

# Vicarious trauma

## Impact & prevention



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# Overview of the workshop

## Intro & theoretical discussion

- Women's Aid & our the interest in this area
- Vicarious Trauma (VT) & associated terminology; Effects of VT

## What to do about it (incl. practical work)

- The labour of empathy
- 'Vicarious resilience'
- Boundaries work
- Personalising self-care

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# Women's Aid Federation of England

- In existence since **1974**
- One of **4** 'Women's Aids' – Northern Ireland, Scotland & Wales
- **Member** organisations; Women's Aid England – 180 member services
- **DA Refuges, National DV helpline** (with Refuge) & other domestic abuse service provision
- A history of working with survivors of domestic abuse at the **point of crisis**; Experience in **trauma work** - by women for women
- **Psychotherapeutic** language in our work is more recent (but psychology of women is not!)
- Some of our services use **Psychologically Informed Environments & Trauma informed** approaches in their services
- We also train domestic abuse workers on **vicarious trauma**

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# Terminology

- Trauma
- Post-traumatic stress disorder (PTSD)
- Compassion fatigue
- Secondary trauma
- Burnout
- Resilience
- Vicarious trauma (VT, hence forward)
- Vicarious Resilience

# Trauma

“Traumatic events are extraordinary, not because they occur rarely, but rather because they **overwhelm the ordinary human adaptations to life**. Unlike commonplace misfortunes, traumatic events generally involve threats to life or **bodily integrity**, or a close personal encounter with **violence and death**. (Herman, J.1992)

FIGHT



FLIGHT oohhala!



FREEZE



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# Trauma in social context

- *'**Oppression** is the primary traumatising condition'....'Institutions of the state must be seen as critical in the creation of trauma', (Burstow, B 2003: 1308)*
- **Intersectional discrimination** & vulnerability to different forms of VAWG, (Siddiqui, H, 2018; Siddiqui and Patel, 2008 ).
- **Women** are bearing **86%** of the **austerity burden** - **BME** women bear the brunt of public **funding cuts**, including the loss of many **specialist support services** (Imkaan, 2015).
- **Austerity** & an increase in the number vulnerable, traumatised people needing support, increase in levels of crisis work & greater risks to front line workers for development of VT.

# Post-traumatic stress disorder (PTSD)

PTSD is a mental health condition that's triggered by a traumatic (terrifying) event/s — either experiencing it or witnessing it.

Symptoms include:

- **Intrusions**, such as flashbacks, nightmares, intrusive thoughts
- **Avoidance** of situations, people or places that bring on the intrusions
- **(Hyper)arousal**, including hypervigilance, sleeplessness, and increased startle response (“jumpiness”)

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# Secondary trauma (ST)

**Secondary trauma** is defined as indirect exposure to trauma through a first-hand account or narrative of a traumatic event. The vivid recounting of trauma by the survivor ...may result in a set of symptoms and reactions [in the helper/supporter] that parallel PTSD (e.g., re-experiencing, avoidance and hyperarousal).

(Some argue this is a 'response to trauma' reaction, not a mental health disorder)

<https://www.psychiatrictimes.com/ptsd/secondary-traumatization-mental-health-care-providers>

# Vicarious trauma (VT)

is a **process** which ... involves the identification with the pain of **people** who have endured terrible things, and their grief, fear, anger, and despair enters one's own awareness and causes a profound shift in worldview.

VT:

- is **not** just professional's responses **to one** person, one story, or one situation
- it is the *cumulative* effect of contact with survivors of violence or disaster or people who are struggling.
- it is what happens to helpers **over time** as they witness cruelty and loss and hear distressing stories, day after day, and year after year.

Pearlman & Saakvitne (1995)

# Compassion Fatigue (CF)

"the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatised people over an extended period of time – particularly when helpers are unable to refuel or regenerate"

<https://www.merriam-webster.com/dictionary/compassion%20fatigue>

" a profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate..."

<https://www.tendacademy.ca/what-is-compassion-fatigue/>

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# Burnout

Burnout is:

- is the **depletion** of our physical and psychological resources when attempting to meet impossible standards, (too much work of any kind!)
- burnout often results in - **physical exhaustion, cynicism, pessimism negativity, irritability, anxiety, lowered immune system, disrupted sleep, over-reactions to difficulties....**

While some signs of compassion fatigue or VT might be similar to burnout, VT it is a **state of tension & preoccupation with the stories** of trauma & experiences described by clients/ people we support.

Adapted from Sinclair, DA 2006

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# Vulnerabilities to VT etc.

- Working with people who have experienced trauma
- Doing more and more with less resources – increased case load of more 'crisis' cases
- Personal history & trauma
- Individual's current life circumstances - e.g. new at a job; the work we do is not valued socially; the group of people served are discriminated against
- A strong identification with the what we do
- The organisation we work for

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# Symptoms of VT

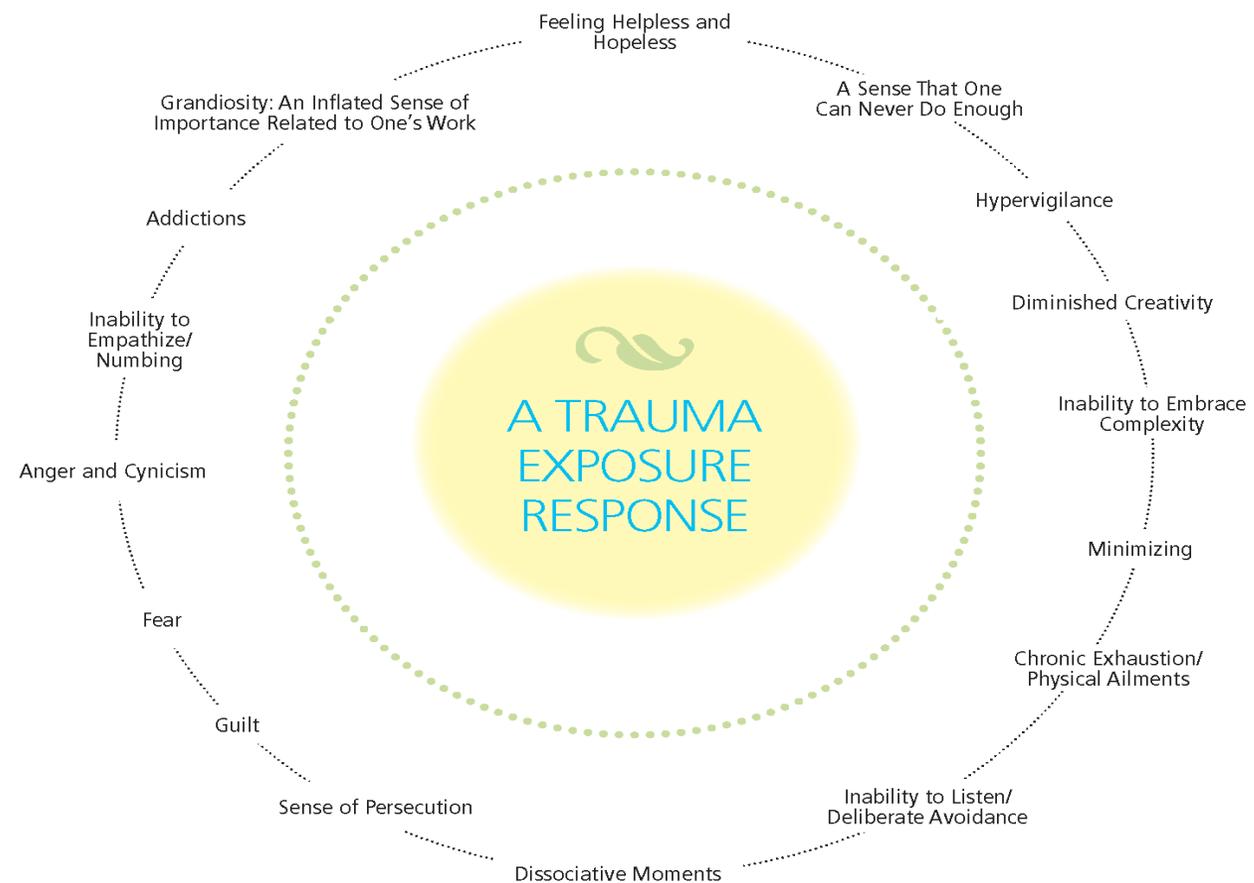
Intrusions (re-experiencing traumatic event)	Avoidance/Numbing	Persistent Arousal
Intrusive recollections of a traumatised person	Efforts to avoid thoughts/feelings - Helplessness and powerlessness	<b>Sleep disturbance</b>
		Problems concentrating
<b>Dreams</b> about that person or aspects of their stories	Efforts <b>to avoid activities/situations</b>	<b>Exaggerated startle response</b>
		Irritability/outbursts/anger
<b>Reminders</b> of their traumatic event in everyday life	Detachment, estrangement from others, diminished affect – i.e. ability to experience feelings	Reactivity to triggers

# Examples of common worrying signs:

- Becoming **overly involved** emotionally with a client
- Experiencing **bystander guilt**, shame, feelings of self-doubt
- Being preoccupied with thoughts of **clients outside of the work situation**
- Over identification with the client (having **horror and rescue fantasies**)
- Loss of hope, **pessimism, cynicism**
- Distancing, numbing, detachment, cutting clients off.... **Avoiding listening** to client's story of traumatic experiences
- Difficulty in maintaining **professional boundaries** with the client, such as overextending self (trying to do more than is in the role to help the patient)
- **Catastrophizing**
- **Urgency** of work that never ends – it also spreads to other parts of your life
- **Broken record** to others
- Our work problem is everywhere – e.g. see **sexual predators, terrorists, DV perps** all over all the time
- ...



Laura van Dernoot Lipsky



### *Trauma Exposure Response*

A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to suffering of other living beings or the planet.

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# What to do about it?



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# Trauma-informed approach organisations

1. 'reflect an understanding that **“symptoms”** may be survival strategies adaptations to intolerable situations when real protection is unavailable and a person's coping mechanisms are overwhelmed
2. Trauma-informed approaches focus on **resilience and strengths** as well as psychological harm
3. They also reflect an awareness of the impact of this work on providers and emphasise the importance of **organisational support and provider self-care'**

(Warshaw, Brashler & Gill, 2009 ; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005; Saakvitne, Gamble, Pear & Lev, 2000)

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# Empathy / compassion at work with a traumatised person

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# If a client is distressed and is:

1. Incoherent
2. Shows intense fear
3. Disorganised
4. Panicked
5. Volatile
6. Desperate
7. Anxious
8. Hectic
9. Angry
10. 'Super-calm', detached

## Question:

As a helper – what might you feel and do in working with such a client ?

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# How helpers might feel & what they might need do? (some examples)

## Incoherent

**Helper:** might feel some confusion themselves; might need to work at establishing coherence – saying things slowly; repeating points over & over, putting things in writing for the person (i.e. **cognitive labour**)

## Intense fear

**Helper:** work **containing own fears** if triggered; reassuring & calming down the client; work on coming across being calm & collected (i.e. **emotional labour**)

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# Resilience

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# Resilience - definition

Resilience is the capacity of a person to react to stressful events in adaptive ways.

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# A resilient person's view:

'Rose –coloured glasses are removed and the world becomes clearer, more vivid. The layers of mirage are stripped away and the world is exposed in both its beauty and its horror'.

(Health Canada, 2001)

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# Benefits of work with people in hardship:

- Feeling that our help really makes a difference
- Appreciating - the depth and complexity of the human condition
- Learn from survivors/clients coping, resilience, the strength of the human spirit
- Admiration when witnessing the bravery & courage of survivors
- Having moments of awe of the human spirit
- Rejoicing in individual women's successes
- Celebrating achieving justice with women
- Confidence in own personal skills to relate well to others in need

**VICARIOUS RESILIENCE,**  
HERNAŁ NDEZ, P. et al, 2007)

# From trauma to resilience

- **Herman (1995)** - trauma work **enriches** workers' lives, increases their appreciation of life and their **understanding of themselves and others**, and enables them to form new relationships and **deepen** existing relationships
- **Pearlman (1999)** - work with trauma survivors can lead to **personal growth, deepening of relationships** with others, increased personal experiences, and **enhanced awareness of many dimensions of life**
- In the right environment ...exposure [to the trauma of others] **can improve resilience** and help professionals empathise with their clients whilst staying emotionally healthy (Conrad and Kellar, 2006).

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# Resilient people – orientation to life

- Find meaning in work & pleasure; have meaningful connections with others
- Hopeful, positive attitudes, (i.e. use of a 'strength's perspective')
- Taking measured risks
- Being able to empathise with the person – but not attaching themselves to the outcome
- Keep well in focus the clients' own resilience and strength
- Humility - acceptance of what 'is; not taking themselves too seriously – humour

'Awareness – balance – connection' (Headington Institute)

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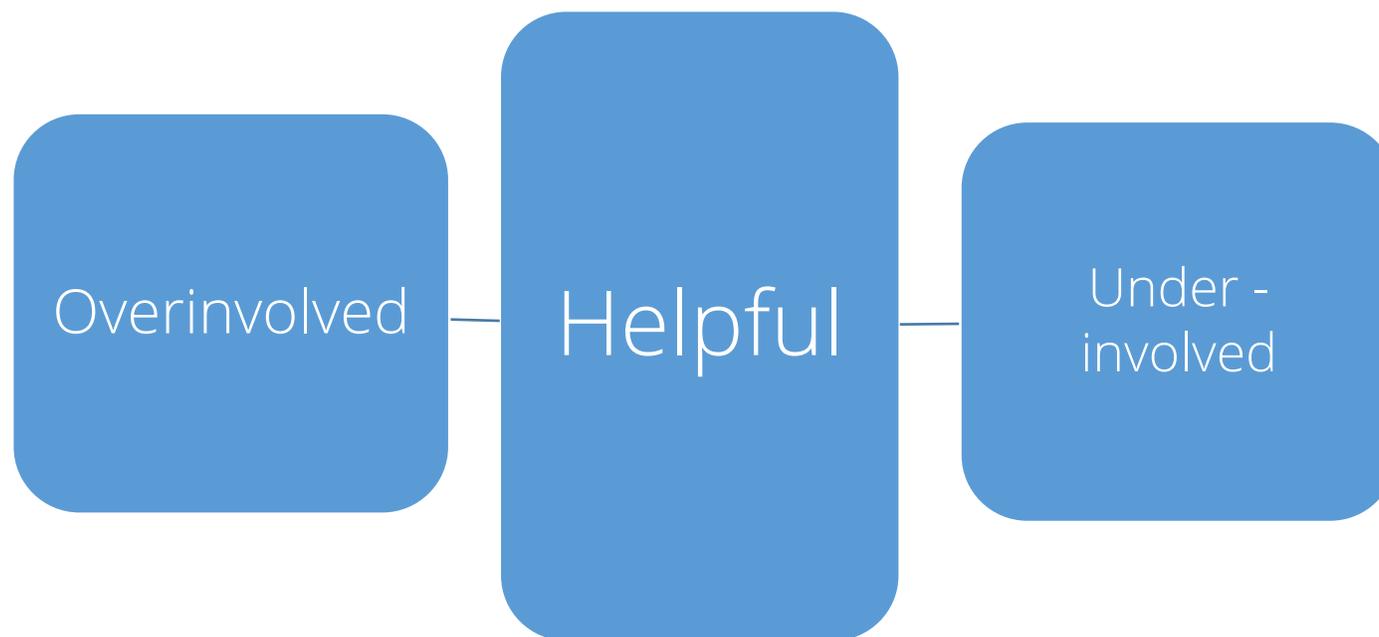
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# Abuse/traumatic experiences involve breaking boundaries

- This means that for many people with such experiences it may be **nearly impossible to maintain appropriate boundaries**
- They appear too distant ('difficult to engage')
- They may be too friendly, too open
- They may also do both of these things at different times (i.e. **'blow hot and cold'**)

# Effective professional boundaries

Question: Give examples of over and under involved professional responses with clients who had suffered trauma.



(adapted from: <https://www.ualberta.ca/medicine/departments/anesthesiology-pain-medicine/staff-wellbeing/-/media/275648b805574c9cb6b19f6b4fce950c.ashx>)

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# Ways of improving resilience

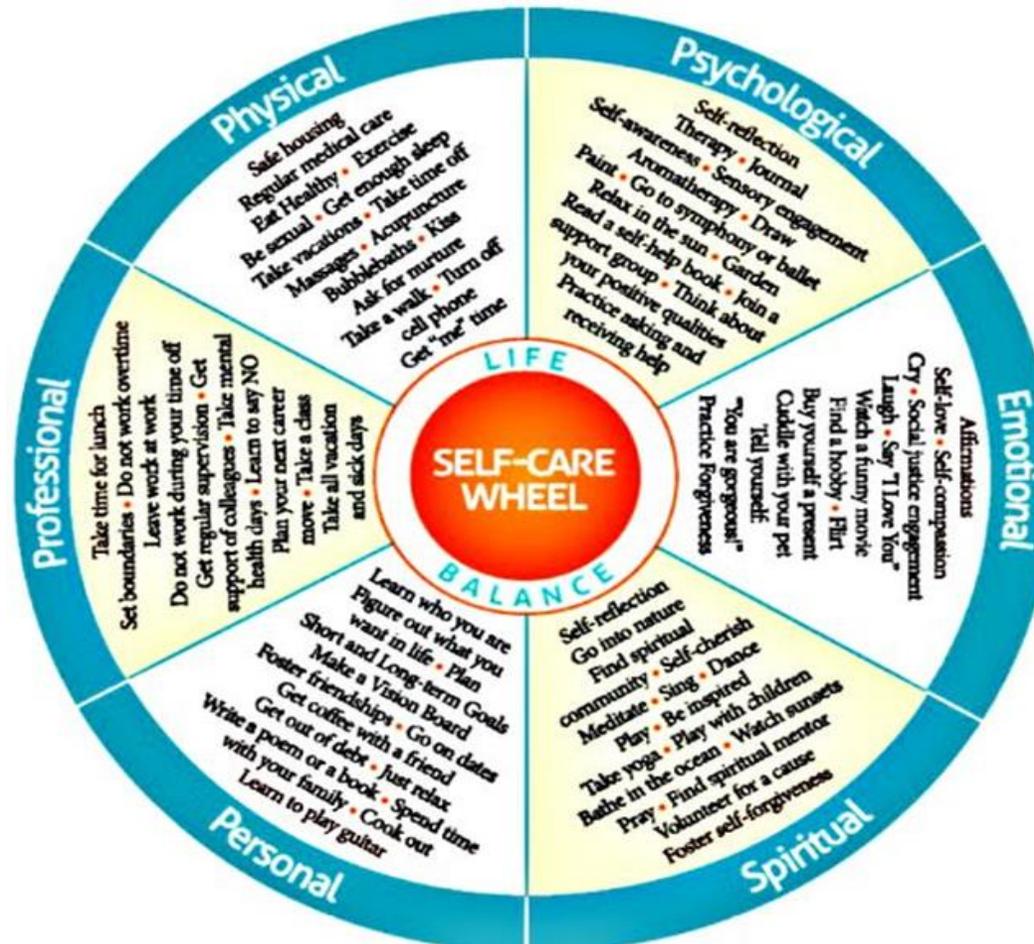
- **Know** your own symptoms (of stress; burnout; VT etc.)
- Know your own **trauma responses**
- **Use your own advice!** (eat, sleep, maintain social connection....)
- **Balance** in life & work
- **Seek** support/ **talk** about it- (Can you help me please?' – don't wait for others to notice & offer help)
- Good **boundaries**/limit setting
- **Mindfulness**, incl. learning to stay present
- **Physical exercise**
- Pursue personal **interests/ hobbies**
- Take in the **positive &** work on not accumulating the negative
- Practice **spreading 'positive'** with colleagues
- Learn **relaxation techniques** – e.g. breathing exercises; left & right movement exercises; Meditation / Mindfulness; Self-compassion techniques)

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# SELF-CARE WHEEL



Exercise with questions

- Psychological
- Emotional
- Spiritual
- Personal
- Professional
- Physical

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What (small or otherwise) steps could you take to REALISTICALLY achieve any one of these:

1. Balance between your work-life and personal life
2. Say “no” to extra responsibilities sometimes
3. Make time for reflection, connection to yourself & others that matter to you
4. Identify what makes you come alive & keep it!
5. Seeing the courage, strengths in your clients AND in yourself
6. Better professional boundaries
7. Feel entitled to ask for help
8. Physical wellness
9. Emotional wellness
10. Spirituals wellness (broadly speaking, maintaining an overall belief the meaning of life and in positive forces in it; i.e. you do not need to be linked to a particular religion to answer this question)
11. Any other goal that you see relevant but it is not listed here

# Specific techniques

- **Mindfulness & meditation**

- Self –compassion approaches – New Haven,  
<https://www.newhavenrtc.com/healing-teen-trauma/vicarious-trauma/>

- Eye Movement Desensitization and Reprocessing (**EMDR**), treatment that was originally designed to alleviate the distress associated with traumatic memories, uses **Bilateral stimulation**; can be done in a variety of ways, such as; jogging, swimming, drumming, bilateral tapping

- Remap therapy - <https://www.youtube.com/watch?v=ab2yVlnzHNU>

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# Concluding remarks:

- VT happens **over time**; it is **a process**; it can affect *anyone*
- It is specifically a result of work with survivors of (human induced) trauma
- It often produces permanent changes but:
  - workers **can and do develop coping strategies**
  - the experience can **be transformed** and result in enriching workers potentials and humanity
- The organisations people work in can have a massive impact on either enhancing or inhibiting our ability to cope with the work we do

# Resources

- Workplace stress and how to avoid it – **Community Care website**  
<http://www.communitycare.co.uk/2007/01/03/workplace-stress-and-how-to-avoid-it/>
- Confronting vicarious trauma - **Living Well website**  
<https://www.livingwell.org.au/professionals/confronting-vicarious-trauma/>
- Signs and Symptoms of Compassion Fatigue and Vicarious Trauma – **Tend website** –  
<https://www.tendacademy.ca/signs-and-symptoms-of-compassion-fatigue-and-vicarious-trauma/>
- \* JACKIE Tabick: The balancing act of compassion (Ted's talks)  
[https://www.ted.com/talks/jackie\\_tabick](https://www.ted.com/talks/jackie_tabick)
- \* Joan Halifax: Compassion and the true meaning of empathy (Ted's talks)  
[https://www.ted.com/talks/joan\\_halifax](https://www.ted.com/talks/joan_halifax)

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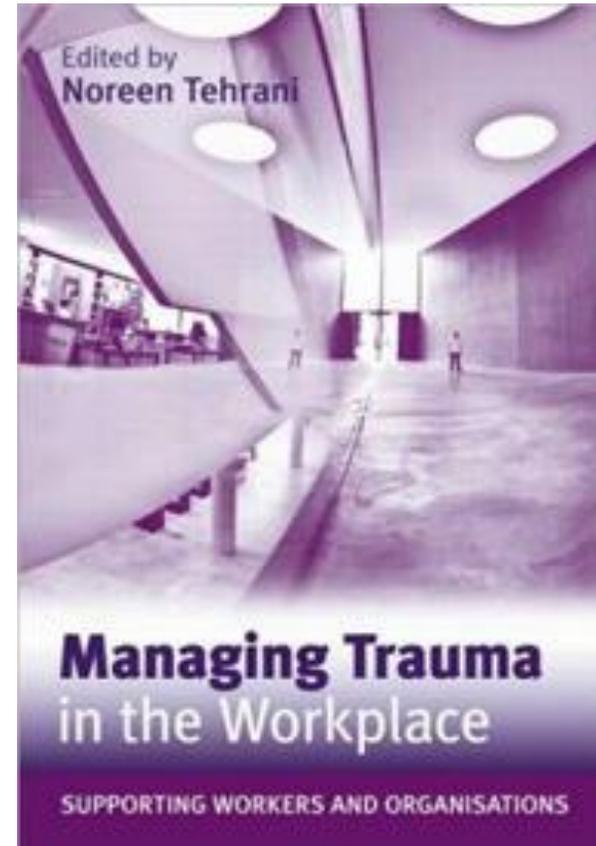
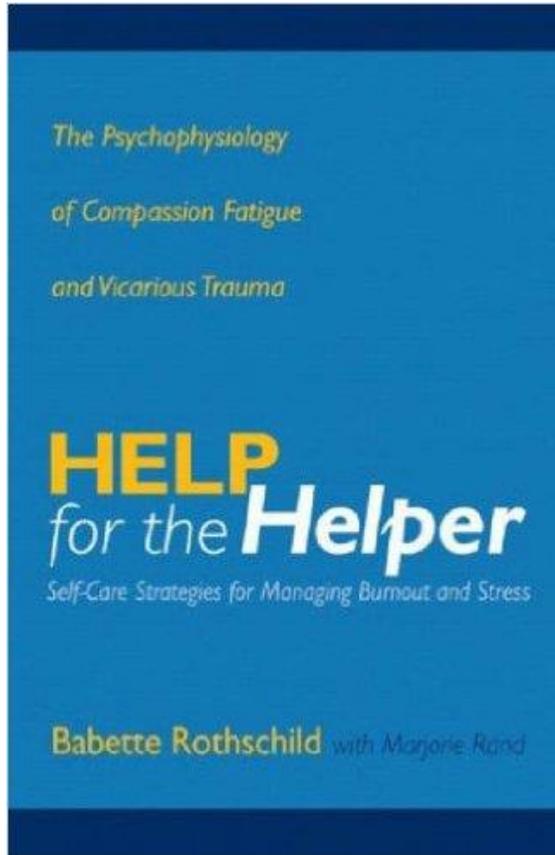
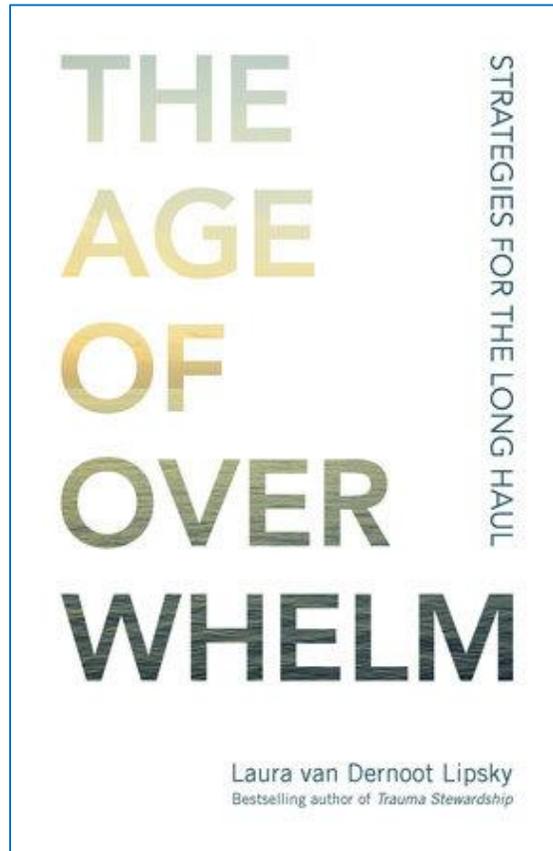
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# Resources

- <http://www.headington-institute.org/search/vicarious-trauma>, (**lots of VT**, Headington institute)
- **What is vicarious trauma? (video)** (Headington institute)  
[https://www.youtube.com/watch?v=wVDSdta0mbM&list=FLjY3NJMnT5Zc\\_VqtDWvdf0A](https://www.youtube.com/watch?v=wVDSdta0mbM&list=FLjY3NJMnT5Zc_VqtDWvdf0A)
- **Post-traumatic stress disorder (PTSD)** NHS website  
<http://www.nhs.uk/conditions/post-traumatic-stress-disorder/pages/introduction.aspx>

Laura van Dernoot Lipsky - **video** - Vicarious Trauma Training  
<https://www.youtube.com/watch?v=ImW6Mfia3V8>



End of Session  
Thank You

Feedback



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