

Taking Care of You

For Workers in the Field

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Working with Survivors

WORKING SAFELY WITH TRAUMA

Working safely with survivors of sexual abuse involves firstly, accepting that such work is emotionally strenuous and involves an unavoidable risk of “vicarious trauma”. Organisations and workers need to understand the dual nature of vicarious trauma – that it is a normal outcome of exposure to trauma *and* that resiliency needs to be developed within a trauma sensitive framework.

WHAT IS VICARIOUS TRAUMA?

Vicarious trauma (VT), also referred to as “secondary trauma”, “compassion fatigue” and “burnout”, is *a normal, cumulative response to repeated exposure and empathic engagement with traumatic material*. It refers to an inner transformation experienced by workers and can also be expressed as “feeling heavy” or when the work “gets inside you” (Morrison, 2007; Pearlman & Saakvitne, 1995).

VT may consist of short-term reactions, or longer-term effects that persist after the work has finished. Some people argue that the effects are potentially permanent (Mouldern & Firestone, 2007).

IMPACT OF VICARIOUS TRAUMA ON WORKERS

The experience of VT may parallel that of a primary survivor, thus creating symptoms of Post-Traumatic Stress Disorder (PTSD) in the worker, which can be grouped as follows:

1. **Intrusive reactions** – dreams/nightmares, flashbacks, obsessive thoughts/images, physiological reactions such as pounding heart, dry mouth, nausea, shaking, rapid breathing
2. **Avoidant reactions** – avoiding engagement/activities related to traumatic material
3. **Hyper-arousal** – hyper-vigilance, restlessness, agitation, difficulty concentrating
4. **Hypo-arousal** – shut down, emotional numbing, extreme fatigue, dissociation

COMMON EXPERIENCES

- Anxiety, depression, de-personalisation, irritability, procrastination, cynicism, helplessness
- Emotional overwhelm – anger, fear, grief, despair, shame, guilt
- Feelings of reduced personal accomplishment and freedom
- No time or energy for self or others and disruptions to interpersonal relationships
- Substance abuse and other numbing activities
- Feelings of alienation
- Increased sensitivity to violence (images, news stories, film, TV)



- Sleep disturbances, headaches, rashes, recurring infections/colds/flu, muscle aches and pains, digestive disturbances
- Feeling the world is no longer a safe place and not trusting others in general

IMPACT OF VICARIOUS TRAUMA ON ORGANISATIONS

Organisations and systems are also sensitive to the impact of trauma. Re-enactments of client issues or parallel processes are common and need to be recognised e.g. betrayal, secrecy, mistrust, rage or boundary violations (McAllister, 2003). Organisations may also experience high staff turnover; ongoing conflict within or between services; poor productivity and/or over-conscientiousness.

DEVELOPING TRAUMA-SENSITIVE RESILIENCY

The literature on this subject stresses that *“...it is the nature of trauma that causes [VT], not some weakness or failure within the provider or organisation”* (McAllister, 2003). This is an important principle in developing trauma-sensitive resiliency, for which both organisations and individuals have responsibilities.

From an organisational perspective, developing a culture of reflective practice and providing ongoing supervision, de-briefing, professional support and training for staff from trauma specialists is highly recommended. Furthermore, refraining from pathologising individual workers who exhibit signs of VT is imperative e.g. move away from language such as “not coping”. VT is an injury, not a personal deficit.

Individual workers need to continually reflect on their own practice, de-brief with a safe person regularly, engage in a self-care regimen, and seek support early and ongoingly.

Attuning to somatic responses while engaging with clients and mindfully relaxing and releasing any tension in the body, is one of the most effective and protective strategies workers can exercise.

LOOKING AFTER YOURSELF

“Self-care” refers to proactive strategies or routines that professionals use to offset the negative aspects of working with trauma victims and to promote their own wellbeing (Morrison, 2007).

Self-care is often difficult for “helpers” to prioritise but is absolutely vital to mitigating the risk of VT and thereby sustaining the capacity to keep helping. Self-care needs to include cognitive, physical, spiritual, social and verbal strategies such as:

- Maintaining interests completely separate from work
- Taking regular breaks from work
- Taking up opportunities for debriefing and other therapeutic support
- Spiritual engagement and spending time in nature
- Identifying successes, reminding yourself of small “wins”
- Maintaining connections with others outside the field
- Accepting support and positive feedback when it is offered
- Giving support and positive feedback to others
- Getting regular exercise
- Developing a mindfulness, yoga or meditation practice
- Celebrating clients’ resilience and sharing positive stories

SUPPORT

There are several agencies that provide support to workers as well as survivors.

Service	Description	Contact
ADULTS SURVIVING CHILD ABUSE (ASCA)	Telephone counselling and workshops designed specifically for health professionals, community workers and other service providers in the trauma field.	1300 657 380 www.asca.org.au
MENTAL HEALTH PROFESSIONALS NETWORK	These locally driven networks promote collaborative practice and peer support amongst clinicians and service providers who are providing treatment to people with mental health issues.	1800 209 031 www.mhpn.org.au
LIFELINE	24-hour crisis support and suicide prevention.	13 11 14 http://www.lifeline.org.au/
EAP PROGRAMS	Various Employee Assistance Programs if available through your employer.	
ROYAL COMMISSION COUNSELLING AUSTRALIA (Auspiced by <u>Rape and Domestic Violence Services Australia - incorporating NSW Rape Crisis Centre</u>)	Vicarious trauma support for professionals working with people affected by the Royal Commission provided by trauma specialist counsellors. Also a 10 day trauma specialist counselling course for tertiary qualified psychologists, social workers and counsellors (DSS funded for RC work) .	1800 211 028 Monday-Friday 8am-11pm AEDT (Sydney Time)

CONTACT US

knowmore is an independent legal service giving free legal assistance to people who are considering telling their story or providing information to the Royal Commission into institutional responses to child sexual abuse.

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Sources/Further reading:

Gentry, E. (2013) *Compassion Fatigue & Burnout: Prevention and Resiliency for the Workforce. Workshop DVDs. Tatratraining.com*; Kezelman, C. & Stavropoulos, P. (2012) *The Last Frontier: Practice Guidelines for Treatment of Complex Trauma & Trauma Informed Care and Service Delivery*. Sydney: ASCA. McAllister, J. (2003). *The art of transformation: Overcoming vicarious trauma. The CCASA Connection, Winter, 1-7*. Morrison, Z (2007) *Feeling heavy: Vicarious trauma and other issues facing those who work in the sexual assault field. ACSSA Wrap, September 2007*; Mouldern, H.M. & Firestone, P. (2007) *Vicarious Traumatization: The impact on therapists who work with sexual offenders. Trauma, Violence & Abuse: A Review Journal, 8(1), 76-83*; Norcross, J.C. & Guy, J.G (2007) *Leaving It at the Office: A guide to psychotherapist self-care*. London: Guilford; Pearlman, L.A. & Saakvitne, K.W. (1995) *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.