning of trauma, to find value in trauma and remediate the trauma experienced.
- Through experiences of caring and being cared for as a result of cumulative harm in childhood such as through parentification or exposure to helping professionals as a child.
- through the development of characteristic adaptations such as advocacy and insight and motivated by an alignment between skills, interests and preferences developed through their trauma and the career they have chosen

Equally, career choice is in fact a powerful antidote to cumulative harm which can ameliorate and mitigate the lifelong deleterious impacts of childhood trauma. Through vocational decision-making, life, career and trauma narratives converge to foster a reauthoring experience. Identity conclusions that are formed through cumulative harm construct a life narrative that then influences the ensuing career narrative. Then, the way that the participants use, adapt to, and find value in their trauma reshapes their life narrative and can promote growth, and healing and has a remedial effect on their sense of self. This reauthoring then contributes to a new identity conclusion.

….And so because of, I guess, that curiosity and interest about my own narrative and how that kind of can be shaped and changed and used to my advantage or my disadvantage…I'm really interested in, in working with people and, and I guess supporting them to do the same to kind of analyse their beliefs and the story that they carry with them and perhaps can rewrite if they want to. I think it's largely connected. I don't think I would be seeking to go into

psychology if I hadn't had my own experiences, the experiences that I had in childhood (P1).

The study has contributed to the field by delivering a more comprehensive understanding of cumulative harm and a means by which practitioners and preservice helping professionals can reflect on their childhood trauma, career choices and vocational behaviours. The findings of this study allow for significant improvements to be made in the prevention and intervention of cumulative harm, by increasing our understanding of the lived experience through the voices of those who have experienced it firsthand. The focus on career choice and the impact of cumulative harm on decision making, academic success and professional capacity provides a new body of information to the field as this has not been explored to date, which emphasises significant implications for career counselling and higher education pedagogy. The construction of the self-assessment tool, the CHIQ, contributes to the advancement of student wellbeing, progression, and success, as well as practitioner safety and retention in helping professions.

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APPENDIX A: RESEARCH PROJECT OUTLINE

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┌─────────────────────────────────────┐
│          Research Question           │
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'How does the lived experience of cumulative harm influence the choice to enter the helping professions?

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┌─────────────────────────────────────┐
│        Guiding Sub Questions         │
└─────────────────────────────────────┘
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What is cumulative harm?

How does cumulative harm affect an individual, what is the lived experience?

How has does cumulative harm affect academic/professional performance?

How does cumulative harm influence decision to enter helping profession?

Can cumulative harm be measured and;

Can a self-reflection tool be constructed?

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┌─────────────────────────────────────┐
│             Methodology              │
│  An exploratory sequential mixed     │
│         methods approach             │
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┌─────────────────────────────────────────────────┐
│                    Study 1                       │
│                                                  │
│            Systematic Literature Review          │
└─────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────┐
│                    Study 2                       │
│                                                  │
│       Interpretive Phenomenological Analysis     │
│                                                  │
│      In-depth semi structures interviews (n=12)  │
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│                   Pilot study                    │
│                                                  │
│              Test for face validity (n=6)        │
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Study 3

Quantitive Analysis *(n=357)*

Output

Thesis and CHIQ

APPENDIX B: LITERATURE GAP

The Literature Gap

What we know → **What we think we know** → **What we <u>do not</u> know**

What we know

Repeat maltreatment and repeat victimisation, often over prolonged periods, is more common that isolated maltreatment

Previous victimisation, especially in childhood, is a strong predictor of further episodes of victimisation.

Chronic maltreatment can manifest as multi-type maltreatment, poly victimisation or revictimisation.

Chronic maltreatment in childhood has pervasive impact on lifespan development and wellbeing, physically, psychologically and behaviourally, which includes academic performance and employment.

Cumulative harm is the label given to the impact of an accumulation of childhood maltreatment experiences.

Research indicates early experiences in childhood can influence career choice and act as a motivator for entering

What we think we know

It is unclear what factors lead some individuals to experience re-victimisation whilst others do not, though it appears risk factors for chronic maltreatment and re-victimisation and the consequences of trauma are closely aligned.

There is a relationship between adversity in childhood and later life outcomes however the impact of multiplicity is uncertain

Chronic maltreatment can result in cumulative harm in childhood and complex trauma in adulthood; however, the exact prevalence of cumulative harm is unclear.

ACEs and trauma are commonly present in individuals who choose careers in helping professions

Child trauma can affect career success positively or negatively, the degree of which is unclear in research.

What we do not know

We do not know what factors influence the heterogeneity of impact trauma has on individuals.

There is no research related to the lived experience of cumulative harm from the perspective of adulthood.

We do not know the relationship between cumulative harm and career decision making

We do not know the influence accumulative ACES and trauma, has on choice to enter the helping professions.

We do not have any psychometric tests that assess cumulative harm.

How my research will address this gap

There is no research related to the lived experience of cumulative harm from the perspective of adulthood.

We do not know the relationship between cumulative harm and career decision making

We do not know what factors influence the heterogeneity of impact trauma has on individuals.

We do not know the influence accumulative ACES and trauma, has on choice to enter the helping professions.

We do not have any psychometric tests that assess cumulative harm.

Study 2

Will collect narrative accounts of their lived experiences of cumulative harm from the perspective of adulthood (retrospective) and the influence on their career decision making.

Will obtain themes common to individuals who have experiences cumulative harm, pertaining to presence, prevalence, experience, and impact of cumulative harm.

Study 3

Will explore and confirm the data collected in study 2 and contribute to the construction of an instrument by which pre-service helping professionals can reflect on and self-assess the impact of their ACEs and cumulative harm on professional and academic capacity.

What impact will my research have?

A more comprehensive understanding of cumulative harm and a measure by which to assess it will allow for significant improvements in the prevention and intervention of cumulative harm.

The focus on career choice and the impact of cumulative harm on decision making, academic success and professional capacity will provide a new body of information to the field as this has not been explored to date. The construction of a self-assessment tool will promote valuable advancement in student wellbeing, success and practitioner retention.

It is also expected that an exploration of factors that mitigate the impact of ACEs, specific to cumulative harm and career decision-making, will provide a new layer of understanding to the positive psychology perspective of adversarial growth.

This study will also contribute a comprehensive review of existing literature regarding the research, which explains, supports and investigates cumulative harm, as at this time there has been no thorough and comprehensive review of the literature since its conception in the early 2000s.

APPENDIX C: REFLECTIVE JOURNAL ENTRIES
Reflective Journal for Study 2

There have been numerous attempts to capture the quality and validity of qualitative research both broadly (Hammersley, 2008) an across the helping professions more specifically (Barusch et al., 2001; Rolfe, 2006; Yardley, 2000). Smith and colleagues (2009) applied Yardley's 4 broad principles of measuring validity and quality to IPA; sensitivity to context, commitment and rigour, transparency and coherence and finally impact and importance. It has been argued that keeping a reflective journal permits a critical stance to be taken to each of the aforementioned criterion denoting quality and validity in IPA. Furthermore, according to Vicary et al., (2017) "the writing of the journal enacts some of the criteria (e.g. in producing an audit trail) whilst also recording and reflectively prompting the process of learning, interpretation and bracketing, thus evidencing transparency" (p.553). According to Brocki and Wearden (2006) the quality and validity of the final analysis is determined by the "personal analytical work done at each stage of the procedure" (p. 96).

Reflective journaling practice aims to make visible to the reader the constructed nature of research outcomes, a construction that "originates in the various choices and decisions researchers undertake during the process of researching" (Mruck & Breuer, p. 3). Rather than denying the researcher within the research, attempting to control researcher values through method, or by bracketing assumptions, the aim is to consciously acknowledge those values (Ortlipp, 2008). Reflective journaling is a strategy that can facilitate reflexivity, whereby researchers use this process to examine "personal assumptions and goals and clarify individual belief systems and subjectivities" (Russell & Kelly, 2002, p. 2). Keeping reflections enables the researcher to acknowledge and make visible opinions, values, prior conceptions, and beliefs as part of the research design, data generation, analysis, and interpretation process (Ortlipp, 2008). Thus achieving transparency in the research process.

I, Researcher.

I do not come to this research as a blank slate, 'tabula rasa'. Rather, I hold over 30 years of personal lived experience, and over 10 years of accrued practice wisdom to contribute to this study. This study seeks to obtain the lived experiences of cumulative harm from those who have endured it, their story, and their words. The IPA methodology seeks my interpretation of these voices, these stories, as a privileged witness to their delivery.

As the child of a parent who had endured cumulative harm; as a practitioner who has been the receiver of hundreds of first-hand disclosures of abuse and neglect by children who should be too young to know the meaning of the words they are using to express their victimisations, it would be impossible not to lay my prior experiences like a muslin veil over the accounts of participants in this study. Difficult not to at least compare, to contrast, and to add these voices to the hundreds of narratives of trauma and harm I have collected over my lifetime.

This journal serves as a space to acknowledge this veil, to call it out and to place it to one side, consciously committing to hearing each account of lived experience of cumulative harm from these 11 brave and courageous participants with new eyes, untainted by the stories that have come before; each deserving of their own privileged hearing.

Reflecting on process

Prior to utilising this reflective journal as a place to document my thoughts throughout the analysis of the accounts provided by the participants, I would first like to reflect on the process of interviewing itself. I am the *instrument of data collection*, thus my approach, all that I bring to the research endeavour, forms part of my mechanism as said instrument. These mechanisms, are all accounted for in my philosophical assumptions and methodological approaches, they broach the 'why' of all my research choices. However do they cover all that I bring to the research activity?

Having spent a significant portion of my career as an investigator for child protection, gathering evidence, interviewing various parties and investigating allegations of crime and abuse, interviewing is natural for me. I have significant expertise in the interviewing of children, of vulnerable persons, of perpetrators and

offenders, of interviewing to gather evidence in a forensic setting. A deft hand at interrogation and purposeful information gathering, drawing out a narrative without leading or contaminating. However, whilst many of those skills were transferable to this context, I found it required deliberate and conscious effort to 'shift gears' from interrogation to facilitation. I felt this change was evidenced between my questioning style of my first interview, as compared to later interviews. This illustrates the subtle nuances of the skill of interviewing in context, and the 'ghosts of roles past' which accompany the researcher and influence the experience of the interview for the interviewee.

Another process I have engaged in was to make notes, explanatory comments and record words that seemed to be significant to the interviewee, repeated or emphasised words used through the interviews, during the initial read through of transcripts, at the commencement of coding. I consulted these notes following the analysis of each transcript, at the time of recording patterns of repetitions across the set of interviews, to see if I missed anything that was 'significant' at the time, or repeated across all 11 transcripts. This formed an iterative process of reading and recording/highlighting, then reading and reviewing, until a comprehensive table of themes was constructed.

Reflections during analysis and coding

Participant 1 - SW SVS

Understandably, this first interview was the more stilted and awkward of the data set. My anxiety as the interviewer, and also the anxiety of the participant influenced this interview a little. This effected the style of the interview, I observed upon coding that I was dominant, talking more and leading more than I needed to. This interview was also interesting in that the participant was exceptionally self aware, as was noted in the transcript itself, she had 'done the work' to arrive at a point in her life where she possessed insight into the impact of her trauma on her personally and professionally. This meant that there was little room for realisation or unearthing connections which the participant had not already considered herself. On one hand I feel this made it an easier journey to take, without having to draw out connections, but it also meant that on some level the discussion lacked substance, as the participant considered that she possessed unwavering knowledge of the

connections between her past and her professions, which afforded a little reluctance to go any deeper than the inner work that had already been done. I observed dismissal of observations of connections which did not already form part of the participant's narrative. Interesting, as 'narrative' is a word which arose a number of times for this participant, the idea of 'rewriting' a story of her life and the way her trauma contributed to her career decision making, and the contributions resulting from those vocational choices.

This lead me to consider an earlier misconception I may have had that those who have engaged in a great deal of psychological work to understand and address past traumas would be more likely to engage in deep discussion and be open to 'connecting the dots' so to speak. Rather this participant challenged that idea, in that she was only willing to connect the dots she had already arrived at and managed to maintain the interview 'depth' at a level she was comfortable with, making it difficult to drill down into further relationships between trauma history and career choices. One additional interesting observation I made only after coding and analysing this transcript was that the interviewee failed to mention her mother at any stage in the interview. Though she belonged to an 'intact' family for most of her childhood, the childhood we had discussed at length, her mother was not mentioned in any form throughout the interview. This in itself may be an intriguing element to this particular interview. This observation brought to mind a musing that perhaps, the role of the abusive father was so dominant, that her mother's contribution to the environment was significantly diminished, so much so that the participant did not consider her a participant in the trauma experience.

Participant 2 SW ES

This interview was again an example of the two divergent paths which have emerged in the data – the rights fighter vs the therapeutic healer. This participant was a clear example of the way in which trauma has ignited a passion for social justice and advocacy, a motivation which permeates and clearly influences career decision making. In this particular participant the choice to enter the specific helping profession of social worker is a conscious one that reflects an alignment of core values, empowerment, anti-oppressive practice and social justice. Although I feel there is always an element of the unconscious influencing career choice, in this case

the depth of alignment has become more apparent to the participant as she has become more enmeshed in the field of practice.

This participant, unlike those I analysed prior, was not motivated heavily by meaning making, which seems to be in contrast with many of the other participants. Rather, the participant identified that whilst she saw the alignment between her own experiences and those of her clients in her career, she was able to, and preferred to, maintain a separateness. In fact the participant referred to a reluctance to engage on a deep level with the parallels between others stories and her own, despite reflecting that "You know it's like every single situation I've been in, every single situation I've heard that I've actually been one of those people". The participant identified that trauma robbed her of the freedom to push through the discomfort to engage in any remedial or meaning making that her career might afford her. The participant was actively attempting to overcome this in order to take advantage of the remedial and meaning making aspects of her career by utilising professional learning to address these barriers and engage in personal therapeutic work to improve her practice. This was a good reminder that the themes must evolve authentically, reflecting the narratives of the participants, and I must ensure I do not force or try to mould the data to suite the themes. Whilst there were many recurrent themes reflected in this interview, the findings of what was not there are equally enlightening I feel, and a reminder of the heterogeneity of trauma experiences and impacts.

Participant 3 FP

I began my analysis with the this participant, deciding to tackle the transcript which was clearest, so as to orient myself with the process thoroughly before tackling some of the more complex interviews. Having conducted an SLR on the topic of carer motivation and CH rope to this study, It was important that I approach the analysis of the interview without applying that prior learning to the process. In order to do this I undertook, as is customary in IPA a process of notation, applying explanatory comments which occurred to me throughout my first reading f of the transcript. I made comment and drew attention to words which I felt were significant and related to the phenomena I was investigating. This process allowed be to focus entirely on the words of the participants rather than applying my prior conceptualisation of the topic from the SLR to the initial analysis process. From here

I began noting emergent themes, again focusing solely on the transcript and my explanatory comments.

It was difficult to not apply this prior knowledge in the theme generating process, especially as it occurred to be on several occasions that my analysis was aligning with findings of the SLR. However I allowed the themes to emerge from the transcript, without prior consideration of what might transpire. I will allow myself to consider the alignment, once my subordinate themes have been generated and each transcript analyses and repetitious patterns noted.

Whilst analysing the data against my research question several broader themes emerged which are worth noting for future research regarding the lived experience of accumulated maltreatment, most notably the contribution the community perception and stigma of adversity makes to cumulative harm. Interestingly, the notion of identity was strong in transcript 1, which led me to consider the literature on territories of identity, or identity conclusions found in trauma literature more broadly. I have noted this for consideration post analysis.

It was particularly interesting, when analysing this first transcriptions, the way one element of identity emerged at three key junctures. The concept of invisibility, experiences in childhood, was a triggering experience which influences the choice not to continue with University, and also motivated the decision to re-enter the helping professions later in the career journey. I was particular intrigued but the way in which this core concept emerged without the participant noting it's reoccurrence or its significance in their narrative. I note there may be some cross over in themes as invisibility was relevant to identity conclusions but also unconscious motivations... I may need to consider these overlaps as I refine my thematic clusters.

Participant 4 JF SW

This interview challenged my interview skills and highlighted the difficulty in eliciting narratives of trauma and attempting to direct the participant to provide specific information. In keeping with my IPA methodology it has been very important that I allow the participants to lead their narrative, to tell their story with very little interruption from me. However whwn you do so in the context of trauma narratives, which in itself is a strategy sed to promote healing and recovery, you run the risk of

eliciting a stream of consciousness (I note the interview was still within the 60 min window but the transcript was significantly longer than others, alluding to a 'rapid fire' recount from the participant) which is not necessarily relevant to the research question. The added complexity lies in the need to ensure the participant is psychologically safe, that they are able to share the tale of their trauma and not experience any negative emotions as a result of the researchers attempt to steer the conversation back to the research agenda. Int his interview, especially upon analysis, I identified that the transcript is predominantly a recount of the participants trauma narrative, and how she sees her journey of trauma from child victim to adult survivor. And whilst this is relevant to the research question, this data in this interview required more 'mining' that other transcripts. I needed to work through the narrative to draw out those aspect relevant to my question. Unlike more generic research agendas, when receiving a trauma narrative form a participant, there is an element of care, of trauma informed practice, and of caution that must be taken so as to not retraumatise or trigger the participant. Working through this interview and the ensuing analysis I became more aware of the delicate work that is undertaken in researching trauma narratives, and the way researching with this population complicates data collection as well as ethical responsibility. In some cases, it is about guiding the participant delicately from therapeutic recount to productive information provision, without harming the interviewee. This is often dependent on the stage of trauma the participant is experiencing (current or historical) and also the amount of therapeutic work the participant has done. It seems to me that often those participants who have had considerable therapeutic counselling and personal work are those who dive into the interview with gusto and fall into perhaps familiar narrative behaviour of recounting their trauma in detail to the listener with the aim being to unburden, rather than provide information for purposes of research. They appear so familiar with the therapeutic process of trauma narration that 'changing gears' to repurpose this story telling process for my research seems a struggle.

Participant 5 JD SW- Janet

I found this interview very heavy. This participant was still very affected by her trauma and her experiences had a much more psychiatric impact on her as a child and an adult. Receiving this story was difficult and I found this had a more obvious

effect on my than previous interview. I actually needed to take a break after this interview and remove myself as the receptacle of trauma narrative for a short time before reengaging. This interview just seemed coloured with more misery, more hopelessness that previous interview. The sadness, hopeless and grief was tangible in this interview. The participant was almost asking me for answers to her questions and sitting with this person in their narrative but not actively assisting them was difficult. I did not feel this participant was in any new distress or that the interview had caused any further distress, rather she was in a perpetual state of fatigue and negativity. This interview highlighted for me again that misery and growth can coexist, this participant was progressing in her career, but was still experiencing many trauma related barriers and hindrances along the way. The impact of this participants cumulative harm was so insidious, so permeating, that her efforts to propel herself forward seemed fraught with set backs, as if trauma was an anchor she couldn't untie, forever dragging her beneath the water despite her attempt to break free. She was recounting these attempts to me, and yet I could equally see the moorings of her trauma, keeping her stuck. She described it as 'not for the fainthearted' a battle she was endlessly embroiled in. She seemed so desperately to want to succeed, that the realisation of her career goals would be an achievement over her demons, there was a hope and a hopelessness in her comments:

All I know is I really do want to finish my accreditation and I no longer know whether I want to use it now. It's just, I don't want it to defeat me. And I don't want my anxiety to get the better of me because if I give this up now, then, then I'll just, I've just allowed it to win. And that's not what I've been trying to do. Um, if you do that, then what's the next thing that'll go. I'm trying to maintain my ground I guess.

Her success here would mean a new chapter in her story, a new narrative. I am hoping I have witnessed the battle before the win.

Participant 6

This interview took twice as long as the other 11 interviews due to the participants unique needs and conditions. This participant suffered from narcolepsy caused by PTSD as well as several other mental illnesses which severely influenced her ability to provide an account of her life and her cumulative harm experiences. I found I was not able to extract the same volume of data and responses from this interview as I

could from others due to the non-linear narrative. I found this interview quite exhausting, as it was lengthy as well as disrupted by her conditions. I found it difficult to follow her rapid-fire responses which were often unrelated, and digressed from the question. I struggled to guide the conversation and felt a sense of helplessness and ineptitude as I was somewhat railroaded by the participant.

Participant 7

This participant was a different experience than the previous interviewees, both to interview and analyse, as the trauma was not historical and narrated in retrospect, rather it was current. The participant was still navigating the behaviours and mistreatments in adulthood, that characterised her childhood and thus made for a different style of conversation. The currency of the trauma has impeded participants realisation of the trauma being cumulative as she has not viewed it with retrospective insight, rather the trauma is still raw and present and impacting her functioning. As the trauma was current, and retriggered on a regular basis, the choices the participant has made career wise remain in a state of flux. This participant's analysis fell heavily in the field of unconscious and remedial motivations, more so than other interviews, which may be due to the currency of the trauma, of being within rather than looking back. There was also a tone of 'saving' others through her career, which reflected the participants desire to save her mother from the ongoing disadvantage and mistreatment and also save herself, as both still require 'rescuing' from the cumulative harm.

This participant was difficult to channel towards a focus on career decision and rather the narrative was frequently drawn back towards her trauma narrative, rather than the career narrative. This I believe is due to the currency of the trauma. This participant challenged my interviewing skills and I struggled at times to direct the narrative towards the focus of the research agenda. This interview required more care and caution as I realised early on I was addressing current trauma which required a more therapeutic and trauma-informed approach to questioning. Despite the challenges, rich date was still obtained. Of interest, in relation to cumulative harm, rather than career specifically, was the participant's narrative round comparison. This appears to be born of identify conclusions drawn through trauma. The participant identified the multifinality present in her siblings experience, in which

the siblings experience appeared to be devoid of trauma, which has in fact, compounded the trauma experienced by the participant through impact on self concept and self worth, and the perceptions of victimisation. Again, the poor attachment experiences appear to have channelled the motivation towards a more therapeutic focus than a social justice mentality.

Participant 8

This participant highlighted for me the ongoing impact of trauma, as well as the relationship between trauma impact and career behaviour. Choices made by this participant reflected her ongoing struggle with self-concept, confidence and fear and this influenced her career decisions. I often felt during this interview that we were focusing heavily on the reasons why she didn't do something career wise, rather than why she did do something, a focus on the barriers to career rather then enacted career choices. However the deficit dialogue regarding her career aspirations speaks significantly to the ongoing, lifelong impact of cumulative harm. This was an important reminder that cumulative harm can influence career choices through the impact on identify conclusions drawn as a result of trauma which can have negative implications should the trauma remain unresolved.

I observed a number of important words repeated in this particular interview, such as 'not wasted', and the ideal that trauma is of value in the life narrative being build by the interviewee. There seems to be a strong thread through all the interviews so fare of finding value and not wasting the trauma so that the value can help reframe the adversity in order to find growth in the distress. This represents PTG and the central tenet of which holds that distress and growth can coexist. This interview exemplified this coexistence for me. It wasn't until analysing the interview that I saw the important data represented here, the currency of trauma and its impact on career decision making such as choosing a non-client facing role) and of the lifelong implication even of 'resolved' cumulative harm. I muse that in those participants who have not fully addressed their cumulative harm, the barriers are more apparent, the choices more driven by avoidance, the relational and interpersonal barriers to work more distinct and the motivations for vocational decision making tend to be more heavily weighted in the unconscious.

Participant 9

This was a participant whose approach to her career resonated with me and reflected my own. I had to actively remain cognizant of the lens I brought to this interview and ensure I was listening to the participants own narrative and coding the lived experience as it was, not as a reflection of my own career experiences. I also needed to ensure the interview remained on task, not digress into two academics discussing the state of child protection, which in reviewing the transcripts I feel I achieved.

This interview possessed different tone, to the other two I had analyses I had completed at the time of the coding. Where the former two interviews has been underscored by a desire to help, to support healing and to use insight born of lived experience to help other navigate their adversity, this participant was motivated by the vindication which comes from punishment. Where the earlier transcripts had held a theme of quiet altruism, empathy and desire to heal others, this participant presented a visceral need to exact payment for wrongs, to help others punish their wrongdoers. It is interesting that the difference between the former two participants and this interviewee is that the former held roles of counsellor as a child, where as this participant was more a carer… both experiences of parentification, yet two different roles within a household. I wonder at this juncture if this is a connection of themes that may likely continue. From this vantage point I am beginning to see a divergence in the themes, two roads, one of quiet insight, reflection and therapeutic helping to guide others through the trauma they themselves experienced; the other a strong and dominating advocacy, a forthright drive to set right the wrongs, punish wrongdoers and level the playing field for other vulnerable individuals.

One last observation of my coding of this interview in the shift in themes of identify conclusions from the more damaging impacts noted in the former interviews to this interview which reflects a more positive trajectory of relational influence and identify formation. This interviewee did not appear to struggle with the same self-concept issues I had previously encountered and it must be highlighted that the differentiating factor, reflected in literature and research, would be the strength of her sibling attachments. The positive impact sibling attachments have had on the participant's post traumatic growth are recounted in detail in the interview and this is most definitely reflected in the impact her trauma has had on her identify, when

compared with those participants who did note have strong attachments to replace those absent in parental ties.

Participant 10 CT

This participant spoke to the musings I had regarding two divergent pathways for these participants – those who had a significant impact on self, and have found therapeutic, perhaps more submissive, gentler ethos regarding 'helping. This participant, similarly to P.9, had less of a negative impact on self, and had filled more of a carer role in childhood, for a large family with many children, which appeared to have translated into a more dominant, 'I'll get you' mentality, similar to that which was reflected in P.9. This participant, also from a large sibling group had held onto some secure attachments which may, just as it did for P.9, replace some of the attachment absent in parental care, and mitigate some of the relational issues and resulted in a more aggressive attitude to helping. This approach is more advocacy focused, and less therapeutic. It appears this participant was propelled into a state of determination and deliberateness, who has chosen advocacy rather than more therapeutic helping and holds the eloquent perspective of *'you fuckers, I'll get ya'*

The participant view compounding as a positive as well as a negative – the skills and capacity to survive one incident provides resilience and strength to cope with the next blow. Viewing the post traumatic growth as cumulative as well as the harm. *I think the compounding is using the strength that had already come out the other side of something as a building block for the next incident, instead of starting at the ground again, couple of blocks up, cause I've already got proof that I'm going to come out the other side. I don't have to go through those first few steps again. I dunno if that's just what I tell myself, but, um, yeah, a compound as well as compounding them negative things. I guess I learned early on, I could also compound the positives.*

This was the 4th transcript I had analysed and coded and I found that I was getting a little weary, the content was a little draining, but it was more the intricate cognitive gymnastic I was performing in order to first identify themes if each interview in isolation, then almost recode the data as I recalled themes and pattern across the data set thus far. I have a very good memory for written and printed word, so this has assisted me to dance back and forth my mind, drawing connections and

relationships between each element in a single transcript, then mentally 'casting my eye' over the patterning of themes as they compared to my master list. Whilst I am confident my methods for analysing the data are adequately in keeping with that proposed by Smith, et al. (ref). I have found it wearing and therefore have allocated some breaks in between coding sessions. I believe this also adds to the integrity of the analysis, as when fatigued by the data, one is les likely to make deep and critical interpretations, and the analysis can be less substantial.

Participant 11

This participant marked the point of saturation. I had previously been told that you will just 'feel it' when you reach the point of saturation, when you've 'got enough' from the study. This participant was that feeling. I found this one to be difficult to achieve the level of depth that I had found in the other interviews and I felt the interview was somewhat repetitive. This was both a disappointment and an achievement, I had reached the end of the road for this part of the journey.

The experience of interviewing this participant differed from the others in that the participant was heavily focused on describing and narrating the abuse experience and was difficult to lead back to the career focus. Perhaps the participant was finding remedy in the narration of her trauma, as literature hold is an effective tool for trauma recovery. This perhaps explains the eagerness to retell the trauma and a difficulty in remaining on topic when discussing the influence on career. The competing agendas may explain the awkwardness I felt in this interview that I had not experienced across the previous 10 interviews. Perhaps it is surprising I had not yet encountered this conflict of agendas, where information gathering and meaning making collide.
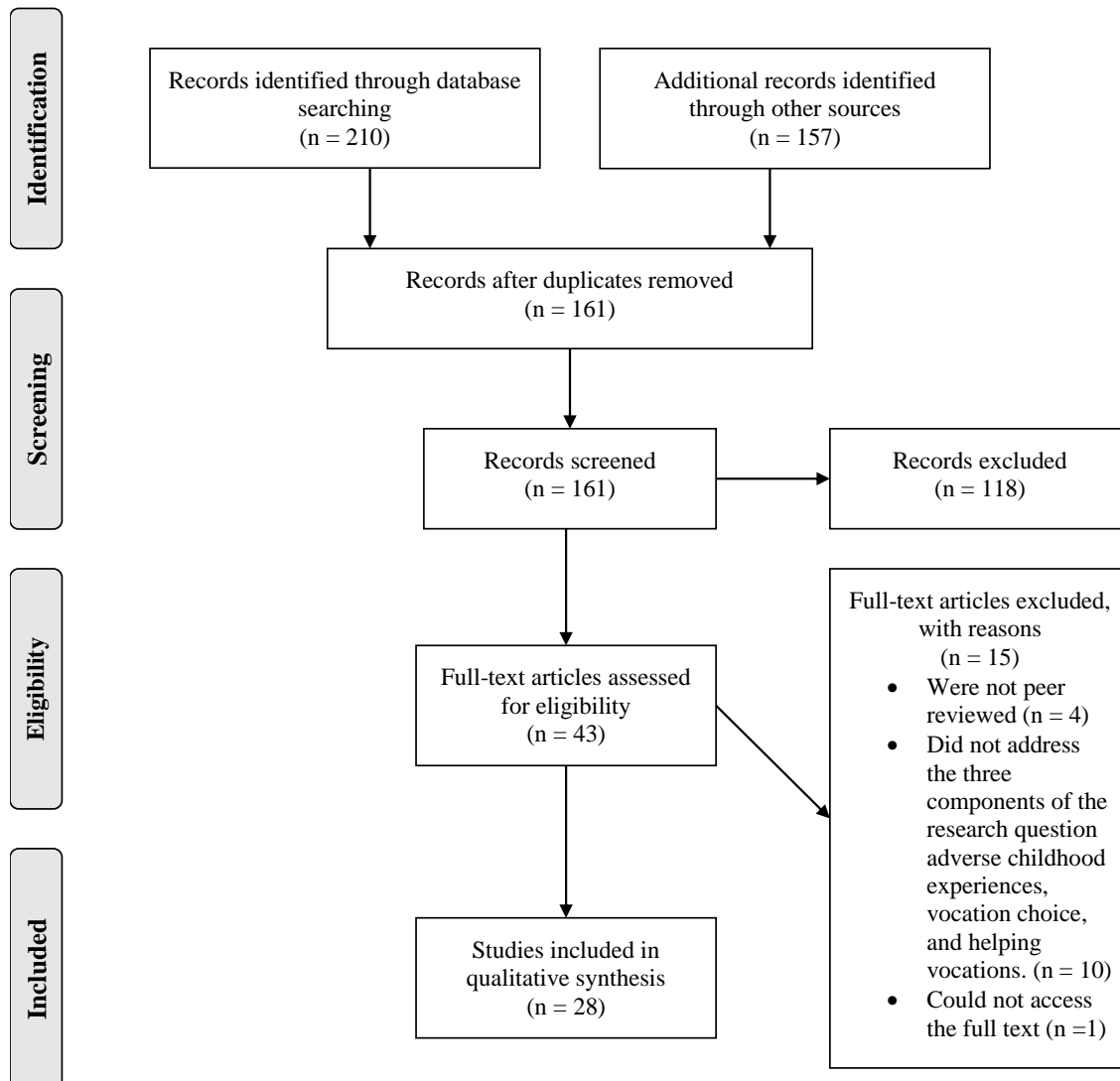
This 'saturation' point experience was reflective too of my own fatigue in the journey of eliciting the specific career narratives of others. I found myself struggling to connect as fully with this interview and participant as I had with the previous ten. I was reminded of the importance of debriefing at this point, the emotional toll of being the receiver of disclosure, the listener of traumatic tales.

Participant 12 (male/psych) DS

This participant was added later as an opportunity arose to interview a male participant with a helping professions that was outside the dominant human services

field. This participant made me consider what a helping profession might be withing the context of gender, is the military a helping professions through the male lens? Certainly the roles this participant occupied in the military and since, as a Doctor of Psychology, but does military service constitute skilled helping?

This interview was difficult in that the style of recounting was very different for this participant, which made me wonder about gender difference in qualitative interviews, especially about the sharing of emotions, trauma and lived experiences. . This may be reflective of my own biases and perceptions in the variations I've experienced in counselling males versus females and is worth considering and remaining cognizant of as I engage with male participants in the future. The participant was recounting the career trajectory and achievements and facts, rather than digging deeper into the feelings and experiences. It was quite difficult at times to guide the participant to address the question being asked. It appeared at the conclusion of the interview that there was possible more data within the participants story that would have been of value but was only alluded to due to the divide between the information I wanted to obtain, and the information the participant was willing to give me. At time I acknowledge I grew internally frustrated that the participant was steering the conversation away from the core phenomenon and more towards a recount of the participants CV. Occasionally the participant would mention something this I saw as highly relevant to my investigation, but would skim over it in the narrative and be resultant to return upon my questioning. This felt like such a shame as I could see glimmers of more, I just couldn't reach it. I actually had to manage my irritation a little but in this particular interview as, being at the end of the analysis of 11 other interviews I could see the potential to obtain some rich corroborating data. This demonstrates my own biases a little here, which I remained acutely aware of throughout the interview, in which my preconceived knowledge of the existing data set was infiltrating my information gathering. However as I ensured my questioning followed the interview schedule and I was sure to avoid any questions which reflected the thematic analysis already conducted. I resigned myself to settling for a narrative which was authentic and uncontaminated by my own agenda. The participant did provide information which corroborated the findings of the first 11 participant, illustrating that despite gender and nature of work, the same motivation themes were reflected across all participants.

| Identification | Screening | Eligibility | Included |

Records identified through database searching
(n = 210)

Additional records identified through other sources
(n = 157)

Records after duplicates removed
(n = 161)

Records screened
(n = 161)

Records excluded
(n = 118)

Full-text articles assessed for eligibility
(n = 43)

Full-text articles excluded, with reasons
(n = 15)
- Were not peer reviewed (n = 4)
- Did not address the three components of the research question adverse childhood experiences, vocation choice, and helping vocations. (n = 10)
- Could not access the full text (n =1)

Studies included in qualitative synthesis
(n = 28)

APPENDIX D: PRISMA FLOW CHART -SECOND RESERCHER (TRIANGULATION)

APPENDIX E: CODING PROCESS AND THEMATIC BREAKDOWN

First Order Themes	Second Order Themes	Third Order Themes
Participants experienced loss at a young age, as-well-as periods of loneliness and deprivation. Participants described feeling abandoned and rejected. Several participants had experienced parentification. A perceived or genuine lack of relational intimacy was common for all participants. They were often a confidante or counsellor for others.	Child Abuse and Neglect Relational Disruptions Childhood carer role Childhood counsellor role Altruism Empathy Skills and talents Loss Service user	Family of Origin Dysfunction Parentification Individual traits and characteristics Experiential motivations
Childcare professionals were found to be carers for others in childhood (sometimes by choice but often by force) as well as receivers of optimal and non-optimal care. Childcare employees were motivated to care by positive and adverse experiences. Childcare employees that felt rejected, uncared for and unloved wanted to prevent others feeling the same. Early adverse experiences enabled carers to believe they could empathise, relate and build resilience in traumatised children.	Rescuing or saving others Redemptive/Remedial/ Narcissistic injury	
Clinical psychology students reported significantly greater levels of family dysfunction, emotional abuse, and		

conflict than all other groups. They also reported higher rates of sexual abuse and physical abuse than the other groups, but they did not reach the level of significance. Results of the study support the relationship between family dysfunction and career choice.		
The study showed that aspiring to obtain work in private practice was directly related to increased subscale scores for Desire to be a Therapist, Personal and Family Experiences, and Prestige. Personal experiences of the students were interwoven with career aspirations Furthermore, students demonstrated a close alignment o values of Social Change and Social Justice.		
Data clearly demonstrated that traumatic factors in earl life is associated with selection of a social work career. MSW students Significant differences were found between MSW and business students in the prevalence of trauma histories. The MSW group experienced significantly more traumatic events before the age of 21, including physical, sexual and emotional abuse; a caregiver with a substance abuse problem; a caregiver with chronic mental or physical illness; and death of a family member. Parentified children showed a tendency to migrate into helping professions.		

The study determined that social workers chose this vocation due to familial existential experiences that were emotionally challenging and that sharpened their ability to empathise with others adversities. The second determinant was being raised in a familial environment that instilled the values of caring for others and those in distress. A third common theme associated with entering this vocation was parentification.		
Prior exposure to social work greatly influences the decision to enter the professions. The majority of social work students (63%) had prior exposure to the profession through either an acquaintance, or professional, or therapeutic encounter. Prior access to or usage of a social work service due to personal adversity was significantly more probable for the social work group. In addition, being a mature age social work student and having a friend or colleague in the social work vocation was significantly more likely.		
Care from mothers for counselling psychology students was significantly lower than the arts students. However, scores for self-efficacy with respect to		

caring for others were higher. A lack of paternal care corresponded with high parentification scores for both groups. A lack of maternal care for females was associated with increased parentification in females. Whereas, better care from mothers led to increased parentification scores for males Parentification experiences are more likely to be identified in individuals training as counselling psychologists as these experiences motivate people in two ways. They possess skills, developed through their parentification, necessary in the professions. Secondly their role as therapist offers a remedial opportunity to deal with their own distress vicariously through their clients.		
Social workers perceived more extreme views (presumed greater hardship) of their family and therapeutic disciplines experience more hardship in families of origin than non-therapeutic groups. Parents were influential in the choice of career with mothers significantly influencing career in therapeutic discipline. .		
Psychotherapist reported greater incidence of childhood adversity (sexual and physical abuse, parentification, a parent with psychiatric history, the loss of		

a caregiver, brother or sister, or caregiver with alcoholism) compared to other professionals. Other professionals experienced significantly more work-related emotional distress.		
Study 1, suggested an inverse correlation between composite scores on the ACEs and PSM (public service motivation) questionnaires. Motivation for creating policies had a significant inverse correlation with ACEs. The subscales for abuse correlated with a significant decrease in the compassion subscale of the PSM. Sexual abuse had a significant inverse relationship with the total PSM score. Civic duty and the compassion subscale also correlated negatively with abuse at the significance level of 10%. Study 2, showed evidence with respect to short answer responses that an in increase in ACEs was associated with a distrust in systems. However Extreme levels of ACES, (those resulting from multiple cumulative experiences) resulted in more PSM		
Compared to physicists, psychology students reported significantly more experiences of: parentification, parent absenteeism, caretaking, uncertainty of family members' thoughts and feelings, and negative memories. Psychologists		

reported family health as significantly less healthy and greater incidence of trauma and emotional neglect. The study supports the view that caretaking in vocation is often a coping mechanics for early experiences.		
The study identified several factors that motivated students career choice including: relationship problems in early years and adolescence; emotional disturbances, reparative relational experiences and openness to building relationships. Altruistic motivations were also evident.		
Participants described various factors that motivated them to study psychology including: revealing ones same-sex-attraction; losing friendships; self-esteem challenges; suicide of a parent or sibling, childhood abuse and neglect. These distressing events were linked to empathy and motivation to help others. For some this was an opportunity to be like a role model that helped them, or to provide better help than what was provided to them. The theme of parentification and trying to satisfy unmet needs was not common to this study. Early life distress and adversity was related to career choice for a number of		

the participants. This is contrary to the metaphor of the wounded healer.		
Results suggested that the overall sample was only moderately interested in working with disadvantaged populations. Nurses responses were significantly greater than psychology, education, and special education programmes for working with disadvantaged populations. Whilst Psychology majors' responses were significantly greater than education majors for same. The most significant value for working with disadvantaged populations was autonomy. Prior experiences such as troubled backgrounds; having a caregiver that was a helping professional or teacher; providing help they themselves lacked; and strong relationships was also significant.		
Clinical psychotherapists were significantly more motivated by occupational achievement and prospects; as-well-as resolving personal difficulties. Clinical psychotherapists were also significantly more likely to have experienced personal difficulties; and family problems.		

The clinical psychology cohort reported significantly more experiences of: childhood sexual abuse, neglect/negative home environment childhood trauma and parentification between 14 and 16 years of age, compared to business and non-clinical psychology groups. However, no significant differences between groups were reported for current negative emotions. No evidence of current distress.		
The study signified that social workers had higher rates of mental illness in the family unit than the non-social workers. The findings from the childhood trauma questionnaire signified that social workers experienced more exposure to emotional and sexual abuse, compared to non-social workers.		
The study identified several themes. Firstly, the motives for pursuing work in the field emerged from familial and personal stories of trauma. Secondly working in unfulfilling vocations and inadequacies in their own life, combined with their experiences of individual trauma prompted a move into counselling. For some, experiences of sexual and physical abuse, and parentification lead to pursuing a role in a helping profession. One described their individual philosophy with respect to		

abuse, and their decision to become a social worker. Finally, therapists believed that prior healing and managing their own trauma was a skill they could use to help others.		
The study identified several interrelated themes between the biographical stories of the participants and helping career ambition. All had siblings with intellectual impairments which was associated with caregiving and responsibility within the family unit, perseverance, and conflicting beliefs about the role of providing care. Furthermore, poor experiences with external providers of care led to a motivation and dedication to effecting change in current health service delivery. These factors were particularly salient to a participant that assumed the role of primary caregiver, due to the neglect of extend family and mother's intellectual impairment, she was responsible for her mother and two siblings.		
The study signified that nursing students reported more affirmative responses to: separation from a primary caregiver; chronic psychological or bodily illness of a caregiver or extended family member that resided in the home; sexual abuse, involvement in a major accident, and other major challenge not mentioned.		

The study signified that Social work students reported more affirmative responses to: parents with an unhappy marriage; emotional challenges; problems with alcohol and other drug addiction in their family of origin; and child abuse and neglect with respect to the comparison group. Significantly more social workers (39%) than non-social workers (14%) reported that these events influenced their vocational choice.		
The results signified that 69% of the sample had exposure to at least one incident of family discord, including mental illness (43%), violence (35%), substance misuse (44%,) sexual and/or gaming addiction (4%). Furthermore, just over half of the sample suggested incidents of family discord influenced their career decision (53.5%). An influential family history also affected the choice of practice area, specifically in mental health/health fields.		
15 participants chose a helping profession as an altruistic endeavour. More than two thirds of the sample engaged in altruistic behaviours. Themes that were identified with respect to the helping professionals sample included: wanting to give back to others the help that they had received; to let others know that they could move forward with the support of someone that understands		

and they can trust; and to help others know they aren't responsible for the things that happened to them.		
The study signified that there was no relationship between violence exposure and choosing a human services vocation. Having increased self-control was significantly related to being a human services professional. Whilst as age increased the chance of being a human service professional decreased. Marriage also significantly decreased the chance of working in human services. Being a human services worker reduced the chance of being victim to partner violence.		
The study indicated a number of themes that influenced career choice including: pursuing a helping career because of discontent with services received as a child; having a positive relationship with a carer; moving from parentified child to helper as a natural progression; ability to relate, empathise and understand; ability to relate and work with same ethnicity; and systemic failure and disappointment.		
The study identified several interrelated themes of psychosocial trauma which included: parental alcoholism, separation of parents, parents that were unavailable, cultural discrimination, and		

violence. The participants also described experiences of parentification and inappropriate responsibility, such as acting as a child counsellor performing a mediation role between parties. Those who reported these later experiences and drew a connection with their career motivation, felt a concern for those neglected and experiencing emotional pain. Further, an overwhelming theme of seeing oneself as an outsider resonated throughout the interviews.		
The results indicated that participants experienced a number of adverse early life events including: emotional challenges (26%), parental marital conflict (17%), severe illness (14%), parent or sibling death (12%), family discord (10%), abuse or neglect (8%), and substance abuse challenges (8%). Results from the interview suggested that having lived through trauma empowered participants to pursue a social work vocation, allowing them to be understand and empathise with others.		

APPENDIX F: CODING TREE

	Name	Files	References
⊟○	Family of Origin Dysfunction	16	31
○	CAN	16	26
○	Relational disruptions	8	15
⊟○	Parentification	7	10
○	Childhood carer role	9	13
○	Childhood counsellor role	3	6
⊟○	Individual Traits and Characteristics	1	1
○	skills and talents	12	24
○	Altruism	7	8
○	Empathy	3	3
⊟○	Experiential Motivations	1	1
○	Remedial redemptive narcissistic injury	12	23
○	Rescuing or saving others	8	20
○	service user	9	13
○	Loss	6	7

APPENDIX G: INTERVIEW SCHEDULE

Participants: Individual who have experienced accumulated childhood abuse or trauma and who feel this experience has influenced (motivated) their career choice

1. Please tell me about your career journey so far.
2. Please tell me about your childhood and the adversity you experienced
3. Do you see your experience as cumulative? Please provide details.
4. What impact did this experience have on you as a child?
5. On you as an adolescent?
6. On you as an adult?
7. Have you experienced any victimisations in adulthood (following your early expletive if abuse)?
8. In what ways do you believe this childhood adversity affected you in a positive way?
9. Can you recall a time when your childhood abuse affected your university studies (to obtain your professional qualifications) ?
10. How do you see the relationship between your childhood and your career journey,
11. How do you feel your childhood adversity affects your ability to do your job (positive and negative)
12. Please tell me about your future career plans.

APPENDIX H: TEMPLATE OF EMERGING HTEMES AND INITIAL NOTATIONS

Participant 1		
Emergent Themes	Original Transcript	Explanatory Comments
	Speaker 1 (00:01): Okay. So you're happy for me to just kick straight off? (00:07): So I guess my first question is to talk to me about your career journey so far. So what do you do and, and what have you done in your career journey up to this point? **Speaker 2 (00:19):** Sure. Um, so I started off doing, um, okay. Yeah. Like, so I went to university for a little bit straight out of high school. Um, but because of lots of things going on in my life at the time and just being young, I wasn't really, um, able to commit to tertiary education at that stage. So I went back to university at, Oh, sorry. And at that age I was looking just to study psychology. So I would go into a bachelor of arts and then was going to get the marks to transfer into psychology. But, um, I dropped out, I think after a semester. And then, um, at around 23, I went back to university to study a bachelor of education. And I did two years of that. Um, and then a friend of mine who I was living with at the time was a social worker and we got, you know, we would talk about things, my experiences and her experiences. **Speaker 2 (01:22):** And I realized that I was probably more drawn to social work than I was to education. Um, and I could see that as well in the classroom with the things that were coming out, some of the issues that the children were experiencing with their families and things like that. And it was kind of more focused on that then actually the education part of it. So I transferred into bachelor of social work. Um, and I was quite lucky. I got really great credit points, um, drawn across. So I ended up doing a bachelor of social work and then	Started in psychology, dropped out initial attempt at uni returned to do education, changed to social work, after hearing more about social work from peer. **Drawn to social work** **Unconsciously more focused on social issues than teaching**
Unconscious Motivations		

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APPENDIX I: TEMPLATE OF ANALYSIS FROM TRANSCRIPT, TO THEME, TO SUPERORDINATE THEME

Superordinate theme	Themes	Extracts from Transcripts	Page/line number of transcript (eg. 1.2)
Nature of trauma	Chronicity		
	Multi-type/Poly-victimisation/revictimisation		
	Intra-familial trauma compounded community adversity		
	Multifinality		
Meaning of trauma (meaning making)	Meaning making from vocation choice		
	Remedial experiences through career		
	Professional Learning as remedial growth		
Value of trauma (use of trauma)	Using lived experience to help others navigate adversity		
	Lived experience as a valid knowledge base		

	Lived experience as a Service User		
Ownership of trauma (power, confidence)	Lived experiences as power		
	Confidence through skilled helping		
Unconscious influences of trauma (didn't realise)	Relational and social influences		
	led by the heart, emotive motivations		
	Lived experience as a unconscious motivator for career choice		
Identity conclusions of trauma (self)	Goodness of fit		
	Vocation, calling, where 'need' to be.		
	Child as a mediator/counsellor or carer		
	Shame and guilt		
	growth of self		
	Impact of cumulative trauma on sense of self/ self -worth		
	Identify formation		

	Career developed sense of value and self worth		
	Perception sensitive/perception creating/perception preserving		
Adaptability of trauma (skills, traits)	Alignment of Interests and skills		
	insight		
	Advocacy		
	Capacity to Endure		

Example of Analysis Process from Data

Superordinate theme	Themes	Key words from extract	Page number
Nature of trauma	Chronicity	Lots of .... *those were things that my childhood and in lots of ways, and then there was also lots of, um, I guess, elements of violence, which vary quite a bit from kind of quite, you know, constantly being fearful and walking around on eggshells because not really being sure what would set him off either really struggle with anger in many ways.*	p.4
		It was chronic and it changed, it changed over time has kind of, we changed as the family changed. Um, but it was definitely something that built and built towards something. And I mean, what it built towards in many ways, like a complete breakdown of our family	5
	Multi-type/Poly-victimisation/re-victimisation	*Um, so yeah, my father, like my father struggled with, um, alcohol abuse. He was, uh, an alcoholic, um, and also struggled a lot with mental illness. So, um, anxiety and depression.*	p.4
		Um, and then also, yeah, explosions of violence that would be, that would different for everyone.	
		I think often it's lots of small moments, um, of lack of safety or fear, um, anxiety worry, or like many observations that I guess perhaps being pieced together to form, uh, certain beliefs or certain lenses through which I view the world, um, and potentially, you know, have an impact act on relationships, um, with, with different people way I see different people	5
		singular experience as an adult, um, which was a sexual assault. Um, yeah, that was probably the only one that I can think of, like, as an experience of, of victimization, like I've experienced other of the, I guess what you might call sort of trauma, um, which, you know, with more common trauma that people experience like the	9

APPENDIX J: BREAKDOWN OF THEMES

Master table of themes for participant group	
Theme/Super-ordinate theme	Page
A. Nature of Trauma	
Chronicity	
Participant 1(excerpt)	
It was chronic and it changed, it changed over time has kind of, we changed as the family changed. Um, but it was definitely something that built and built towards something. And I mean, what it built towards in many ways, like a complete breakdown of our family	5
Participant 2(excerpt)	2
I've had lots of diverse traumatic experiences	
Participant 3(excerpt)	7/12
So, um, there was, you know, fighting conflict, drugs, alcohol, um, pretty seedy sexual shit as a kid. Um, ongoing always…always feeling displaced, unwanted, um, awkward self-conscious, um, and really, really anxious.	
Participant 4(excerpt)	16
Cause it all links up. Well, I was number seven in the family when my mum and dad were together and mum's a white person, she's English, dad's Maori. And when they were together, um, because he came back from the war with post traumatic stress, then he was drinking all that sort of stuff. Cause you know, he was in the Maori battalion and all of that. So that led to a lot of trauma in that generation. But, um, it was pretty significant near the end.	

	25
And I just turned around to her and I said, well, she [mother]put my best coat on and put me on a table for a small sport for paedophiles.	
Whilst the participant refers to abuse throughout, the severity is only disclosed in snippets. These allude to horrific and chronic cumulative harm that is not divulged in detail. Worth noting the severity alluded to here.	
Participant 5(excerpt)	2
I mean, the reality for me is, um, there's a lot, I don't know about what the events. Um, because, um, and there was some other trauma, you know, like, you know, at three years old I was diagnosed with a, um, a congenital hip deformity. So I was in hospital, um, in and out of hospital. And that went on for quite some time	5
You know, so it didn't do that. But I mean, I've come to terms with the fact that my parents were completely useless	26
Cause see the question I'm left with really at this point in my life is, um, you know, given the adversity, the constant adversity of, of the impact of this, there's no clear, um, pathway for me about who would help me	18
Participant 6(excerpt)	
So and so all through childhood, um, my father was a violent alcoholic. Um, and um, I witnessed a lot, I witnessed physical, verbal, emotional sexual, financial, social abuse.	20
Oh, forgot, I was molested by him when I was under eight. He used to take me into his bed on a Sunday afternoon.	33
That is exactly what childhood trauma is. Invisible illness. Exactly. Absolutely. Just all rolled into it.	7
Participant 7(excerpt)	

More than cumulative really. Yeah. If there's another word that embedded from day one sort of thing.	5
Participant 8(excerpt)	
My grandmother who was my father's mother actually said once, neither of your parents should have been allowed to have children, it was Amen to that.	6
You don't have any reference point. And that's why there is that. So there's the trauma of being neglected or mistreated or abused, but then there's that additional thing, like I said, at that moment of, Oh shit, people aren't all like this, this is something and that's, it reinforces that there's something wrong me. So for me, my earliest memories of **our trauma**. So, you know, you have the 16 years worth of it that ,it's not just that, it's the retraumatizing.	5
Participant 9(excerpt)	
Well parenting practices that were a reflection of not only the, not only being overwhelmed by the number of children you had, nor the rest of it, but I think just their profound interpersonal dysfunction	5
….just the remorseless negativity of our home situation	7
… It was terrible. It was always terrible.	
Participant 10(excerpt)	
In a small country town, being the poorest family and living sort of on the poverty line, here's my parents' inability to manage money or they had no maturity around, um, income and expenditure. Um, we were sort of the, um, the talked about component of the town and as well as that, there was so many children and then there were even more	2
	3

children, um, that basic baseline adversity of knowing that you're the one component of the whole town that doesn't fit in.	
um, working out compounding effects of life experiences and, and compounding abilities to cope and, and um, maladaptive coping strategies.	3
	5
Cause that was just a way of life. And that was sort of, um, incorporated into how we do things that was mom's way of just to keep the family functioning. Everybody has a job and as well as your job, you've got your way that you get around dad without making anything.	
Participant 11(excerpt)	16
I have a history of childhood sexual abuse from my, my, throughout my whole childhood where, um, with my biological father. Um, so that, I guess I'm thinking cumulative harm will get set through repeated traumas, so definitely repeat appearances	
Participant 12(excerpt)	
When I go back, when I think of the injuries of broken bones stitches, you know, by the time I was a teenager, I didn't think I was going to survive to be 21 because I had had so many stitches	5
	5
Multitype/poly-victimisation/re-victimisation	
Participant 1(excerpt)	
	4

I think often it's lots of small moments, um, of lack of safety or fear, um, anxiety worry, or like many observations that I guess perhaps being pieced together to form, uh, certain beliefs or certain lenses through which I view the world, um, and potentially, you know, have an impact act on relationships, um, with, with different people way I see different people	3
Participant 2(excerpt)	18
There would have been a bit of parental abuse, what is another word, there was sadness, financial hardship and alcoholism	
Participant 3(excerpt)	
There was lots of conflict, lots of fighting, lots of confrontation where I was exposed to things would definitely not appropriate for a small child to hear and read and discuss that sort of resulted in lots of animosity between my dad and my sister, which has never ended	7
Participant 5(excerpt)	4
I recall very clearly being in a cot and no one being in that house, I was on my own. And I could remember the sound of silence. Yeah. Um, it was deafening, it was quite deafening,	
Participant 6(excerpt)	3
Um, yeah, so the trauma continued well into adulthood.	
Participant 8(excerpt)	
So, you know, like it's like the system perpetuates that and it, and it adds to it, you know? So you've got your initial abuse and then the system just accumulates you accumulate more and more and more. Systemic rather than Interpersonal	5
Participant 9(excerpt)	8

.., I don't think I understood it properly as a child, but like, um, both my parents were people from, um, you know, profoundly influenced, negatively influenced backgrounds. (*Intergenerational trauma*)	
Participant 10(excerpt)	18-19
between the, the sexual assault, the house fire, which, um, the house was gutted and rebuilt, actually under insurance, um, and then going bankrupt, there were three very large events that really are living in, in dysfunctionality.	
Participant 11(excerpt)	
And a level of, not as much, not so much physical violence, but, but certainly the alcoholism and the threats and the fear, guns and knives and things like that	
Participant 12(excerpt)	
it wasn't a comfortable upbringing because, um, there's perdition, uh, there was exploitation, um, uh, there was, uh, abuse, uh, some days we would leave home and not come back for full fear, um, of physical, verbal, sexual abuse	4
Intra-familial trauma compounded community adversity	
Participant 3(excerpt)	3
So yeah, that's where I think it stemmed from like I was surrounded by conflict, but at the same time, around that time, and again, my timelines are really, really messy. Um, there was lots of external stuff that was happening sort of within the town that I live. So one of the houses, mom and us kids moved to was next door to a man that was in a violent relationship with his wife and her children. And he was the scout master and sexually assaulted her kids and lots of other kids. Yeah. But I came to live with us. So there was lots of court case talk and lots of trauma talk and,	

and assault conversations. And I guess thought, I felt like I was just always around people that were in pain, um, in a way.	10
Participant 5(excerpt)	
Um, but in that, you know, the, the thing about the homes that I recall anyway is the absence of connection.	20
(Institutional/ Out of home care)	
Participant 9(excerpt)	
I went to a Saint Vincent DePaul school for that. It was the kids, you know, poor area or, um, more well, which is still, uh, you know, massively, um, disproportionately disadvantage place.	
Multifinality	
Participant 1(excerpt)	
I do feel like it had an effect on us all differently. Yeah.	
Participant 3(excerpt)	
Siblings didn't fair as well	
Participant 7(excerpt)	
Like, yeah. But she was just, I don't know, you know, and I know we've had, we've had different experiences because of our ages and stuff that we have had different experiences about, of our upbringing.	
Participant 9(excerpt)	
if there was a hole dug at your backyard and you all fell into it, some people just from the angle of gonna break their leg, other people hardly bruised and what have you. And um, I think that's sort of how we make sense about experience	

B. Meaning of Trauma	
Meaning making from vocational choice	
Participant 1(excerpt)	
I'm really curious about, uh, people's behaviour. Um, and I really enjoy engaging in the kind of work that, that social work leads me to like, um, I have a lot of huge interest in, in yeah. In mental health and in drug and alcohol work in domestic violence and all those things, I guess I experienced as a young person.	8
And so because of, I guess, that curiosity and interest about my own narrative and how that kind of can be shaped and changed and used to my advantage or my disadvantage. Um, yeah, I'm really interested in, in working with people and, and I guess supporting them to do the same to kind of analysis….	23
Participant 4	
So then I did the uni stuff and that was really challenging but I majored in sociology and psychology and sociology, which I love opened up, all the sudden I understood my life. I thought that was me*.*	7
Participant 5	
I don't, until I've read this neuroscience stuff, I don't think I had the capacity to understand the degree to which I had been impacted.	14
Um, you know, that neuroscience [used in career] now clicks, you know,	
Remedial Experience through career choice	
Participant 1	
an adult, I guess, different elements of my childhood experience were unpacked at different times. Like, um, you know, as, as informed adult relationships and attachment to a partner, then you kind of, and as you kind of learn	23

these things as well in social work, then you kind of triggered to examine your own attachment style and, and things like that. And so I do kind	11
Participant 3	
when I worked at the rehab just for the sheer fact that I was exposed to so much, um, discussion and learning and, and you know, that whole, that whole place is all about growth and healing and, and just to be around those conversations and, you know, there's different ways of living just over here and people talk about it. You just, you, you start to really process it yourself, but that was a huge shift for me as well. That was a really supportive environment where I felt, I felt accepted for who I was.	24
Participant 5	
All I know is I really do want to finish my accreditation and I no longer know whether I want to use it now. It's just, I don't want it to defeat me. And I don't want my anxiety to get the better of me because if I give this up now, then, then I'll just, I've just allowed it to win. And that's not what I've been trying to do. Um, if you do that, then what's the next thing that'll go. I'm trying to maintain my ground I guess.	21
Participant 12	
Oh, I think so. Um, remedial even towards cathartic,	17
Professional Learning as remedial growth	
Participant 1	13
all of a sudden, I was seeing so much of my own experience.. Yeah. I would have definitely been thinking about it in the classroom as well. Learning about domestic violence, uh, learning about, um, you know, alcohol abuse and about mental illness	24
Participant 2	

What I saw myself in the bachelor of social work/social sciences really about reflecting on my own journey and what I've seen is that my master's in social work has been really about how do I put that into practice? How do I apply that to others.	22
Participant 4	
In a way kind of, everything I'm doing is to make sense of all of this stuff for me. But in doing that, I can help others.	14
Participant 7	
And so definitely I guess, stuck about depression, um, you know, trauma and depression and there is elements where it's that personal interest as well, personal knowledge as well as, um, stuff for practice as well.	
Participant 8	
my supervisor always says that one of the impacts for me is the sense of, I don't know enough, I've got to keep studying. Like, I've got five degrees now, and I've just enrolled in graduate certificate of forensic psychology, which should be interesting. But I suppose it can be stressful for me cause I'm always doing extra courses and, and, and stuff. Yeah. But it means that I've got a lot of knowledge, but I'm not as confident	16
Participant 10	
The fact that I learned something and I guess, you know, from being made to feel powerless, one of the coping strategies for me is to do things that make me feel powerful and learning, um, makes me feel powerful. The process of acquiring new knowledge and then the transference of that knowledge into some kind of clinical skill. It makes me feel like I've beat the people, that took my power, even a hundred years later, I can still get a feeling of power out of it.	18
Participant 11	

And so all of these things that the formal learning and the formal training, formal experience of therapeutic stuff, my own sort of reflection on my stuff, as well as the daily work, I guess I was just getting an, I overlaid that about learning very quickly about what all this might mean.	
C. Value of Trauma *Using lived experience to help others navigate adversity* ***Participant 1*** probably I have had a heightened, a heightened motivation to. want to support those people, safety and potentially to, you know, I think about one woman who I, who was, um, I worked with who experienced you sort of regular sexual assaults. I'm really interested in, in working with people and, and I guess supporting them to do the same to kind of analyze their beliefs and the story that, that Mmm. That they carry with them and perhaps can rewrite if they want to. ***Participant 2*** It's an interesting thing that we get to this place and go, well, what made you think that you could be of assistance to other people? …being able to share a testimony or share the hope that like myself, there is a possibility that people can utilise skills and have opportunities to move forward is a really powerful thing, ***Participant 3*** I'm interested in, you know, supporting people and encouraging people to sort of navigate their way through difficulties in their life. Um, the experiences that I've had a hundred percent have helped me to be more insightful. They've definitely, um, help me not to be judgmental of people.	13 23 2 8

Participant 4	14
all that stuff helps me make sense of my life. And I guess in a way saying, well, you know what, I can turn these things into something that's useful cause I have experienced it from that side.	
Participant 5	1
Undertaking social work was because of the trauma I experienced as a child. And I, the reason behind that was, um, oh, I didn't. I thought if intervention could happen sooner. Then people wouldn't suffer as much particularly children.	25
Participant 6	
I needed to do something with this to make it worth while to make my journey mean something	14
Participant 8	
Yeah. So I think it's that, you know, I think it was Rumi in one of his poems. He says nothing is wasted, you know, and everything in your life has formed where you're at.	
Participant 9	2
And, you know, I managed that, but, um, my passion is about, um, keeping siblings together and out of home care. Um, so yeah, the, um, uh, an overview for all these, well, I come from a really large sibling group and I've got seven sisters and two brothers and, um, uh, you know, they've been the light of my life and they were the inspiration for my, um, my doctoral thesis. And, um, uh, yes, so, uh, with varying degrees in various States and parts of the world, trying to persuade people to, um, care enough that, that, that, you know, understand that sibling attachment can be as important or more important than attachment to parents. The kids who've been abused. That's, you know, my real passion.	
Participant 10	15

Um, I feel like my life experiences give me an advantage in that I can, and that if we can, you know, support that person to not end up in substance use, then it's a positive for everybody	22
Lived experience as a valid knowledge base	
Participant 1	
because of my, my experiences throughout childhood and, and I guess yeah, through my own reflection on those and my own, um, sort of engagement in counseling and psychology to kind of unpack that I, I can, yeah. I feel aware about how people's stories impact them and who they become.	10
Participant 3	
but I think my experience helped me get the job in terms of just, I already had exposure to that stuff. I knew the processes of rehabs that actually dropped my brother at that particular rehab early on. I had, I guess, an insight which helped me get and keep the job. Yep.	12
	31
…that's impacted my career choice because I thought, you know what? I have got something to offer. I am, I can sort of branch out and be good at something I am, I am capable.	29
Yeah. So my experiences gave me the confidence. Well, I believe that I was good enough because I'd had those experiences, so yeah.	19
Participant 4	

DV, neglect, rife for sexual and physical abuse. Given those six. So we're very much aware of all those interconnecting factors, which I think informs that work.	21
Participant 5	
Oh, look, there's not a, I would say the only reason why I'm a benefit is because of my trauma and what I've done to work through it. I would be as useless as tits on a bull if I'd just had the trauma history.	7
Participant 7	15
Like I still have that and have want to help people and get them to move forward. And I get, I mean, it is about using my own experience, my own trauma, my own processing bringing that into my practice and knowledge of the human condition?	17
Participant 10	
…um, I have a lot, I feel I have a lot of buckets. I can draw on, um, in my clinical work. And I really take that as a strength and a positive…	24
Participant 11	
I didn't think were as good at the job as, as some other people who had more life experiences or not necessarily harmful ones, but just some more life experiences.	
So I didn't feel particularly well prepared to do this job. Um, which was the other reason I sort of thought, well, at least my experience was slightly helpful, but I have to be careful that that's not in a bad way.	7
Participant 12	
And I can talk, uh, talk with these very experienced people. Not because I've read all the papers I've ever written, but because I've got these, this board experience. So, uh, and you know, good, bad and the ugly.	5

Lived experience as a Service User	8
Participant 1	
I went and saw a psychologist for probably six months to a year and was on anti antidepressants for about six months. Um, and yeah, but those skills that I was given particularly in psychology really helped me to come that the other end of that	
Participant 4	
I was clueless, but I remember we used to have these little chats and the social worker would come and just chat with me and, and, um, she was so lovely. And I said to her one day, you know, I wish I could do like what you do….. And that planted a seed.	
Participant 5	
So really, you know, what do I do now after all this time is, is because of what she did and that's what I want to offer.	
D. Unconscious Influences of Trauma	
Relational and social influences	
Participant 1	
that need to be appeasing all the time and keep the peace. Uh, so probably for the first year of my social work career, I probably wasn't able to say no to anyone. And I was running around, I was people's taxi drivers and, you know, doing everything for everyone, burning myself out completely.	12
Participant 3	
And then I've only noticed recently, which was a bit tough to realize is when the workplace relationships get too close. I just, I don't, I don't like it. I like to have, I've got, I've always had friends at work. Always. I make friends at	

work super easily, no dramas, but a lot to keep it a bit separate. Yep. And then after about 18 months, two years, like people, people want more and I don't like that.	21
yeah. Story my life. I don't, I love having mates. Mmm. But I've got my close friends. I'm good. Um, and I just, yeah, I dunno. I just feel like it's too much, it's suffocating in a workplace. That's enough as it is. And then the next layer to friendships and sharing your life and blending you, you know, I'm blending all the different worlds. I've always really struggled with that. I've always found it incredibly difficult to merge my worlds, whether it was my friends from boarding school, with my friends, from home, or, you know, I've always compartmentalized things. It's a bit of a controlling anxiety driven sort of behaviour, which I know isn't great, but it's there.	22
Participant 5	
The biggest, biggest difficulty I've had in my working life as a social worker has not been the client. It's, it's been the other, um, professionals that I've worked with and felt really disillusioned by the lack of our capacity to collaborate and cooperate	15
And so that relational capacity is really the, you know, being damaged or challenged. And you know, to the point now, I think I'd feel exhausted by that type. It creates so much anxiety for me. Cause the other thing is like being in a home, you know, when they're, when I was working with the psychiatrist, she said to me, you haven't been socialized	
ideally I was thinking I would really like to go into private practice because I can, you know, there's positives and negatives, but I would like to do that. Um because it allows me to work on my own. I don't have to get caught up in that other stuff.	23
Participant 9	11
I wonder what sort of person I would have been if I'd felt loved and supported, um, by a parent. But on the other hand, I had a unique experience of being, you know, loved and, um, uh, depended upon by my siblings. That was	2

really, um, important and restorative and I think has protected me against some of the life consequences that a lot of people who've had a history of abuse.	
my passion India is about, um, keeping siblings together and out of home care	
	2
Emotive motivations	3
Participant 1	
I'd always been really interested in mental health and I'm quite passionate about it.	28
Like even in high school, I was selected to do like a one day psychology course when I was in year 11. Um, as I was really passionate and I think probably we got good marks, um, in high school and, um, they were always my favourite subjects at university as well.	8
Participant 3	2
Led by the heart ack to the other job	
I knew, and you are sort of led by the heart…I know that I am more heart based.	11
Participant 7	
I am going to save all those women....that was still my kind of passion and my interest .	
Participant 10	
I guess I realised early on, this is a field where I am not going to get bored and walk away, this is where the passion is.	8
Unconscious influences of trauma	24
Participant 2	
	11

Now, looking at it, isn't it funny where I ended up and you're reinforcing it. It's interesting….I think my whole life has been, definitely a reason why I've chosen it [career].	
Participant 6	
Now I understand why I went into it. Um, so it was subconscious subconsciously being drawn into it. You know, it led into it, drawn into it. I was going to say spiritual guidance.	12
Participant 7	
Was it a conscious decision initially? I mean, even I look back and I go, wow. I was 17 at, at uni. How did I end up doing gender studies like that, like, you know, is really quite blindsided, **but in, yeah, looking at that lens of kind of working through my own trauma staff or trying to get another sense of the world or like, it makes complete sense, um, to me.**	24
I think **the gender dynamics of like mum and dad, I** think again, subconsciously, um, I think that initially like that going somehow ending up in gender studies, wanting to save women, like I think that that gendered stuff of DV and, and emotional like abuse, all that**. I think that was the driver subconsciously completely subconsciously**. Um and which, yeah. Then, then I guess wanting to save women, it was, you know, um, yeah. It's still that driver about women as victims, women being stuck. Um. Yeah. Which, um, I hadn't conscious….	
Participant 11	
I feel like I happened into it by accident. I certainly stayed because I felt that I could contribute and, or have something, you know. I feel like I happened into it by accident. I certainly stayed because I felt that I could contribute and, or have something, you know (P11).	
E. Identity Conclusions of Trauma	

Impact of trauma on self worth/self concept *Shame and guilt* *Perception - perception sensitive/perception creating/perception preserving* *Identity formation* *Child as a counsellor/mediator* *Career developed a sense of value and self worth* *Growth of self*	
Adaptability of Trauma *Alignment of interests and skills*	

Participant 1 Yeah, look, I think, I think, I think quite like it impacted my, my choice of career quite a lot, because I think, um, I'm a highly empathic kind of person. I experienced a lot of empathy and compassion . **Participant 2** I think that it developed resilience, it developed empathy, ability, strengthened up my lens in regards to how I saw the world and how people treated other people .	7
Participant 3 Um, the experiences that I've had a hundred percent have helped me to be more insightful. They've definitely, um, help me not to be judgmental of people. Like I think because I've been exposed to different things and different lifestyles and different decisions just through my parents and my siblings alone, let alone just me. I'm not, when I went to the rehab, for example, I didnt judge people that were there, the addicts, like, it just didn't occur to me that, you know, I should judge them or talk to them or about them like shit, which a lot of people do. **Participant 8** I'm able to relate to people differently, you know, like I don't take on their stuff and I feel like, um, you know, I can make a difference because I can have empathy from where they're, where they're at and how they feeling, especially if they feel like, you know, the issues with self-worth or whatever .	8
Participant 11 you certainly have the level of empathy that's needed in being able to get rapport and build relationships and work with people. Of course it's not good or lucky that I had that experience, but in one way, always doing something useful with it, at least, um, because it did help.	13

	15
Insight	
Participant 1	
And I guess, because I've, you know, I've experienced my own, you know, lots of things that then I work with people who, and then also experiencing that like self harm or like using alcohol and, and, you know, high risk behaviours. You know, I also, I guess have a belief that people are capable of change that if they want to, they can change and they deserve to have the support and opportunities to do so .	11
Participant 3	
I was just more insightful and compassionate and caring, but also over time, I've really learned about professional boundaries and the importance, those, and that's impacted my career choice because I thought, you know what? I have got something to offer .	12
Participant 4	
And I can talk about it because it's not happening now. I've done all of that work, but at the same time, um, it makes me vigilant for others and in my job and um, it's very statutory what we do. So I'm going to get it right because if I don't, then I'm jeopardizing those children.	23
Participant 5	
That's all I'm using. You know, her questioning to me, now I use. Um, you know, my adversity and yes, this is not for the fainthearted comes from my experience. Understanding anger is because of my own rage and my own anger asking, oh, you know, what's happening when, when you did that comes from my experience with that therapist	20

Participant 6

Having the insights and understanding that you need, you're not happy with certain elements of yourself. You listen to feedback and take it on board and decide if you want to keep it.

Participant 8

I think career in terms of career choices and that sort of long progression I've, I think I've got, I'm able to relate to people differently, you know, like I don't take on their stuff and I feel like, um, you know, I can make a difference because I can have empathy from where they're, where they're at and how they feeling, especially if they feel like, you know, the issues with self-worth or whatever.

Advocacy

Participant 2

So I was very much about equality…. So I've always sort of had that little bit, you know, things aren't always fair and people have to stand up and make a difference to the way people perceive people that are less fortunate or don't have what we have (P2).

Participant 4

And I want to know what it is now. You know I will escalate it till I know and then I will back off and I will go from there to there and is there something happening for this child because I need to know.

It was about being excluded and being bullied by others and not having the confidence to, you know, like now, yeah, it's never going to happen. I could always stand up for others. I just couldn't stand up [for myself].

Participant 8

16

13

4

22

So, and I suppose part of it too was, you know, when I was a kid, I was always a bit of a crusader for, you know, the environment or whatever. And, and I suppose I've put a bit of my crusader hat on with this, you know, this is disgusting and we have to talk about it.	11
Participant 9	
I think we held it [sense of justice] long before that. And it was our sense of why did, why did no one ever come to help us? Why did all the other people who must have known what our experience was? Why did no one come to help us and how much we had thought that, you know, wish there was some justice for us?…not only is there a strong sense of advocacy, although my sister and I, the sister who works in child protection, we have got all sorts of ways. I think psychologically that we work around this, there is also a strong sense that whoever did wrong to those kids is going to pay (P9).	17
Participant 10	
I started to realize were actually a clinical skill that I could keep improving on throughout my work. And B are easily translatable to other people or transferable to other people, um, the advocacy for other people and the building of community as well. I'm still, um, blown away almost every day by somebody else's own aha moment. Somebody else's own building of their own strength or seeing somebody else get themselves to a place where then they can start advocating for somebody else (P10).	11
Capacity to Endure **Participant 2**	9

It was huge in terms of how am I going to pull myself out of this one, you know, we did and both children are doing really well. It had a great effect in the way I made decisions, the way I saw the world, the way I push forward in terms of trying to change the mould or the mindset	
I think that it developed resilience, it developed empathy, ability, strengthened up my lens in regards to how I saw the world and how people treated other people.	34
Participant 4	19
I remember reading a meme about something and it said, you know, I was born to do hard things and I thought that's me. I was born to do hard things (P4).	
Participant 5	4
Um, yeah. That's why I can, you know, acknowledge how difficult it is for people, not this isn't for the faint hearted. Um, but, but, but you can do it. Um, and I know that these things work and I know that you need the combination of them and you've got to find what suits you. I know that. Um, so I do like to encourage people not to give up, even though it seems insurmountable, um, about it, but it's not for the faint hearted, but it's doable.	18
That's all I'm using. You know, her questioning to me, now I use. Um, you know, my adversity and yes, this is not for the fainthearted comes from my experience.	
Participant 10	
I think the compounding is using the strength that had already come out the other side of something as a building block for the next incident, instead of starting at the ground again, couple of blocks up, cause I've already got proof	

that I'm going to come out the other side. I don't have to go through those first few steps again. I dunno if that's just what I tell myself, but, um, yeah, a compound as well as compounding them negative things. I guess I learned early on, I could also compound the positives (P10).

Participant 12

It made it very, very hard. So when we talk about a cumulative stress, I think it's not the criminal cumulation. Right. But it's the dispersion, right? If your accumulation rate is high and remains high, you'll burn out and to come heal, unless somewhere there is you can up your dispersion. Right

APPENDIX K: BIOGRAPHIES OF CONTENT EXPERT PANELISTS

Dr Chris Goddard

Dr Chris Goddard has worked extensively in social services in the UK and child protection in Australia. His research career started in the child protection team at the Royal Children's Hospital, Melbourne where he undertook some of the earliest work connecting child abuse and other forms of family violence. His research into child deaths led to a newspaper series and a Four Corners ABC TV investigation into child protection in Victoria. He was Head of the School of Social Work at Monash University from 1998-2007. In 2006 he established the Child Abuse Prevention Research Australia, a joint initiative with the Australian Childhood Foundation and Monash University. As director of Child Abuse Prevention Research Australia at Monash University, Chris Goddard was committed to preventing and reducing child abuse, neglect and murder in Australia. He has published more than 50 Opinion pieces in major Australian newspapers, including *The Age* and *The Australian*, on issues concerning family violence, child abuse, child protection and children's rights, including children in detention centres and abuse in churches. He has also written more than 50 refereed journal articles and many government and non-government reports. Dr Goddard's research and commentary have contributed to policy and legislative change in key areas such as mandatory reporting and child sexual abuse.

Dr Kerryann Walsh

Kerryann Walsh is a Professor in Education at Queensland University of Technology. Kerryann served as an Academic Advisor to the Royal Commission into Institutional Responses to Child Sexual Abuse and completed several research projects including an *Audit of School Policy and Curriculum,* the *Scoping Study for Research into the Prevalence of Child Sexual Abuse, and* reviews underpinning the Principles for Child Safe Organisations. Her research has focused on school-based child sexual abuse prevention, online safety education, mandatory reporting law and policy, and training interventions for mandatory reporters. Evidence from her research has resulted in improvements to school policy and practice and law reform.

Most recently her work has informed worldwide public-private collaboration via the Global Partnership to Prevent Violence Against Children.

Professor Daryl Higgins

Professor Daryl Higgins commenced as the Director of the Institute of Child Protection Studies in February 2017. His research focuses on public health approaches to protecting children, and child-safe organisational strategies. A registered psychologist, Prof Higgins has been researching child abuse impacts and prevention, family violence and family functioning for 25 years. Prior to joining ACU, Prof Higgins was the Deputy Director (Research) at the Australian Institute of Family Studies, where he had responsibility for the research program, knowledge translation and exchange functions focusing on issues affecting families in Australia. Prof Higgins has contributed to over 240 publicationS (including 75 peer-review journal articles) and more than 400 presentations and media engagements. He has extensive experience in managing and supervising research, and has led projects looking at child abuse and neglect, child protection, children in out-of-home care, child-safe organisations, family law and allegations of child abuse, disability and family care, welfare reform, family and interpersonal violence, jobless families, past adoption and forced family separation practices, and community development approaches to child and family welfare issues. He is one of the Chief Investigators in an National Health and Medical Research Council, Project Grant (APP1158750), 2019-2023 (funded amount: $2,311,217.00) to conduct the first national study of child abuse and neglect in Australia: prevalence, health outcomes, and burden of disease. The team of international investigators is led by QUT.

David Steggall

David Steggall is a social worker with ten years experience in the Child Protection System and Child and Youth Mental Health Services across Government and Non-Government sectors. He is currently a lecturer in Human Services at the University of Southern Queensland. David has been to numerous national and international clown workshops, and in 2015 co-wrote and performed a clown show "Dreams Of Bricks". Alongside performing, creating and directing the play-based routines this company produces, David is You Me Three's artistic director.

Krystal Schaffer

Krystal works as a lecturer in the field of human services at the University of Southern Queensland. Prior to this, Krystal spent ten years working in social work services, working extensively with children, young people and families both in frontline service and specialist research and advisory positions. Krystal holds a master's in social work with research dissertation from Griffith University and an undergraduate degree majoring in criminology and sociology from University of Queensland. Krystal also holds qualifications in community services practices examining statutory child protection and client assessment/case management. Krystal is currently pursuing her doctorate in philosophy (PhD) from the University of Southern Queensland and is particularly passionate about research and practice in the context of childhood abuse and neglect.

Simone Collier

Simone is a children's author who resides in south-western Queensland, Australia. She has a professional and personal history that has been focused on children. As
a foster carer for many years, Simone understands the challenges faced living with children with a trauma background. She believes the children of foster carers are the unsung heroes and her love and appreciation of all biological children in foster families is reflected in the characters in her book Jeremy's Changing Family.

APPENDIX L: PILOT SERVEY AND CONTENT EXPERT INSTRUCTIONS

You have been invited to review the following content as an expert in the area of child protection and welfare practice, and as you have specification expertise in the helping professions. A table of topics and proposed survey questions are attached. Please review the questions and assess the following aspects of each question.

- Relevance
- Clarity
- Accuracy (does it obtain target information)
- Suggestions for improvement
- Suggestions of new questions to obtain the target information

The Research Project

The impact of repeated and chronic adverse childhood events, known as cumulative harm, often results in lifelong consequences including complex trauma. Trauma that is experienced early in life, has the potential for life-long negative outcomes across the major domains of personal and social functioning. The significant effects of cumulative harm may influence all aspects of an individual's life course, including relationships, parenting strategies and career decisions. Research identifies many factors motivating individual's decision to enter the helping professions, with an emphasis placed in the desire to make a difference and to use traits they perceive as well aligned with the profession. When considering these career motivators in the context of childhood adversity experienced by helping professionals, research also cautions as to the potential risks of burnout, retraumatisation and vicarious secondary trauma. Research has highlighted a connection between trauma and career choice, however there is a lack of research which pertains specifically to cumulative harm, experienced by helping professionals, in the Australian context.

Helping Professions, in the context of this proposed research study, are defined as those professions which respond to the welfare of individuals and address

challenges in a person's physical, psychological, intellectual, and emotional wellbeing. These professions include, but are not limited to, psychology, nursing, counselling, social work, human services, and education

This research will be undertaken as part of a PhD and aims to: a) examine the lived experience of cumulative harm from the perspective of those who have experienced it first hand; b) investigate the influence of cumulative harm on career choice; and c) develop a scale for the identification and assessment of cumulative harm and its impact.

Please use the attached table to review the proposed survey questions.

Thank you most sincerely, your expertise is invaluable to the progression of this research,

Sincerely,

India Bryce

BED, MGuidCouns, MSW(Forensic)

Lecturer – Human Development, Wellbeing and Counselling

Instructions for review

1) Please read the themes presented in column 1 and 2 of the attached table. Consider the meaning of each theme. It is important to understand the themes being examined before reviewing the questions (column 3). Please contact me of you require any further clarification.

2) Review the questions for each theme (column 3).

3) Assess (using yes or no responses) each question in the theme for relevance, clarity and accuracy (column 4, 5 & 6).

4) Then provide suggestions for improvements (column 7) to any questions in that theme, and also additional (new) questions (Column 8) which you feel address the theme.

5) Please review and respond to each theme before progressing to the next theme. Repeat steps 1-4 for all themes.

Construct Domains	Factors	Item pool					
Superordinate theme	Themes being examined	Questions to obtain target information	Releva nce (yes/no)	Clarity (yes/n o)	Accur acy (yes/n o)	Suggestion for improvement	Suggested new questions
Nature of trauma	Chronicity *This themes relates to the ongoing and repetitive (chronic) nature of the adversity and harm experienced in childhood.*	I have experienced adversity which was ongoing throughout my childhood The harm I experienced in childhood was ongoing and repetitive The dysfunction I experienced in childhood was ongoing and repetitive The disadvantage I experienced in childhood was ongoing and repetitive The adversity I experienced in childhood was ongoing and repetitive					

	Multi-type/Poly-victimisation/revictimisation	I experienced multiple types of adversity, abuse and neglect in childhood					
	Multitype maltreatment refers to experiencing multiple types of abuse, Poly victimisation refers to multiple victimisations in childhood that include more than abuse and neglect, such as bullying, community violence, theft and property crime etc.	I have experienced revictimisation in adulthood I have experienced victimisation in both childhood and adulthood..					

	Revictimization refers to experiencing further abuse as an adult.						
	Intra-familial trauma compounded community adversity *Community disadvantage and adversity, such as poverty, community violence, low socioeconomic status, or community abuse*	The cumulative adversity I experienced was compounded by community disadvantage The adversity in the community I lived in as a child compounded my experience of abuse and neglect My experience of cumulative harm was made worse by the adversity of my community						

	or danger, compounded the experiences of familial adversity and harm.						
	Multifinality *Multifinality literally means "many ends." This refers to siblings having similar cumulative harm experiences yet their outcomes vary.*	My experience of cumulative harm and adversity in childhood had a different impact on me than on my siblings The adversity and abuse in my family had a different impact on my siblings than on me. I sometimes wonder why my experiences affected me less than for my siblings I wonder why my experiences affected me worse than my siblings.						

Meaning of trauma (meaning making)	Meaning making from vocation choice	I chose a career in the helping professions to help me make sense of my childhood abuse experiences			
	Career helps to make sense of cumulative harm experiences.	The career I have chosen helps me to understand my own abuse experiences			
		My career choice helps me make meaning of my cumulative harm experiences			
		My career as a helping professional helps me to comprehend my childhood experiences of cumulative harm.			

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		As a helping professional, I now understand what happened to me as a child.					
	Remedial experiences through career *Career helps to promote healing and contributes to recovery.*	I have experienced healing through my chosen career My chosen career helps me to recover from my childhood cumulative harm and trauma My career choice is like therapy My career as a helping professional has helped me resolve my childhood trauma					
	Professional Learning as remedial growth *Professional knower and skills engaged in and*	The professional learning I undertake in my career aids in my trauma recovery. The professional learning I undertake in my career helps me heal.					

	acquired as part of study for career purposes helps to explain and make sense of cumulative harm and contributes to recovery.	By learning about my work, I am also learning about my cumulative harm experiences I am motivated to learn more about my helping profession so that I can also learn more about my cumulative harm experiences in childhood.					
Value of trauma (use of trauma)	Using lived experience to help others navigate adversity *Using personal experiences to help others with similar traumas.*	My cumulative harm experiences are valuable to my chosen career. I have chosen this career so that I can use my lived experience of cumulative harm to help others navigate adversity. I have chosen this career so that I can use my lived experience of					

		cumulative harm to help others who have suffered childhood trauma. My career choice means my cumulative harm is not wasted. I can use my cumulative harm experience to help others.					
	Lived experience as a valid knowledge base *Lived experiences is a valid and important knowledge foundation for career.*	My lived experience of cumulative harm and childhood adversity gives me a valid knowledge base to enact my work as a helping professional. My cumulative harm experiences make me a better helping professional.					
	Lived experience as a Service User	My lived experiences of being a service client ((e.g., receiving					

	Experience with helping professional with childhood has influenced career choices.	services from a psychologist, social work etc) in childhood has motivated my career choice					
		My interactions with helping professionals in childhood motivated me to choose a helping profession as a career					
		My positive experiences with helping professionals in childhood motivated me to choose a helping profession as a career					
		My negative experiences with helping professionals in childhood motivated me to choose a helping profession as a career					

Unconscious influences of trauma (didn't realise)	Relational and social influences	My lived experience of cumulative harm has impacted me relationally and socially, which has influenced my career choice					
	The ways that cumulative harm has influenced social and relations development and behaviours.	The impact of cumulative harm on my social development has influenced my career choice					
		The impact of cumulative harm on my relationships has influenced my career choice					
	led by the heart, emotive motivations *Career motivations which are emotive*	I believe I was led by the heart to choose my career in the helping professions					
		I felt emotional drawn to this career					

		I feel (rewarded by, satisfied with, completed by or variations) my career as a helping professional					
	Lived experience as an unconscious motivator for career choice *Career choice has been influenced by cumulative harm unconsciously and without deliberate or conscious awareness.*	I have been motivated from within by my lived experience of cumulative harm to choose a career in the helping professions My motivation to enter a helping professions comes from within me. I can see now that my cumulative harm experience influenced my career choice, but I was not aware of it at the time. Looking back, my career choice was unconsciously influenced by my cumulative harm.					

		The influences of cumulative harm on my career choice was unconscious					
		I just know that my motivations to be a helping professional came from somewhere deep inside me					
		I'm not sure where inside of me my desire to be helping professional came from					
Identity conclusions of trauma (self)	Goodness of fit *Well suited to career*	My chosen career is a good fit for me because of my cumulative harm experiences I believe I have chosen a career in the helping professions because it fits with my cumulative harm experiences					

		My cumulative harm experiences make the helping profession a good fit for me as a career.				
	Vocation, calling, where 'need' to be. *Career choice is more of a calling than just a job.*	I see my career choice as a 'calling' I see my career choice as a vocation I feel I need to be in this career				
	Child as a mediator/counsellor or carer *Parentification in childhood in which childhood roles in the family involved counselling, mediating or peacekeeping, or*	My role as counsellor/mediator/peacemaker' in my family in childhood has motivated my career choice My role as 'carer' in my family in childhood has motivated my career choice I feel my peacemaking role in childhood influenced my choice of career choice				

	significant caring responsibilities, has influenced career choice	I feel caring for family members in childhood influenced my career choice.					
	growth of self *There has been personal growth as a result of career choice.*	I have experienced growth of self through my career choices I have changed my career as a result of resolving my cumulative harm As I have resolved my cumulative harm, my career choice has changed as a result As I have resolved my lived experiences of cumulative harm I have felt more drawn to the helping professions					

| | Impact of cumulative trauma on sense of self/ self-worth *Cumulative harm has influenced how you see yourself and how you feel about yourself* | My cumulative harm experiences have influenced my sense of who I am as a person My cumulative harm experiences have influenced my sense of self worth   The impact of cumulative harm on my self worth has influenced my career choice   The impact of cumulative harm on my self worth has influenced my career progression | | | | | |
| | Identify formation *The way in which a sense of identity* | The cumulative harm experiences has shaped my identity My sense of identity has influenced my career choice | | | | | |

	has been constructed						
	Career developed sense of value and self worth *Career has contributed to personal sense of identify and self worth.*	My career choice has helped me to develop a sense of value My career choice has helped me to develop a sense of self worth					
	Perception sensitive/perception creating/perception preserving *Development of how you see yourself, how you*	Cumulative harm has affected my perception of my self Cumulative harm has affected my perception of others Cumulative harm has affected my perception of the world around me					

	feel others see you, and how you want the world to see you.	My perception of the world has influenced my career choice I feel others perceptions of me during childhood contributed to my trauma Other's perceptions of me affect me greatly					
Adaptability of trauma (skills, traits)	Alignment of Interests and skills *Skills and traits of an individual which are well suited to the career choice in the helping professions*	My career choice aligns well with who I am as a person I have developed a set of traits as a result of my cumulative harm experiences. I have developed a set of skills as a result of my cumulative harm experiences.					

		My career choice is motivated by the skills and traits o have developed through cumulative harm in childhood					
	Insight *A deep personal understanding of cumulative harm and adversity which comes from lived experience*	My lived experience of cumulative harm gives me insight into other's trauma Insight into other's adversity motivates my career choice My insight makes me a better helping professional					
	Advocacy *Promoting the rights, safety, protection, and wellbeing of others actively*	My lived experience of cumulative harm motivates me to advocate for others who are vulnerable, oppressed, disempowered or victimised					

		I want to use my career to advocate and empower others					
		I want to use my career to address inequality					
		I want to use my career to seek justice for others					
	Capacity to Endure

Ability to withstand difficult circumstances. | My lived experience of cumulative harm has helped me develop the capacity to endure adversity | | | | | |
| *Career and Life Narratives* | *Personal and professional stories which contribute to our identity and the way we see ourselves* | I believe cumulative harm is part of my personal story which has influenced my career choice

My career negatively impacted by my cumulative harm experiences | | | | | |

		I believe I can rewrite my personal story through my career choice					
		I believe I can positively build on my personal story through my career choice					

Thank you for visiting our survey. The research team requests your assistance because of your decision to enter a helping profession. We would like to collect your thoughts via a survey in order to better understand the experience of childhood adversity and career decision making.

Please check the Consent to Participate information below, and then click through to enter the survey site.

Section A: Prolific ID

A1. What is your Prolific ID?

Section B: Chronicity

B1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I have experienced ongoing and repetitive incidents of harm					
I have experienced adversity which was ongoing throughout my					
The harm I experienced in my childhood was ongoing and					
The family dysfunction I experienced in my childhood was ongoing					
The disadvantage I experienced in my childhood was ongoing and					
The disadvantage I experienced in my childhood was related to					
The adversity I experienced in my childhood was ongoing and					

Section C: Multiplicity

C1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I experienced multiple types of adversity, abuse and neglect in my					
I have experienced revictimisation in adulthood					
I have experienced victimisation in both my childhood and					

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Section D: Community

D1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
The cumulative adversity I experienced was made worse by	☐	☐	☐	☐	☐
The harm I experienced in childhood was intensified because of	☐	☐	☐	☐	☐
The adversity in the community I lived in as a child compounded	☐	☐	☐	☐	☐
My experience of cumulative harm was made worse by the	☐	☐	☐	☐	☐
The community adversity where I lived as a child compounded my	☐	☐	☐	☐	☐

Section E: Multifinality

E1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My experience of cumulative harm and adversity have led to	☐	☐	☐	☐	☐
The adversity and abuse in my family had a different impact on my	☐	☐	☐	☐	☐
The cumulative harm I experienced in childhood affected me and	☐	☐	☐	☐	☐
I sometimes wonder why my experiences affected me less than for	☐	☐	☐	☐	☐

Section F: Meaning Making

F1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I chose a career in the helping professions to help me make sense	☐	☐	☐	☐	☐
The career I have chosen helps me to understand my own abuse	☐	☐	☐	☐	☐
My career choice helps me make meaning of my cumulative harm	☐	☐	☐	☐	☐
My career as a helping professional helps me to comprehend my	☐	☐	☐	☐	☐

Section G: Remedial Experiences

G1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I have experienced healing through my chosen career	☐	☐	☐	☐	☐
My chosen career helps me to recover from my childhood	☐	☐	☐	☐	☐
My career choice is like therapy	☐	☐	☐	☐	☐
My career as a helping professional has helped me resolve my	☐	☐	☐	☐	☐
The positive feeling I experience from helping others, helps me	☐	☐	☐	☐	☐
I don't seek help with my own childhood trauma because my career	☐	☐	☐	☐	☐

Section H: Professional Learning

H1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
The professional learning I undertake in my career aids in my	☐	☐	☐	☐	☐
The professional learning I undertake in my career helps me heal	☐	☐	☐	☐	☐
By learning about my work, I am also learning about my cumulative	☐	☐	☐	☐	☐
I am motivated to learn more about my helping profession so that I	☐	☐	☐	☐	☐
I am able to cope with my own childhood experiences better as a	☐	☐	☐	☐	☐
The study and professional learning I have done in my career helps	☐	☐	☐	☐	☐
The study and professional learning I have done in my career helps	☐	☐	☐	☐	☐

Section I: Help Others

I1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My cumulative harm experiences are valuable to my chosen career	☐	☐	☐	☐	☐
I have chosen this career so that I can use my lived experience of	☐	☐	☐	☐	☐
I have chosen this career so that I can use my lived experience of	☐	☐	☐	☐	☐
My cumulative harm experiences can be used to help others	☐	☐	☐	☐	☐
My career choice means my cumulative harm is not wasted	☐	☐	☐	☐	☐
I can use my cumulative harm experience to help others	☐	☐	☐	☐	☐

Section J: Knowledge

J1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My lived experience of cumulative harm gives me a valid	☐	☐	☐	☐	☐
My lived experience of childhood adversity gives me a valid	☐	☐	☐	☐	☐
My cumulative harm experiences make me a better helping	☐	☐	☐	☐	☐

Section K: Service

K1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My lived experiences of being a service client ((e.g., receiving	☐	☐	☐	☐	☐
My interactions with helping professionals in childhood motivated	☐	☐	☐	☐	☐
My positive experiences with helping professionals in childhood	☐	☐	☐	☐	☐
My negative experiences with helping professionals in childhood	☐	☐	☐	☐	☐

Section L: Relational Influences

L1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My lived experience of cumulative harm has impacted my	☐	☐	☐	☐	☐
My lived experience of cumulative harm has impacted how I	☐	☐	☐	☐	☐
The impact of cumulative harm on my social development has	☐	☐	☐	☐	☐
The impact of cumulative harm on my relationships has influenced	☐	☐	☐	☐	☐

Section M: Emotive Motivations

M1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I believe I was led by the heart to choose my career in the helping	☐	☐	☐	☐	☐
I felt emotionally drawn to this career	☐	☐	☐	☐	☐
I feel (rewarded by, satisfied with, completed by or variations) my	☐	☐	☐	☐	☐

Section N: Unintentional Motivations

N1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I have been motivated from within by my lived experience of	☐	☐	☐	☐	☐
I have been intrinsically motivated by my cumulative harm	☐	☐	☐	☐	☐
My motivation to enter a helping profession comes from within me	☐	☐	☐	☐	☐
I can see now that my cumulative harm experience influenced my	☐	☐	☐	☐	☐
Looking back, my career choice was unconsciously influenced by	☐	☐	☐	☐	☐
The influences of cumulative harm on my career choice was	☐	☐	☐	☐	☐
I just know that my motivations to be a helping professional came	☐	☐	☐	☐	☐
I'm not sure from where inside of me came my desire to be a	☐	☐	☐	☐	☐

Section O: Vocation

O1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I see my career choice as a 'calling'	☐	☐	☐	☐	☐
I see my career choice as a vocation	☐	☐	☐	☐	☐
I feel I need to be in this career	☐	☐	☐	☐	☐

Section P: Parentification

P1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My role as counsellor/mediator/peacemaker' in my family in	☐	☐	☐	☐	☐
My role as 'carer' in my family in childhood has motivated my	☐	☐	☐	☐	☐
I feel my peacemaking role in childhood influenced my choice of	☐	☐	☐	☐	☐
I feel caring for family members in childhood influenced my career	☐	☐	☐	☐	☐

Section Q: Growth

Q1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I have experienced growth of self through my career choices	☐	☐	☐	☐	☐
I have changed my career as a result of resolving my cumulative	☐	☐	☐	☐	☐
As I have resolved my cumulative harm, my career choice has	☐	☐	☐	☐	☐
As I have resolved my lived experiences of cumulative harm I have	☐	☐	☐	☐	☐
My lived experience of cumulative harm has helped me develop the	☐	☐	☐	☐	☐

Section R: Self

R1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My cumulative harm experiences have influenced my sense of who	☐	☐	☐	☐	☐
My cumulative harm experiences have influenced my sense of self	☐	☐	☐	☐	☐
The impact of cumulative harm on my self worth has influenced	☐	☐	☐	☐	☐
The impact of cumulative harm on my self worth has influenced	☐	☐	☐	☐	☐

Section S: Identity

S1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
The cumulative harm experiences has shaped my identity	☐	☐	☐	☐	☐
My career choice has helped me to develop an identity outside of	☐	☐	☐	☐	☐
My sense of identity has influenced my career choice	☐	☐	☐	☐	☐

Section T: Sense of Value

T1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My career choice has helped me to develop a sense of value					
My career choice has helped me to develop a sense of self worth					
My career choice has helped me develop a sense of purpose					

Section U: Perception

U1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
Cumulative harm has affected my perception of my self					
Cumulative harm has affected my perception of others					
Cumulative harm has affected my perception of the world around					
My perception of the world has influenced my career choice					
I feel others perceptions of me during childhood contributed to my					
Other's perceptions of me affect me greatly					

Section V: Goodness of Fit

V1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I believe I have chosen a career in the helping professions because					
My chosen career is a good fit for me because of my cumulative					
I believe I have chosen a career in the helping professions because					
My cumulative harm experiences make the helping profession a					

Section W: Alignment of Interests

W1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My career choice aligns well with who I am as a person					
I have developed a set of traits as a result of my cumulative harm					
I have developed a set of skills as a result of my cumulative harm					
My career choice is motivated by the skills and traits I have					

Section X: Insight

X1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My lived experience of cumulative harm gives me insight into	☐	☐	☐	☐	☐
My lived experience of cumulative harm gives me insight into my	☐	☐	☐	☐	☐
Insight into others' adversity motivates my career choice	☐	☐	☐	☐	☐
My insight makes me a better helping professional	☐	☐	☐	☐	☐

Section Y: Advocacy

Y1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
My lived experience of cumulative harm motivates me to advocate	☐	☐	☐	☐	☐
My cumulative harm experiences make me a better advocate for	☐	☐	☐	☐	☐
I want to use my career to advocate and empower others	☐	☐	☐	☐	☐
I want to use my career to address inequality	☐	☐	☐	☐	☐
I want to use my career to seek justice for others	☐	☐	☐	☐	☐

Section Z: Narrative

Z1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
I believe cumulative harm is part of my personal story which has	☐	☐	☐	☐	☐
My career has been negatively impacted by my cumulative harm	☐	☐	☐	☐	☐
I believe I can rewrite my personal story through my career choice	☐	☐	☐	☐	☐
I believe I can positively build on my personal story through my	☐	☐	☐	☐	☐

Section AA: Event Impact

AA1. Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to your experiences of abuse and/or adversity which occurred in childhood. How much were you distressed or bothered by these difficulties?

Rate your level of distress over the past seven days, as either: not at all, a little bit, moderately, quite a bit, or extremely.

	not at all	a little bit	moderately	quite a bit	extremely
Any reminder brought back feelings about it	☐	☐	☐	☐	☐
I had trouble staying asleep	☐	☐	☐	☐	☐
Other things kept making me think about it	☐	☐	☐	☐	☐
I felt irritable and angry	☐	☐	☐	☐	☐
I avoided letting myself get upset when I thought about it or was	☐	☐	☐	☐	☐
I thought about it when I didn't mean to	☐	☐	☐	☐	☐
I felt as if it hadn't happened or wasn't real	☐	☐	☐	☐	☐
I stayed away from reminders of it	☐	☐	☐	☐	☐
Pictures about it popped into my mind	☐	☐	☐	☐	☐
I was jumpy and easily startled	☐	☐	☐	☐	☐
I tried not to think about it	☐	☐	☐	☐	☐
I was aware that I still had a lot of feelings about it, but I didn't deal	☐	☐	☐	☐	☐
My feelings about it were kind of numb	☐	☐	☐	☐	☐
I found myself acting or feeling like I was back at that time	☐	☐	☐	☐	☐
I had trouble falling asleep	☐	☐	☐	☐	☐
I had waves of strong feelings about it	☐	☐	☐	☐	☐
I tried to remove it from my memory	☐	☐	☐	☐	☐
I had trouble concentrating	☐	☐	☐	☐	☐
Reminders of it caused me to have physical reactions, such as	☐	☐	☐	☐	☐
I had dreams about it	☐	☐	☐	☐	☐
I felt watchful and on-guard	☐	☐	☐	☐	☐
I tried not to talk about it	☐	☐	☐	☐	☐

Section AB: Trauma Growth

AB1. Indicate for each of the statements below the degree to which this change (in the statement) occurred in your life as a result of abuse and/or adversity experienced in childhood, using the following indicators in which "crisis" refers to your early experiences. To what extent did experience change as a result of your crisis?

	I did not	a very small degree	a small degree	a moderate degree	a great degree	a very great degree
I changed my priorities about what is important in life	☐	☐	☐	☐	☐	☐
I have a greater appreciation for the value of my own life	☐	☐	☐	☐	☐	☐
I developed new interests	☐	☐	☐	☐	☐	☐
I have a greater feeling of self-reliance	☐	☐	☐	☐	☐	☐
I have a better understanding of spiritual matters	☐	☐	☐	☐	☐	☐
I more clearly see that I can count on people in times of	☐	☐	☐	☐	☐	☐
I established a new path for my life	☐	☐	☐	☐	☐	☐
I have a greater sense of closeness with others	☐	☐	☐	☐	☐	☐
I am more willing to express my emotions	☐	☐	☐	☐	☐	☐
I know better that I can handle difficulties	☐	☐	☐	☐	☐	☐
I am able to do better things with my life	☐	☐	☐	☐	☐	☐
I am better able to accept the way things work out.	☐	☐	☐	☐	☐	☐
I can better appreciate each day	☐	☐	☐	☐	☐	☐
New opportunities are available which wouldn't have been	☐	☐	☐	☐	☐	☐
I have more compassion for others	☐	☐	☐	☐	☐	☐
I put more effort into my relationships	☐	☐	☐	☐	☐	☐
I am more likely to try to change things which need	☐	☐	☐	☐	☐	☐
I have a stronger religious faith	☐	☐	☐	☐	☐	☐
I discovered that I'm stronger than I thought I was	☐	☐	☐	☐	☐	☐
I learned a great deal about how wonderful people are	☐	☐	☐	☐	☐	☐
I better accept needing others	☐	☐	☐	☐	☐	☐

Section AC: Self Reflection

AC1. Read the following statements about your life experiences and rate your level of agreement, ranging from stongly disagree to strongly agree.

	strongly disagree	disagree	neutral	agree	strongly agree
I don't often think about my thoughts					
I am not really interested in analyzing my behaviour					
I am usually aware of my thoughts					
I am often confused about the way that I really feel about things					
It is important for me to evaluate the things that I do					
I usually have a very clear idea about why I have behaved in a					
I am very interested in examining what I think about					
I rarely spend time in self reflection					
I'm often aware that I am having a feeling, but I often don't quite					
I frequently examine my feelings					
My behaviour often puzzles me					
It is important to me to try to understand what my feelings mean					
I don't really think about why I behave in the way that I do					
Thinking about my thoughts make me more confused					
I have a definite need to understand the way my mind works					
I frequently take time to reflect on my thoughts					
Often I find it difficult to make sense of the way I feel about things					
It is important to me to be able to understand how my thoughts					
I often think about the way I feel about things					
I usually know why I feel the way I do					

Section AD: Engagement

AD1. The following statements are about how you feel about your work in a helping profession. Please read each statement carefully and decide if you ever feel this way about your job. If you are currently a student of a helping profession then please consider your studies as your "work" or "job".

If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

	never	almost never	rarely	sometimes	often	very often	always
At my work, I feel bursting with energy							
At my job, I feel strong and vigorous							
I am enthusiastic about my job							
My job inspires me							
When I get up in the morning, I feel like going to							
I feel happy when I am working intensely							
I am proud of the work that I do							
I am immersed in my work							
I get carried away when I am working							

Section AE: Calling

AE1. Please respond honestly to the following statements, not according to what is socially desirable or what you feel you "ought" to think. Please indicate the extent to which each of the following statements currently describe you.

	Not at all true of me	Mildly true of me	Moderately true of me	Mostly true of me	Totally true of me
I have a calling to a particular kind of work	☐	☐	☐	☐	☐
I have a good understanding of my calling as it applies to my career	☐	☐	☐	☐	☐
I am trying to figure out my calling in my career	☐	☐	☐	☐	☐
I am searching for my calling as it applies to my career	☐	☐	☐	☐	☐

Section AF: About Me

AF1. What is your age in whole years? For example: 21

AF2. Please select your gender from the list.

Female	☐
Male	☐
Non-binary	☐
Prefer not to say	☐

AF3. What is the discipline of your professional qualification (either completed or enrolled)?

Initial Teacher Education e.g., Bachelor of Education, Master of Learning and Teaching	☐
Postgraduate Guidance and Counselling e.g., Master of Education (Guidance and Counselling)	☐
Postgraduate Special Education e.g., Master of Education (Special Education)	☐
Counselling e.g., Bachelor of Counselling, Master of Counselling	☐
Human Services and Welfare e.g., Bachelor of Human Services	☐
Health and Paramedical e.g., Bachelor of Health Science, Bachelor of Paramedicine	☐
Nursing and Midwifery e.g., Bachelor of Nursing	☐
Psychology e.g., Bachelor of Science (Psychology), Master of Psychology	☐
Law and Criminal Justice e.g., Bachelor of Law, Associate Degree in Criminology	☐
Other	☐

AF4. Are you presently working as an employee or volunteer in helping role?

If you are in a role, please select Yes and then type the job title (e.g., counsellor) into the text box.

If you are not in a role, please select No and then type NA in the text box.

Yes	☐
No	☐

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Thank you for your contribution to this important field of research and professional practice. Please click on the link to return to Prolific.

APPENDIX N: STANDARDISED REGRESSION WEIGHTS AND SQUARED MULTIPLE CORRELATIONS

Standardised Regression Weights for Nature of Cumulative Harm

			Estimate
MULMU3	<---	Accumulation	.792
CHRCH4	<---	Accumulation	.773
CHRCH7	<---	Accumulation	.817
MULMU1	<---	Accumulation	.890
CHRCH6	<---	Accumulation	.898
CHRCH1	<---	Accumulation	.898
CHRCH3	<---	Accumulation	.903
COMCO4	<---	Community	.951
COMCO2	<---	Community	.914
COMCO3	<---	Community	.909
COMCO5	<---	Community	.881
COMCO1	<---	Community	.817
FINFI3	<---	Multifinality	.931
FINFI2	<---	Multifinality	.935
FINFI1	<---	Multifinality	.877

Squared Multiple Correlations for Nature of Cumulative Harm

	Estimate
FINFI1	.770
FINFI2	.873
FINFI3	.866
COMCO1	.667
COMCO5	.776
COMCO3	.826
COMCO2	.835
COMCO4	.905

	Estimate
CHRCH3	.815
CHRCH1	.807
CHRCH6	.806
MULMU1	.793
CHRCH7	.668
CHRCH4	.597
MULMU3	.626

StandardiSed Regression Weights for Meaning of Cumulative Harm

			Estimate
PROPR1	<---	F1	.864
PROPR7	<---	F1	.899
PROPR5	<---	F1	.846
PROPR2	<---	F1	.783
MEAME3	<---	F2	.949
MEAME4	<---	F2	.934
MEAME2	<---	F2	.873
MEAME1	<---	F2	.758
REMRE4	<---	F3	.866
REMRE3	<---	F3	.704
REMRE1	<---	F3	.631
REMRE6	<---	F3	.594

Squared Multiple Correlations for Meaning of Cumulative Harm

	Estimate
MEAME1	.574
MEAME2	.762
MEAME4	.872
MEAME3	.900
PROPR2	.613
PROPR5	.716

	Estimate
PROPR7	.808
REMRE1	.399
REMRE4	.749
REMRE3	.496
PROPR1	.746
REMRE6	.353

Standardised Regression Weights for Value of Cumulative Harm

			Estimate
KNOKN2	<---	F1	.865
KNOKN3	<---	F1	.867
KNOKN1	<---	F1	.935
SERSE2	<---	F2	.963
SERSE3	<---	F2	.839
SERSE1	<---	F2	.645
OTHOT2	<---	F3	.810
OTHOT3	<---	F3	.826
OTHOT5	<---	F3	.862
OTHOT1	<---	F3	.837
OTHOT6	<---	F3	.905
OTHOT4	<---	F3	.904

Squared Multiple Correlations for Value of Cumulative Harm

	Estimate
SERSE1	.416
SERSE3	.703
SERSE2	.927
OTHOT4	.817
OTHOT6	.819
KNOKN1	.874
KNOKN3	.752

	Estimate
OTHOT1	.700
OTHOT5	.744
OTHOT3	.682
KNOKN2	.749
OTHOT2	.656

Standardised Regression Weights for Unintentional Motivations of Cumulative Harm

			Estimate
UNIUN4	<---	unintention	.892
UNIUN5	<---	unintention	.947
UNIUN6	<---	unintention	.883
MOTMO1	<---	emotive	.804
MOTMO2	<---	emotive	.878
MOTMO3	<---	emotive	.706

Squared Multiple Correlations of Unintentional Motivations of Cumulative Harm

	Estimate
MOTMO3	.498
MOTMO2	.770
MOTMO1	.646
UNIUN6	.781
UNIUN5	.897
UNIUN4	.796

Standardised Regression Weights Identity Conclusions of Cumulative Harm

			Estimate
VOCVC1	<---	Vocation	.756
VOCVC2	<---	Vocation	.554
VOCVC3	<---	Vocation	.801
PARPA1	<---	Parentification	.878
PARPA2	<---	Parentification	.865

			Estimate
PARPA3	<---	Parentification	.880
PARPA4	<---	Parentification	.776
SELSE1	<---	Identity	.924
SELSE2	<---	Identity	.893
IDEID1	<---	Identity	.868
PCTPC3	<---	Identity	.877
PCTPC1	<---	Identity	.893
PCTPC2	<---	Identity	.866
GROGR5	<---	Identity	.797
IDEID2	<---	Identity	.813
SELSE3	<---	Identity	.811
SELSE4	<---	Identity	.796
PCTPC5	<---	Identity	.707
GROGR4	<---	Identity	.688
GROGR1	<---	Value	.477
VALVL3	<---	Value	.892
VALVL2	<---	Value	.897
VALVL1	<---	Value	.875

Squared Multiple Correlations of Identity Conclusions of Cumulative Harm

	Estimate
VALVL1	.765
VALVL2	.805
VALVL3	.795
GROGR1	.228
GROGR4	.474
PCTPC5	.500
SELSE4	.634
SELSE3	.657
IDEID2	.661

	Estimate
GROGR5	.635
PCTPC2	.749
PCTPC1	.797
PCTPC3	.769
IDEID1	.753
SELSE2	.797
SELSE1	.853
PARPA4	.601
PARPA3	.774
PARPA2	.748
PARPA1	.771
VOCVC3	.642
VOCVC2	.307
VOCVC1	.571

Standardised Regression Weights of Adaptability of Cumulative Harm

			Estimate
IGTIG1	<---	Interests	.903
ADVAD1	<---	Interests	.947
IGTIG2	<---	Interests	.871
ADVAD2	<---	Interests	.930
INTIN3	<---	Interests	.841
INTIN2	<---	Interests	.853
ADVAD4	<---	Altruism	.927
ADVAD5	<---	Altruism	.876
ADVAD3	<---	Altruism	.768
INTIN1	<---	Fit	.512
IGTIG4	<---	Fit	.795
IGTIG3	<---	Fit	.756
GDNGD4	<---	Identity	.938

			Estimate
GDNGD3	<---	Identity	.903
GDNGD2	<---	Identity	.933
GDNGD1	<---	Identity	.865

Squared Multiple Correlations for Adaptability of Cumulative Harm

	Estimate
GDNGD1	.748
GDNGD2	.871
GDNGD3	.815
GDNGD4	.879
IGTIG3	.572
IGTIG4	.632
INTIN1	.262
ADVAD3	.589
ADVAD5	.767
ADVAD4	.860
INTIN2	.727
INTIN3	.708
ADVAD2	.866
IGTIG2	.759
ADVAD1	.897
IGTIG1	.816

APPENDIX O: CORRELATIONS OF FACTORS WITHIN THE CHIQ

		Accumulation	Community	multifinality	Learning	Meaning	remedial	Knowledge	Helping	Services	Unintentional	emotive	Identity	vocation	Value	Parentification	Interests	Fit	Altruism	ProfessionallD	PTGRT	PTGNO	PTGPPS	PTGSC	PTGAOL	PTGRTotal
Accumulation	Pearson Correlation	1	.648**	.756**	.509**	.700**	.346**	.593**	.625**	.201**	.495**	0.050	.705**	0.055	0.031	.245**	.657**	.572**	.178**	.213	.200**	.368**	.382**	.299**	.365**	.334**
	Sig. (2-tailed)		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.344	0.000	0.302	0.056	0.000	0.000	0.000	0.001	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Community	Pearson Correlation	.648**	1	.540**	.476**	.549**	.367**	.487**	.499**	.162**	.447**	0.017	.546**	0.055	0.030	.229**	.492**	.550**	.143**	.152**	.178**	.336**	.287**	.297**	.299**	.291**

393

nit y	elati on												3 3				6* *									
	Sig. (2-taile d)	0.00 0		0.0 00	0. 00 0	0. 00 0	0.0 00	0. 00 0	0. 00 2	0.00 0	0. 75 1	0. 0	0. 30 3	0. 5 2 9 0	0.00 0	0. 00 0	0. 0 0	0. 00 7	0.00 4	0.0 01	0. 00 0	0. 00 0	0. 00 0	0. 00 0	0.0 00
mu ltifi nal ity	Pear son Corr elati on	.756 **	.54 0**	1	.5 49 **	.6 78 **	.3 52 **	.61 5**	.6 39 **	.2 49 **	.505 **	0. 07 8	.7 70 **	0. 04 2	0. 02 2 2	.340 **	.6 72 **	.5 6 4* *	.1 61 **	.196 **	.15 1**	.2 77 **	.3 34 **	.2 53 **	.3 15 **	.27 0**
	Sig. (2-taile d)	0.00 0	0.0 00		0. 00 0	0. 00 0	0. 00 0	0.0 00	0. 00 0	0. 00 0	0.00 0	0. 14 1	0. 0	0. 43 3	0. 6 7 5	0.00 0	0. 00 0	0. 0	0. 00 2 0	0.00 0	0.0 04	0. 00 0	0. 00 0	0. 00 0	0. 00 0	0.0 00
Le arn ing	Pear son Corr elati on	.509 **	.47 6**	.54 9**	1	.7 07 **	.7 32 **	.70 8**	.7 47 **	.3 19 **	.532 **	.2 15 **	.7 1 4**	.2 29 **	.2 8 0* *	.402 **	.6 92 **	.6 4 0* *	.3 27 **	.381 **	.34 1**	.4 23 **	.4 75 **	.2 96 **	.4 08 **	.42 7**

	Sig. (2-tailed)	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Meaning	Pearson Correlation	.700**	.549**	.678**	.707**	1	.567**	.686**	.754**	.354**	.537**	.157**	.748**	.167**	0.099	.384**	.721**	.701**	.281**	.341**	.309**	.397**	.413**	.293**	.376**	.389**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.003	0.000	0.002	0.062	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
remedial	Pearson Correlation	.346**	.367**	.352**	.732**	.567**	1	.551**	.579**	.291**	.471**	.255**	.531**	.346**	.298*	.387**	.504**	.505**	.247**	.354**	.411**	.466**	.455**	.324**	.425**	.466**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

taile d)												000	000		000										
Kn ow led ge	Pear son Corr elati on	.593**	.487**	.615**	.708**	.686**	.551**	1	.837**	.324**	.584**	.204**	.800**	.264**	.263***	.420**	.830**	.771*	.325**	.432**	.414**	.484**	.514**	.349**	.471**	.490**
	Sig. (2- taile d)	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.0000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
He lpi ng	Pear son Corr elati on	.625**	.499**	.639**	.747**	.754**	.579**	.837**	1	.396**	.609**	.246**	.829**	.260**	.211***	.415**	.824**	.810**	.351**	.451**	.404**	.499**	.525**	.361**	.485**	.498**
	Sig. (2- taile d)	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Services	Pearson Correlation	.201**	.162**	.249**	.319**	.354**	.291**	.324**	.396**	1	.289**	.261**	.380**	.269**	.218***	.464**	.377**	.405***	.267**	.325**	.239**	.248**	.250**	.175**	.228**	.259**
	Sig. (2-tailed)	0.000	0.002	0.000	0.0000	0.0000	0.0000	0.000	0.0000		0.000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.000	0.000	0.0000	0.0000	0.001	0.000	0.000
Unintentional	Pearson Correlation	.495**	.447**	.505**	.532**	.537**	.471**	.584**	.609**	.289**	1	.174**	.692**	.231**	.206***	.481**	.655**	.631***	.208**	.294**	.354**	.373**	.413**	.318**	.373**	.400**
	Sig. (2-tailed)	0.000	0.000	0.000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000		0.0001	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.000	0.000	0.0000	0.0000	0.0000	0.0000	0.000

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emotive	Pearson Correlation	0.050	0.017	0.078	.215**	.157**	.255**	.204**	.246**	.261**	.174**	1	.161**	.588**	.521**	.318**	.199**	.248**	.443**	.491**	.313**	.255**	.246**	.202**	.265**	.295**
	Sig. (2-tailed)	0.344	0.751	0.141	0.0000	0.0003	0.0000	0.0000	0.0000	0.0000	0.001		0.0002	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Identity	Pearson Correlation	.705**	.546**	.709**	.714**	.748**	.531**	.800**	.829**	.380**	.692**	.161**	1	.217**	.208**	.442**	.911**	.823**	.323**	.424**	.421**	.516**	.571**	.348**	.518**	.523**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.0002		0.000	0.0000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
vocation	Pearson Corr	0.055	0.055	0.042	.229**	.167**	.346**	.264**	.260**	.269**	.231**	.588**	.217**	1	.55	.333**	.235**	.288**	.350**	.496**	.341**	.341**	.301**	.261**	.306**	.353**

														2**				8**							
elation																									
Sig. (2-tailed)	0.302	0.303	0.433	0.0000	0.0002	0.0000	0.000	0.0000	0.0000	0.000	0.0000	0.0000		0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000
N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
Value Pearson Correlation	0.031	0.033	0.022	.280**	0.099	.298**	.236**	.211**	.218**	.206**	.521**	.2008**	.552**	1	.288**	.179**	.2008**	.441**	.479**	.279**	.312**	.327**	.168**	.325**	.318**
Sig. (2-tailed)	0.560	0.529	0.675	0.0000	0.0062	0.0000	0.000	0.0000	0.0000	0.000	0.0000	0.000	0.000		0.0000	0.0001	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.0001	0.0000	0.000
N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357

Parentification	Pearson Correlation	.245**	.229**	.340**	.402**	.384**	.387**	.420**	.415**	.464**	.481**	.318**	.442**	.333**	.288**	1	.445**	.450**	.310**	.389**	.415**	.346**	.379**	.230**	.375**	.402**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
Interests	Pearson Correlation	.657**	.492**	.672**	.692**	.721**	.504**	.830**	.824**	.377**	.655**	.199**	.911**	.235**	.179**	.445**	1	.827**	.354**	.472**	.422**	.502**	.571**	.361**	.507**	.519**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
Fit	Pearson Correlation	.572**	.506**	.564**	.640**	.701**	.551**	.771**	.810**	.405**	.631**	.248**	.823**	.288**	.208*	.450**	.827**	1	.324**	.452**	.447**	.520**	.519**	.384**	.486**	.522**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
Altruism	Pearson Correlation	.178**	.143**	.161**	.327**	.281**	.247**	.325**	.351**	.267**	.208**	.443**	.323**	.350**	.441*	.310**	.354**	.324*	1	.552**	.298**	.269**	.321**	.206**	.262**	.306**

	Sig. (2-tailed)	0.001	0.007	0.002	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000		0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
Professional D	Pearson Correlation	.213**	.152**	.196**	.381**	.341**	.354**	.432**	.451**	.325**	.294**	.491**	.424**	.496**	.479*	.389**	.472**	.452*	.552**	1	.442**	.410**	.445**	.314**	.402**	.455**
	Sig. (2-tailed)	0.000	0.004	0.000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.000		0.0000	0.0000	0.0000	0.0000	0.0000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357

PTGRTO	Pearson Correlation	.200**	.178**	.151**	.341**	.309**	.411**	.414**	.404**	.239**	.354**	.313**	.421**	.341**	.279**	.415**	.422**	.4247**	.298**	.442**	1	.836**	.772**	.598**	.789**	.931**
	Sig. (2-tailed)	0.000	0.001	0.004	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.000		0.0000	0.0000	0.0000	0.000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357		357	357	357	357	357
PTGNP	Pearson Correlation	.368**	.336**	.277**	.423**	.397**	.466**	.484**	.499**	.248**	.373**	.255**	.516**	.341**	.312**	.346**	.502**	.520**	.269**	.410**	.836**	1	.862**	.659**	.858**	.951**
	Sig. (2-tailed)	0.000	0.000	0.000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000	0.0000	0.0000	0.000	0.000		0.0000	0.0000	0.0000	0.000

	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
PTGPS	Pearson Correlation	.382**	.287**	.334**	.475**	.413**	.455**	.514**	.525**	.250**	.413**	.246**	.571**	.301**	.327*	.379**	.571**	.519*	.321**	.445**	.772**	.862**	1	.614**	.838**	.914**
	Sig. (2-tailed)	0.000	0.000	0.000	0.0000	0.0000	0.0000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.0000	0.000	0.000	0.000	0.0000	0.000	0.000	0.000		0.000	0.000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
PTGSC	Pearson Correlation	.299**	.297**	.253**	.296**	.293**	.324**	.349**	.361**	.175**	.318**	.202**	.348**	.261**	.168*	.230**	.361**	.384*	.206**	.314**	.598**	.659**	.614**	1	.602**	.718**

	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357
PTGAOL	Pearson Correlation	.365**	.299**	.315**	.408**	.376**	.425**	.471**	.485**	.228**	.373**	.265**	.518**	.306**	.325*	.375**	.507**	.488*	.262**	.402**	.789**	.858**	.838**	.602**	1	.908**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000
	N	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357	357

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PTG RT otal	Pearson Correlation	.334**	.291**	.270**	.427**	.389**	.466**	.490**	.498**	.259**	.400**	.295**	.523**	.353**	.318*	.402**	.519**	.522*	.306**	.455**	.931**	.951**	.914**	.718**	.908**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
	N	357	357	357	357	357	357	357	357	357	357	357	355	357	355	357	357	355	357	357	357	357	357	357	357	357

**. Correlation is significant at the 0.01 level (2-tailed).