Vicarious Trauma

Sandra L. Bloom, M.D.

Vicarious traumatization is a term that describes the cumulative transformative effect on the helper of working with survivors of traumatic life events. The symptoms can appear much like those of posttraumatic stress disorder (PTSD), but also encompass changes in frame of reference, identity, sense of safety, ability to trust, self-esteem, intimacy, and a sense of control. The presence of vicarious traumatization has been noted in many groups of helping professionals who have close contact with people who have experienced traumatic events. Caregivers are at even higher risk if they have a history of trauma in their own backgrounds and if they extend themselves beyond the boundaries of good self-care or professional conduct.

As a social species, human beings are sociobiologically connected to each other. Witnessing another person's suffering is so traumatic that torturers frequently force their victim to observe the torture of another in order to elicit information. It has long been recognized that emergency workers, physicians, nurses, police officers, firemen, journalists, clergy, social service workers, colleagues, family members, and other witnesses and bystanders to disasters and other trauma can experience secondary symptoms themselves.

Although the concept of secondary traumatic stress is less than two decades old, there is a growing body of studies detailing the existence of many different survivor groups. For example, counselors with high domestic violence caseloads have been shown to have classical symptoms of vicarious traumatization. Specific challenges of this kind of work included difficulties with confidentiality, fear for the safety of their clients, and feelings of isolation and powerlessness (Iliffe & Steed, 2000).

A summary of risk factors indicates that having a past history of traumatic experience is a substantial risk factor for developing vicarious traumatization. Caregivers who extend themselves beyond the limits of customary service delivery by overworking, ignoring healthy boundaries, or taking on too many trauma survivors in their caseload are also at risk. Less experience as a therapist can put someone at risk, but so can too much experience, presumably because of the excess of exposure to traumatic material. Having a high percentage of traumatized children, particularly sexually abused children, in one's caseload is a risk, as is working with a high number of patients suffering from dissociative disorders. Experiencing too many negative clinical outcomes is also a risk factor.

There are also organizational contributors to the development of vicarious traumatization. Organizational settings that refuse to accept the severity and pervasiveness of traumatic experience in

the population they are serving will thereby refuse to provide the social support that is required for caregivers if they are to do adequate work.

Caregivers must develop their own personal and professional strategies for bringing about change in key areas that will help reduce or prevent the further evolution of a process that could lead to burnout.

Prevention strategies are focused on both individual and environmental approaches. Individual approaches encompass the personal physical, psychological, and social health of the helper, as well as the professional life of the helper, while environmental responses are divided between the organizational or work setting and societal strategies.

Clear, considerate, empathic communication and the promotion of social support are primary objectives for any organization that hopes to reduce the occurrence of compassion fatigue. The ability to express oneself emotionally is vital to continued well-being. This can only occur in an environment that (1) recognizes that the occurrence of secondary stress is a normal reaction to an abnormal situation and (2) condones the need for continuous positive social support as the normative standard of behavior for each individual and for the group as a whole. Likewise, each individual must establish a plan for self-care that includes adequate breaks, exercise, relaxation, and socialization. The studies of resiliency indicate that people do best if they can use their own initiative and creativity to solve problems with a maximum degree of autonomy, rather than being required to adhere to stringent and inflexible rules that are not always relevant to the situation. They must have appropriate and clear boundaries between themselves and suffering others while still maintaining a deep sense of commitment to a set of higher beliefs and standards. One of the most under-appreciated and yet most important factors that contributes to creating a stress-reducing environment is a sense of humor and the shared laughter that often emerges as "gallows humor" in highly stressful environments. A health-promoting organization is one in which the democratic processes of decision-making and conflict resolution are routine, issues of meaning and purpose are central, and there exists a culture of active nonviolence.

Excerpt from Bloom, S.L., Caring for the Caregiver: Avoiding and Treating Vicarious Trauma, in Sexual Assault, Victimization Across the Lifespan, A. Giardino, et al., Editors. 2003, GW Medical Publishing: Maryland Heights, MO. p. 459-470

Link to Normal Stressors

Link to Workplace Stress

Link to Workplace Bullying

Link to Workplace Violence

Link to Bloom, S.L., The Germ Theory Of Trauma:The Impossibility of Ethical Neutrality, in Secondary Traumatic Stress: Self Care Issues for Clinicians, Researchers and Educators, B.H. Stamm, Editor. 1995, Sidran Foundation. p. 257-276.

Link to Bloom, S.L., Caring for the Caregiver: Avoiding and Treating Vicarious Trauma, in Sexual Assault, Victimization Across the Lifespan, A. Giardino, et al., Editors. 2003, GW Medical Publishing: Maryland Heights, MO. p. 459-470.

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