



Vicarious trauma and compassion fatigue

Workers and volunteers in the helping field can be greatly impacted by the work they do. This is referred to as 'secondary trauma' and is a normal human response to hearing traumatic stories and having interactions with clients experiencing hardship, struggle and/or trauma symptoms.

The impacts of work

Anyone in any job role can experience **burnout** - the physical, emotional and mental exhaustion from stress and overload at work. This can include stress from administration and structural factors and can result in extreme health consequences if not addressed.

However, working in a helping profession with traumatised clients can involve additional impacts from the emotional strain involved. The two main types of secondary trauma are compassion fatigue and vicarious trauma.

Compassion fatigue refers to the worker becoming emotionally, mentally or physically exhausted from caretaking or doing compassionate work. It leads to a diminished capacity to empathise with or feel compassion for others.

Vicarious trauma (VT) refers to the negative emotional, physical, psychological and spiritual (meaning and purpose) consequences of repeated indirect exposure to traumatic material. The impacts are cumulative and gradually build over time to negatively impact personal wellbeing, relationships with others and views about the world, other people and oneself.



Why helpers are impacted

It is a normal human response to feel empathy - being sensitive to the experiences of others. Empathy enables us to relate to, and better understand, our clients. It is an important component for developing trust with our clients and being an effective helper. But empathy can also put our own wellbeing at risk.

Empathy can affect our functioning in the following ways:

- ▶ Our brain activity through mirror neurons in which our brain cells reflect the activity of another person's brain cells
- ▶ The body's autonomic nervous system and arousal in which our bodies respond automatically to another person's situation
- ▶ Our ability for clear thinking, which is often diminished when under great stress.

(Babette Rothschild, 2023)

Unconsciously being impacted by the state of our clients is a great risk to our wellbeing. If the impacts on us are outside our awareness, then they are outside our control. If left unchecked, this can have negative impacts on our emotions and bodies.

(Babette Rothschild, 2023)

Some workers experience the additional challenge/s below, which can make them more vulnerable to experiencing vicarious trauma:

- ▶ Trying to manage own life stressors, or traumatic circumstances, similar to those of their clients; and/or
- ▶ Having their own past trauma experiences and traumatic memories.

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Risk factors for secondary trauma can depend on a range of factors, including the following:

- ▶ The level of exposure to trauma clients
- ▶ Personality type
- ▶ Social isolation
- ▶ Lack of experience, skills, training, supervision
- ▶ Negative coping behaviours
- ▶ Holding unrealistic expectations about a job role
- ▶ Susceptibility to depression and/or anxiety
- ▶ Avoiding acknowledging feelings
- ▶ Avoiding expressing feelings.
- ▶ Organisational support

Risk factors while interacting with clients

- ▶ **Unconscious mirroring** (or mimicking) another person's breathing, posture, expressions or mannerisms is the quickest way to be impacted by another person's feelings. Many of us do this as an unconscious habit.
- ▶ **Lack of awareness of our stress arousal** (autonomic nervous system). This means we don't regulate our internal systems as needed, which puts us at greater risk of physical and emotional impacts.

To be an effective helper, you do not need to feel the client's pain.

Moral injury

Another risk to the worker is **moral injury**, which refers to harm to the worker that arises from a betrayal of the worker's core values, such as justice, fairness, and loyalty. Moral injury can occur when there is harm to others, a failure to protect others (through error or inaction), and/or a failure to be protected by leaders. Self-loathing and distrust of others are common consequences for the worker.

The following examples may cause moral injury:

- ▶ When the worker can see a solution for a client in distress but is unable to action it due to organisational constraints
- ▶ When a lawyer represents a victim who sustained great personal injury in a criminal case, and the perpetrator is found not-guilty
- ▶ When medical staff struggle with family decisions to continue life support for a patient in great pain
- ▶ When a homeless client is turned away due to lack of available beds
- ▶ When a police officer is repeatedly called to respond to a family domestic violence situation but there is insufficient evidence to press charges.

Interventions required to mitigate circumstances contributing to moral injury can be at personal (eg: moral resilience), structural (eg: laws, staffing, budgets), leadership (eg: clear communication) and community (eg: communities uniting to support workers or demand change) levels.



Signs and symptoms of secondary trauma

Symptoms can present in different ways. It is important for workers to be aware of their individual 'warning signs' and to be constantly monitoring for these.

What are your signs of distress?

Feelings and emotions	Thoughts and beliefs	Biological/physical	Actions/behaviours
<ul style="list-style-type: none">▶ Angry▶ Lonely▶ Sad▶ Empty/numb▶ Despondent▶ Anxious▶ Afraid	<ul style="list-style-type: none">▶ Everyone is bad▶ The world is dangerous▶ What's the point?▶ I'm no good▶ Nothing helps▶ I'm useless	<ul style="list-style-type: none">▶ Headaches▶ Irritable bowel▶ Unexplained pain▶ Frequent illness▶ Low energy▶ Heart palpitations▶ Teeth grinding	<ul style="list-style-type: none">▶ Withdrawal▶ Excessive drinking▶ Disturbed sleep▶ Avoid intimacy▶ Panic attacks▶ Excessive spending▶ Binge eating

Symptoms can be characteristic of post-traumatic stress disorder (PTSD), such as:

Intrusive thoughts and images, including flashbacks, nightmares and obsessive thoughts

Avoidance and emotional numbing, including avoiding people, places and things; and emotionally shutting out traumatic material

Hyperarousal, hypervigilance and difficulty concentrating.

Behaviours at work that may indicate the presence of secondary trauma can include the following:

- ▶ Taking on too great a sense of personal responsibility
- ▶ Missing work
- ▶ Cynicism, pessimism, loss of hope
- ▶ Increased need to control events, outcomes or others
- ▶ Avoiding disclosures from clients
- ▶ Counter-transference
- ▶ Difficulty managing boundaries
- ▶ Inability to 'let go' of clients outside work
- ▶ Becoming overly involved emotionally with clients.



You may notice these workplace behaviours in yourself or a colleague

Worker wellbeing

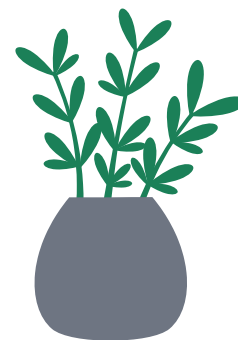
The aim for workers in helping professions is to support our clients without sacrificing our own emotional, mental and physical wellbeing.

Remember, the thinking and functioning of your clients is often affected by their trauma experiences. They need you, the worker, to remain 1 step removed so you have the capacity to think clearly, remain calm, talk through options, introduce new ways of thinking and help them to heal and navigate their way ahead.

(Babette Rothschild, 2023)

Both **organisations** and **workers** can implement strategies for promoting wellbeing.

A crucial element of a trauma-informed organisation is a workplace culture that encourages awareness and prevention of vicarious trauma for **all** workers, including those exposed indirectly to traumatic material.



Worker strategies for professional self-care

The following strategies may assist individual workers when interacting with clients or written traumatic material.

- ▶ **Ground yourself** to focus on the present and calm your autonomic nervous system, eg: notice the sounds around you, tune into your body, focus on taking some deep breaths.
- ▶ **Monitor your empathy.** Imagine you are in charge of an empathy dial. When you notice yourself having more intense emotions, turn the dial to keep these emotions within a manageable level.
- ▶ **Change your physical position** in relation to the client, eg: step slightly back or turn slightly to the side while standing/sitting with them, or walk to the other side of the bed (if in a hospital/medical setting).
- ▶ **Notice your body.** Feel your body sitting in the chair, the texture of the chair's surface, your feet on the floor. Notice the client in a different chair and remind yourself that you are separate beings. Notice if you are holding any tension and focus to release the tension.
- ▶ **Check if you are mirroring** the client's breathing, posture, expressions. Make a conscious effort to physically 'unmirror', eg: cross or uncross legs, take some sips of water, change your breathing pace, or break eye contact.
- ▶ **Don't automatically visualise** client's stories or circumstances. Simply observe and listen to your client, then control when you allow yourself to visualise their words.
- ▶ **Control the power of your imagery.** Picture yourself, for example, with dials in which you have the control to make the image smaller, further away, blurred, or at an angle. Softening the image can lessen its impact on you. If you are still reacting to the information, turn the image off and simply observe and listen to the client.
- ▶ **Monitor your thoughts and self-talk.** Instead of thinking "That could have been me" or "That could happen to my family members", think to yourself "I'm grateful that didn't happen to me".
- ▶ **Develop a silent mantra for yourself.** The mantra can help you to separate from the client while you are with them when you notice signs of distress in yourself, eg: "This is their life and their experience, not mine". A mantra can also help you to separate from the client/s at the end of your session/s, eg: "I have done the best I can for them today".
- ▶ **Be aware of your past and the experiences that still disturb you.** Consider which of your reactions to clients could be associated with your own past. Sometimes there may be parallels between our client's story and the experience of ourselves or someone close to us that might cause particular reactions. Addressing this area is important for preventing counter-transference. If your personal experiences are causing unhelpful reactions in your work with clients, it is advisable for you to work through this with a counsellor.
- ▶ **Regularly check in on yourself at work.** Check your body, your emotions and your thoughts. Notice how you are impacted, if you are mirroring, if your autonomic nervous system is aroused and needs to be regulated, if you are feeling too much and need to soften your empathy or mentally separate from the client/s, if your thoughts are skewed, and if your personal experiences are impacting your reactions and boundaries.

You have the power to control mirroring of your clients, your empathic imagery and your self-talk. You have the power to take control over how much you identify with, or empathise with, your clients.

Other individual practices also play an important role in your wellbeing.

Professional approaches to wellbeing

- ▶ Professional time-keeping such as limiting overtime, taking breaks and minimising take-home work
- ▶ Setting professional boundaries with clients, including appropriate use of self-disclosure
- ▶ Having a balance of clients with and without trauma experiences, even if this means working 2 different jobs
- ▶ Setting realistic work expectations (often best explored with peers)
- ▶ Engaging in supervision, debriefing and professional development
- ▶ Creating respectful, collaborative relationships with colleagues
- ▶ Developing a self-care plan.

Personal approaches to wellbeing

- ▶ Cultivating kindness, openness and acceptance towards yourself
- ▶ Having goals and a sense of purpose
- ▶ Taking care of cultural and spiritual needs
- ▶ Incorporating humour, laughter and fun into each day
- ▶ Having interests and hobbies outside work
- ▶ Maintaining a healthy diet and exercising regularly
- ▶ Putting effort into creating supportive, positive relationships
- ▶ Staying connected with people and community
- ▶ Doing relaxing and creative activities
- ▶ Spending time in nature
- ▶ Noticing and expressing gratitude for positive things in your life
- ▶ Building your internal coping capacity (for example through personal counselling, self-development groups, meditating, mindfulness or journaling).



Three useful tips outside work

1. Create a buffer between work and home. For example, listen to music in the bus/car, stop at a park for a walk, jog or swim before getting home. Use your commute time to 'switch yourself off' from work. If you work from home, insert an activity at the end of your work time that signals an end to the workday.

2. Limit your exposure to trauma content outside work. For example, limit how many times you listen to the news each week, the amount of violent or confronting TV shows you watch, the content of the podcasts you listen to, the genre of books you read.

3. Do periodic self-audits of your life to assess your overall coping, lifestyle and balance.



A range of self-help resources are available on the fact sheet 'Self-help apps and tools' on the [SARC website](#).

Find self-care strategies that work for you and incorporate them into your daily practices.

When you recognise any distress and struggle you are experiencing, it is important to take action immediately. Don't wait until the situation becomes a crisis. Options for help may include speaking to your line manager; undertaking counselling (consider your organisation's Employee Assistance Program); engaging in professional supervision; introducing new strategies of self-care; and/or finding out more about secondary trauma.



Resilience and satisfaction

It can also be beneficial to pause and reflect on the benefits of the type of work you do and acknowledge how it transforms you in positive ways. This can be motivating and protect you from the effects of trauma exposure.

- ▶ **Vicarious resilience and vicarious transformation** can occur. For example, you might be inspired by your clients' resilience in the face of terrible circumstances and build personal strength and courage from this as a worker.
- ▶ **Compassion satisfaction** describes the meaning gained from working in the helping field. It can be maintained by feeling empowered as a helper and acknowledging the difference you make.

A trauma-informed approach to practice can benefit clients and reduce the physiological impacts on workers.

References

Babette Rothschild. *Help for the Helper: Preventing Compassion Fatigue and Vicarious Trauma in an Ever-changing World*, 2023.

Delphi Training and Consulting. *Vicarious Trauma and Compassion Fatigue: Organisational and Personal Rights and Responsibilities*. 2021.

Remind yourself of why you do the work you do. Acknowledge and celebrate successes. Even small successes.

Thank you for doing the important work that you do and remember that your best work is only possible if you devote some attention and energy to caring for yourself.



The **Sexual Assault Resource Centre (SARC)** is a free 24-hour emergency service providing medical and counselling services for people who have experienced a recent (within 14 days) sexual assault. Counselling for any sexual assault/abuse experienced recently or in the past is also available to people of all genders aged 13 years and above. Call SARC on **(08) 6458 1828** or Freecall **1800 199 888**.