



VICARIOUS TRAUMA

INDIRECT EXPOSURE TO A TRAUMATIC EVENT THROUGH FIRST-HAND ACCOUNT OR NARRATIVE OF THAT EVENT

UNDERSTANDING VICARIOUS TRAUMA

People in helping professions often hear stories of traumatic experiences in the course of their work. At times, hearing these stories may overwhelm them and lead them to experience, to a lesser extent, the same feelings faced by the trauma survivors in their care. Vicarious trauma typically involves a shift in the world view of the helper. The helper's beliefs about the world may be altered and/or damaged by repeated exposure to traumatic material, for example.

Compassion fatigue and burnout are related concepts that share some similarities with vicarious trauma, and a person might find themselves experiencing one or more of these states at the same time.

Compassion fatigue is the condition of emotional and physical fatigue that results when helpers feel compassion for those they help but do not have adequate time away from caring for others to refuel and care for themselves. It differs from vicarious trauma in that it is not typically characterized by the presence of trauma-related symptoms and does not necessarily involve a change in one's world view.

Burnout is a term sometimes used interchangeably with vicarious trauma, but this condition does not necessarily involve a traumatic element. People can experience burnout when they have a toxic work environment or when they feel themselves to be doing tedious or otherwise trying work without getting enough time for rest or appropriate self-care.

All helping professionals may be at risk, but those who work with children and survivors of sexual abuse and assault may have a higher risk of experiencing vicarious trauma.



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SYMPTOMS OF VICARIOUS TRAUMA

People respond to vicarious trauma in many ways. Some people are more affected than others and may experience a wider range of symptoms, which generally fall into one of five categories:

- Emotional symptoms can include lasting feelings of grief, anxiety, or sadness. Some people may become irritable or angry, become distracted frequently, and/or experience changes in mood or sense of humor. A person might also begin to feel generally unsafe.
- Behavioral symptoms might include isolation, increase in alcohol or substance consumption, altered eating habits, and difficulty sleeping. People experiencing behavioral symptoms of vicarious trauma may engage in risky behavior and avoid people or tasks, or they might find it difficult to separate work and personal life and may increase their workload.
- Physiological symptoms, which affect physical well-being, can appear in the form of headaches, rashes, ulcers, or heartburn, among others.
- Cognitive symptoms may take the form of cynicism and negativity or lead to difficulty concentrating, remembering, or making decisions in daily life. A helping professional may also find it difficult to stop thinking about the trauma experienced by a person in their care, even when not at work.
- Spiritual symptoms can include a loss of hope, a decreased sense of purpose, and feelings of disconnect from others and the world in general. People may lose sight of their life purpose or come to feel as if they are unworthy of love or do not deserve love.

Because symptoms can become debilitating if left untreated, it is recommended that helping professionals at risk of developing vicarious trauma seek the help of a mental health professional before symptoms become serious.



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VICARIOUS TRAUMA AND MENTAL HEALTH

Vicarious trauma can have a significant impact on a person's mental health. Helpers and others affected by vicarious trauma may notice emotional issues, such as feelings of anxiety, anger, and/or sadness related to hearing accounts of traumatic experiences.

According to revised diagnostic criteria for posttraumatic stress in the Diagnostic and Statistical Manual (which was expanded to include "repeated exposure to aversive details" of a traumatic event), some of those who experience vicarious trauma may also be diagnosed with PTSD. A person with PTSD may be affected by intrusive thoughts about trauma, avoid things that cause memories of a traumatic experience, and have increased physiological arousal/reactivity.

Therapy is generally recommended to those affected by vicarious trauma. A therapist can provide time and space for individuals to discuss how experiences of trauma survivors have had an impact. In therapy, helping professionals can also learn and build upon coping skills to address symptoms of vicarious trauma and develop self-care practices to help prevent future recurrences.

SELF-CARE PRACTICES TO REDUCE RISK OF VICARIOUS TRAUMA

People in helping professions can take specific steps to reduce the risk of vicarious traumatization. Also, it is widely considered to be essential for those who are frequently exposed to traumatic material to receive appropriate training and supervision. Many mental health professionals also recommend connecting with other professionals who understand the experience of working with trauma.

One way helping professionals can reduce their risk of vicarious trauma is to ensure they are making enough time for self-care. When therapists and other people who are indirectly exposed to trauma dedicate time to self-care activities—journaling, taking time off from work, enjoying music, spending time with loved ones, pursuing hobbies, and so on—they may better able to address the experience of vicarious trauma.



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Going to therapy can also be a form of self-care, as a therapy session allows time to focus on one's own thoughts and feelings and a safe place to examine them.

Maintaining a reasonable degree of balance, both in work and outside of work, may also be helpful. For example, therapists who frequently encounter trauma through their work may want to vary the kinds of work they do on a daily or weekly basis and avoid overworking themselves.

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