Vicarious Trauma

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What is Vicarious Trauma?

Vicarious Trauma (VT) and Secondary Traumatic Stress (STS) describes how a person who is indirectly exposed to traumatic material can be impacted. VT may negatively alter an individual's perception of the world, others and themselves. For example, a practitioner working with child abuse may lose trust in anyone who approaches their child. VT is often interchangeably used with compassion fatigue (CF), STS and burnout (BO) however there are notable differences.

What is the difference?

- BO, VT and CF develop over time, STS can present suddenly and unexpectedly.
- BO and CF do not need trauma material to be present for the onset.
- CF refers to the reduction of compassion over time.
- STS has symptoms that are similar to posttraumatic stress such as hyperarousal, hypervigilance, intrusive imagery and avoidance which can present as posttraumatic stress disorder (PTSD).
- VT can involve experiencing PTSD symptoms as a stress response which mirrors the effects of trauma over time. Along with that comes the negative alteration to others, themselves and their worldview.

Who can be affected?

VT can have higher incidence in certain professions such as:

- First responders, doctors and nurses
- Legal professionals who work with victims of crime, or who have committed a crime, family law, child protection, civil law and immigration law
- Interpreters, researchers and transcriptionists working with sensitive material related to violence, abuse or bereavement
- Mental health professionals through exposure to trauma material or certain pathologies
- Anyone else who may have ongoing indirect exposure to trauma through hearing about traumatic event/s

What are the Risk Factors?

- Those with higher levels of empathy
- Lack of prior trauma exposure or trauma experience during training
- Intense and constant exposure to disturbing information or stimuli
- Absence of supportive and effective processes for discussing and processing the traumatic information or stimuli
- Working with traumatised groups and especially in the areas of suicide, violence and sexual offence
- New employees and those less experienced
- Lack of orientation, training, preparation or supervision in the workplace
- Higher workload and lack of variation in work tasks
- Not having tools in place for early intervention identification of VT
- Personal trauma history and maladaptive coping skills
- No time taken for self-care

What are some indicators I have Vicarious Trauma?

VT can lead to changes physically, emotionally, neurologically, cognitively, sexually and spiritually.

Personal Indicators of VT

- **Emotional -** anger, feeling powerless, increased anxiety, sadness or helplessness, hypersensitivity.
- **Physical –** fatigue, rapid pulse, rapid or shallow breathing, compromised immune system and unexplained aches or pains.
- **Behavioural –** Isolation, hypervigilance, irritability, nightmares, sleep and appetite changes, sexual difficulties, intimacy.
- **Cognitive –** Distressing thoughts, intrusive imagery, visualization of situations, self-doubt and cynicism.

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- **Relational –** Mistrust, withdrawn, projecting, blaming, intolerance, minimization of concerns, loneliness, decreased interest in intimacy, change in parenting style (overprotective).
- **Spiritual –** loss of purpose/meaning, losing faith, pervasive hopelessness, questioning own beliefs, distortion to worldview.
- **Psychological** – Safety, Esteem, Control, Trust and Intimacy.

Professional Indicators of VT

- **Performance**- Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness, poor clinical judgement.
- **Morale** - Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion.
- **Relational** - Detached/withdrawn from co-workers, poor communication, staff conflict, impatience, intolerance of others, sense of being the "only one who can do the job", lack of collaboration, change in relationships with colleagues.
- **Behavioural** - Calling out, arriving late, overworked, exhaustion, irresponsibility, poor follow-through, neglecting meal breaks, critical self-talk unsuitable emotional involvement with others.

What are the Protective Factors?

VT can be prevented by paying attention to the ABC's:
Awareness of your needs, emotions and limits. **Balance** between work, leisure time and rest. **Connection** to yourself, to others and maybe even something more than (i.e., spirituality).

Individual Protective Factors

Self-Care

- Maintaining social networks
- Being creative in ways that absorb and focus your attention which reduces stress and strengthen resilience
- Eating healthily
- Getting exercise, undertaking leisure interests, pampering oneself, getting outdoors
- Getting good sleep strengthens one's immunity and body and brain function
- Practicing mindfulness/meditation, deep breathing or relaxation exercises.
- Limiting exposure to potentially traumatic material (e.g., violent news or sad entertainment option)
- Obtaining counselling (See Trauma and EMDR tip sheet)
- Accessing training and supervision
- Maintaining boundaries and developing positive coping mechanisms
- Creating a work-life balance
- Working towards a mental attitude to do with finding purpose in life
- Vicarious Resilience (see further information section below).

Organisational Protective Factors

These are only a few key points please see more information below in the Vicarious Trauma Toolkit.

- **Supervisors/Leaders** – it's crucial that supervisors/leaders provide quality supervision and supportive leadership by knowing the signs of VT, acknowledging VT is a real issue and regularly monitoring for its onset or presence.
- **Peer Support** – positive and supportive formal and informal peer support is vital in supporting wellbeing.
- **Organisational support** – ensure Employee Assistance Programs (EAP) are utilised, provide retreats, professional training and formal/informal opportunities for employees to socialise.
- **Organisational culture** – create a supportive, non-judgemental and compassionate workplace where staff feel safe discussing how they have been impacted by working with trauma material.
- **Trauma training** – ensures staff understand and are resourced around the phenomenon of VT and what strategies are beneficial.
- **Case load** –reduce workload and exposure to trauma material/stimuli.

Further information

You can find out more about managing VT and how organisations can address the negative impact below:

- Department of Community Services website: https://www.communityservices.act.gov.au/ocyfs/therapeutic-resources/vicarious-trauma-self-care-to-manage-the-impact-of-other-peoples-trauma
- The Vicarious Trauma Toolkit (VTT) by The Office for Victims of Crime has information, training resources and can help organisations introduce what VT is and how to address it. https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma
- Department of Health on Vicarious Trauma and Vicarious Resilience https://www.health.nsw.gov.au/kidsfamilies/youth/Documents/forum-speaker-presentations/2019/dixon-intro-vt-and-resilience.pdf
- EASA tip sheet on Burnout and PTSD.