

'The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.' (Remen, 1996)

Contents

Page 4.	What is Vicarious Trauma?
Page 5.	What is Burnout?
Page 5.	What is Compassionate Fatigue?
Page 6.	What are the Indicators of Vicarious Trauma?
Page 6.	Behavioural Signs
Page 7.	Interpersonal Signs
Page 7.	Physical Signs
Page 8.	Personal and Professional Trauma
Page 8.	Strategies for Mitigating Vicarious Trauma
Page 10.	Use the ABC model of Vicarious Trauma
Page 12.	Creating a Trauma-Informed Workplace
Page 12.	Educating Staff
Page 13.	Policies
Page 13.	How to Foster Community at Work
Page 14.	Further Organisational Considerations
Page 15.	Self-Assessment Tool
Page 17.	Interpreting Your Score
Page 18.	What Next?
Page 18.	Work-Related Quality of Life Scare (WRQoL)
Page 19.	Reflective Log
Page 19.	Some Quick Win Strategies for You
Page 19.	Body Scan
Page 20.	Adding to Your Own Support Network
Page 20.	References

What is Vicarious Trauma?

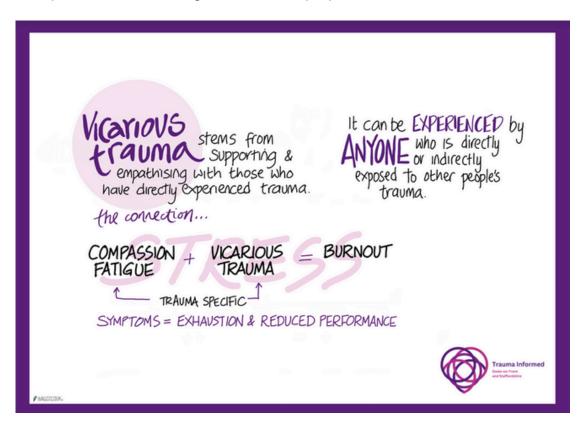
Vicarious Trauma (VT) stems from the emotional and psychological impact experienced by those who support and empathise with individuals who have experienced trauma. It occurs not from direct exposure to traumatic events, but from the intense emotional engagement and empathetic relationships formed with those who have directly experienced trauma.

VT is a cumulative process; we are not referring to the most difficult story you have ever heard; we are talking of the thousands of stories you don't even remember hearing.

It is important to highlight that Vicarious Trauma can be both indirect or direct. Some examples include:

Direct VT: a first responder witnessing the aftermath of an accident/a police officer seeing injuries of a child who has experienced physical trauma.

Indirect VT: a journalist reporting on a child abuse case and the impact this would have on them/a practitioner reviewing case notes in preparation for a consultation.



What is Burnout?

Burnout is a term that we hear often but what does it really mean? The WHO (2019) define burnout as a term that should only be referred to in the context of the workplace and should not be applied to describe other aspects of our lives. They argue that there are three components:

- · Reduced energy and a sense of exhaustion/fatigue
- Distancing ourselves from work-based tasks and colleagues
- An increased feeling of negativity

It can stem from challenging work environments, professionals feeling overloaded with work or emotional exhaustion due to a lack of support mechanisms in place to deal with being exposed to other's trauma experiences (Delgado et al., 2023).

What is Compassionate Fatigue?

"When we are suffering from compassionate fatigue we start seeing changes in our personal and professional lives" (Françoise Mathieu, TED X)

Emotional and physical exhaustion leading to a diminished ability to empathise or feel compassion for others (Cocker & Joss, 2016).

What are the Indicators of Vicarious Trauma?



Behavioural signs

- Often switching jobs
- Absenteeism/Reduced Punctuality
- Easily annoyed
- Not keeping up with work demands as normal
- Fatigue
- Feelings of failure/negative self-talk
- · Personal relationship difficulties
- A change in our social preferences e.g. choosing to spend more time in isolation

- Feeling unsatisfied in life generally as well as at work
- · Being more rigid/inflexible

Interpersonal signs

- · Not feeling able to take responsibility or feeling removed from our actions
- · Getting into conflicts/arguments more frequently/being short tempered
- An uneven work-life balance
- Avoiding clients with traumatic experiences
- Detaching ourselves from others in work

Physical signs

- · Headaches and Migraine
- Skin complaints
- · Digestive/gastrointestinal problems e.g. ulcers
- Palpitations
- Sweating
- Chest pain

These lists have been designed to give a flavour of what VT can look and feel like. However, each and every one of us is different in how VT will impact us.

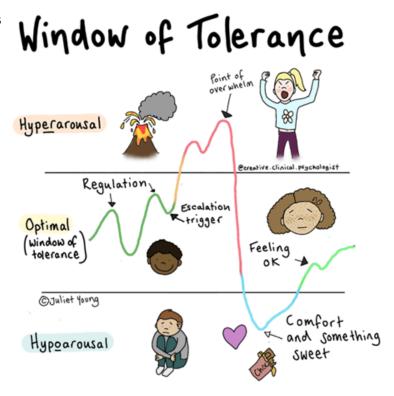
Personal and Professional Trauma

As professionals who work with children every day, we are very fortunate to be able to make an impact, especially when we are trusted during their most vulnerable and challenging times. However, we are humans too! We come with the richness of our personal experiences; this often fuels our compassionate selves and enables us to truly connect with others.

It is worth noting that if our own experiences were also of a traumatic nature, we may benefit from being more self-aware of our own indicators and the need to top up our 'self-care tanks.' Sometimes we may need to ask for support if we are finding ourselves retraumatised (Leung et al., 2023). This may occur if the experiences of those we are supporting share similarities to our own unique experiences. For example, you could be supporting a child who has experienced a loss whilst navigating own grief and loss journey.

Strategies for mitigating vicarious trauma

Reflection: Reflect on what sparks joy, calms you or soothes you depending on what you need that day. We aren't saying that it is as simple as running a hot bath. However, the simple things that we can do each day do add up and can extend our window of tolerance (this concept derives from Dr Dan Siegel's work).



Boundaries: Clearly defining and creating boundaries around the various aspects of our lives. One way of looking at this is by time blocking tasks associated with your work and your life outside of work. This can support you in reducing what you psychologically 'take home.' Between these blocks of time, try to build in 'buffer time' to help you transition between work and personal or indeed between your different roles. This might something as simple as driving the long way home or talking a short walk at lunchtime.

Sharing with others: Although being honest about your own experiences may be difficult and exposing, being as open and honest as you can with your supervisor or support system can be really beneficial if it feels safe for you. This can really help to personalise the support offering in your workplace to meet your needs better and/or to create a greater sense of mutual understanding, connections and belonging.

Remembering our Physical Health: Don't forget that our physical health does directly impact on our psychological wellbeing. Neglecting our sleep, hygiene and nutrition needs will negatively impact on our ability to try to stay in the present and be our authentic self. More guidance available from the Sleep Foundation.



Use the ABC Model of Vicarious Trauma

*Adapted from Pearlman & Saakvitne (1995)

Awareness

- Understanding VT: Recognise the signs and symptoms in oneself and others. This
 includes emotional, physical, and behavioral changes. You started to do this with this
 guide!
- Accept that working closely with trauma survivors/trauma related content puts us at risk of experiencing VT.
- If helpful, you could use a scale like the one at the end of this guide. For some
 people, the main way they have been able to cope/survive is to block out their
 emotions, feelings and experiences so it can take some practice to increase our
 awareness of ourselves and what our bodies are telling us.

Balance

- Maintain clear boundaries (see above) between personal life and professional responsibilities to protect emotional well-being. The more balance we can have, the greater the mitigation effect will be on in reducing the effects of VT.
- Set Limits: Know when to say no and consider what you can delegate to prevent overload and burnout. Using a Decision Matrix might help to get you started with delegation.

The Eisenhower Decision Matrix Urgent Not Urgent Do Decide Schedule a time to do it Delegate Who can do it for you? Delivation Delete Elminate it

Connection

- Self-Care Practices which include regular physical, emotional, and spiritual self-care routines to enhance resilience ideally with others. The reflective log at the end of this guide may help with this.
- Professional Support: Seek supervision, peer support, and possibly therapy to process experiences and gain strategies for coping. How this looks will be different for all of us.



Creating a Trauma-Informed Workplace

"Trauma informed workplaces offer a sanctuary of safety and support, a place where people can bring their whole selves and be valued for who they are" (Bloom, 1997)

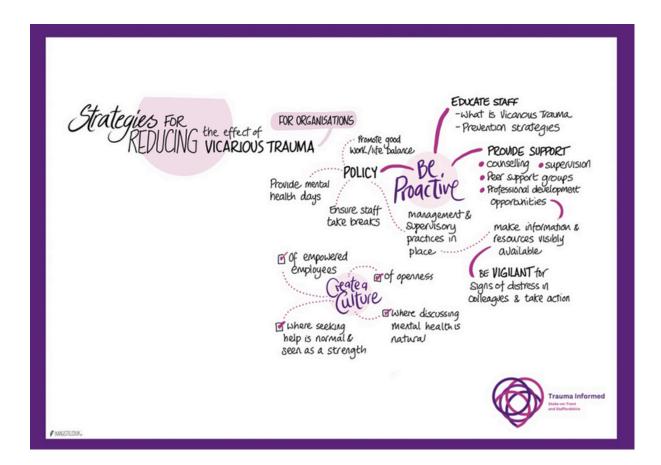
Some of the effects of not taking a trauma-informed approach in the workplace are:



Organisations are ethically obligated to fulfill a "duty to train," which involves educating employees about the possible adverse impacts of their work and strategies for coping. To do this well, we must recognise the almost inevitability of VT amongst team members and be proactive in what we put in place.

Educating staff

Staff education and the use of whole organisation strategies is crucial to reduce the impact of VT. For example, implement organisational support through counselling, supervision, peer support groups, and professional development opportunities focused on coping strategies.



Policies

Workplace policies around wellbeing must following the 6 principles of a Trauma Informed whole organisation approach which include:

- 1. Safety
- 2. Trustworthiness and Transparency
- 3. Peer Support
- 4. Collaboration and Mutuality
- 5. Empowerment, Voice, and Choice
- Cultural, Historical and Gender Issues

We have devised an **Audit** and **Action Plan** to enable you to consider where your organisation currently sits against these.

How to foster community at work

- Discussing mental health is encouraged, and seeking help is normalised by. This
 must be embedded in all aspects of work including team meetings. It must matter and
 be on the agenda always.
- Leaders must embody the core values of the organisation/service which should include prioritising staff wellbeing and encouraging others to do the same. Approach others with sensitivity and compassion.

- Providing resources universally and praising those who use them.
- Train staff to use the knowledge from this guide to support their colleagues by remaining vigilant of the indicators of VT in recognition of the strength of peer-to-peer support.
- Consider setting up a trauma informed wellbeing committee or working party who can lead on co-production of future policies and processes of the organisation/service.

Further organisational considerations

Whilst change can excite some members of the team, for others, change can exacerbate their own trauma. Try to give as much notice as possible about the 'when, how, what, where' of the change. Provide space for open dialogue and phase the change wherever possible.

Self-Assessment Tool

This tool has been created to support you in identifying your exposure by considering how we rank against some of the main indicators of VT. It is not a diagnostic tool but a self-awareness tool which might conversations you have for informal or formal support. For those requiring support from their GP for example, it could help to frame a discussion or in the case of clinical supervision. You can use it ideally once per month. However, some people may find it helps to track their scores weekly depending on their circumstances.

Indicate using the scale below where you would place yourself.

1. What I hear in work is always on my mind. I can't switch off.

Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded

2. Work exhausts me

Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded

3. I feel irritable and snappy when in the company of others

Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded

4. I feel overwhelmed by my work which influences my self-talk								
Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded			
5. My sleep is in switch off)	5. My sleep is impacted by my work (e.g. getting less sleep, waking up, not being able to switch off)							
Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded			
6. I am aware I	have less contac	ct with my family	and friends					
Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded			
Never (0)	Rarely (1)		Frequently (3)					
	Rarely (1)	(2)		Constantly (4)				
		(2)		Constantly (4)				
7. I know that I a	am soothing mys	(2) self in ways I do	n't consider to be	e healthy Almost	Awarded			

8.	My	physical	health is	impacted
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Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded

9. I no longer experience enjoyment from my work in ways that I used to

Never (0)	Rarely (1)	It Depends (2)	Frequently (3)	Almost Constantly (4)	Score Awarded
Score					

Interpreting Your Score

- **0-10:** Showing few signs of Vicarious Trauma. Keep going with your self-care and remembering that you matter too.
- **11-20:** Showing some signs of Vicarious Trauma. Draw on some of the strategies you have thought of from reading this guide.
- **21-30:** Time to seek some support. This might help you to mitigate against further impacts on yourself. It could be from those in your personal support network.
- **31-40:** Vicarious Trauma is significantly impacting on you. Many people in this category will need to seek professional support. Remember that there are lots of mediums for how this can be accessed e.g. face-to-face, online, telephone/text support and more.

What Next?

Now you have your score, use this to understand that prioritising your own needs is not self-centred but is integral to your daily functioning. Taking a proactive approach enables you to be as compassionate with yourself as you are to others. If you have any concerns or are looking for some support speak to a trusted colleague, line manager or supervisor. Refer to your organisation's policies and consider raising any concerns during your Personal Development Review (PDR). Your organisation/service may have access to paid for counselling/supervision you can access.

Work-Related Quality of Life Scale (WRQoL)

The WRQoL is designed to assess various aspects of work-related quality of life, including emotional exhaustion, work-life balance, and job-related wellbeing. It's suitable for teachers and staff members. You can access the scale and related information for free use.

The 24 items included in the scale are:

- 1. I have a clear set of goals and aims to enable me to do my job
- 2. I feel able to voice opinions and influence changes in my area of work
- 3. I have the opportunity to use my abilities at work
- 4. I feel well at the moment
- 5. My employer provides adequate facilities and flexibility for me to fit work in around my family life
- 6. My current working hours / patterns suit my personal circumstances
- 7. I often feel under pressure at work
- 8. When I have done a good job it is acknowledged by my line manager
- 9. Recently, I have been feeling unhappy and depressed
- 10. I am satisfied with my life
- 11. I am encouraged to develop new skills
- 12. I am involved in decisions that affect me in my own area of work
- 13. My employer provides me with what I need to do my job effectively
- 14. My line manager actively promotes flexible working hours / patterns
- 15. In most ways my life is close to ideal
- 16. I work in a safe environment
- 17. Generally things work out well for me

- 18. I am satisfied with the career opportunities available for me here
- 19. I often feel excessive levels of stress at work
- 20. I am satisfied with the training I receive in order to perform my present job
- 21. Recently, I have been feeling reasonably happy all things considered
- 22. The working conditions are satisfactory
- 23. I am involved in decisions that affect members of the public in my own area of work
- 24. I am satisfied with the overall quality of my working life

You can download the WRQoL1 scale and scoring in a variety of languages here.

Reflective log

These reflective questions might help you to log reflections at the end of your workday/shift:

- What have I achieved today?
- Consider what you feel proud about and what contributes towards your sense of fulfilment.
- How did you navigate any challenges?
- Consider what the challenges were and how you navigated them as a way of celebrating your strength.
- What glimmers did you spot?
- Glimmers are those little, every day things that we often miss.
- List them here and hold them tight.
- · What self-care did you fit in and how did it benefit you? What could you do tomorrow
- · Reflect on what you tried and its impact.
- Today, have you spoken to a colleague or a friend about something not related to work?
- Make notes of your interaction. Consider how it provided space.

Some quick win strategies for you

Take what you like from the list when you need a mindful moment...

5, 4, 3, 2, 1 grounding...

- 5 things I can see
- 4 things I can hear
- 3 things I can smell
- 2 things I can touch
- 1 thing I can taste...

Body scan

- Close your eyes/look at the floor.
- Work from your head to your toes. What sensations do you feel?
- Take note of these sensations whilst focusing on your breathing.

Adding to your own support network

- Samaritans call 116 123 jo@samaritans.org.uk
- SHOUT: text 85258
- NHS Every Mind Matters https://www.nhs.uk/oneyou/every-mind-matters/
- Hub of Hope https://hubofhope.co.uk/
- · Your GP has access to a range of services too...

References

Barre, K., De Boer, S., & Guarnaccia, C. (2023). Vicarious trauma and posttraumatic growth among victim support professionals. Current Psychology, 1-14.

Bloom, S.L. (1997) Creating Sanctuary: Toward the Evolution of Sane Societies. New York: Routledge.

Bridger, K. M., Binder, J. F., & Kellezi, B. (2020). Secondary traumatic stress in foster carers: Risk factors and implications for intervention. Journal of Child and Family Studies, 29, 482-492.

Cocker, F., & Joss, N. (2016). Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. International journal of environmental research and public health, 13(6), 618.

Davies, L. E., Brooks, M., & Braithwaite, E. C. (2023). Compassion fatigue, compassion satisfaction, and burnout, and their associations with anxiety and depression in UK police officers: A mixed method analysis. The Police Journal, 96(3), 509-529.

Delgado, N., Delgado, J., Betancort, M., Bonache, H., & Harris, L. T. (2023). What is the Link Between Different Components of Empathy and Burnout in Healthcare Professionals? A Systematic Review and Meta-Analysis. Psychology Research and Behavior Management, 447-463.

Denne, E., Stevenson, M., & Petty, T. (2019). Understanding how social worker compassion fatigue and years of experience shape custodial decisions. Child Abuse & Neglect, 95, 104036.

Figley, C. R. (Ed.). (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. Brunner/Mazel.

Hofmeyer, A., Kennedy, K., & Taylor, R. (2020). Contesting the term 'compassion fatigue': Integrating findings from social neuroscience and self-care research. Collegian, 27(2), 232-237.

Leung, T., Schmidt, F., & Mushquash, C. (2023). A personal history of trauma and experience of secondary traumatic stress, vicarious trauma, and burnout in mental health workers: A systematic literature review. Psychological trauma: theory, research, practice and policy, 15.

Mento, C., Silvestri, M. C., Merlino, P., Nocito, V., Bruno, A., Muscatello, M. R. A., ... & Kawai, T. (2020). Secondary traumatization in healthcare professions: A continuum on compassion fatigue, vicarious trauma and burnout. Psychologia, 62(2), 181-195. Pearlman, L.A. & Saakvitne, K.W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: W.W. Norton.

Psychological Professions Network (2024) Compassion Fatigue. Available from: https://ppn.nhs.uk/attachments/article/694/Compassion_Fatigue.pdf [Accessed: 13.03.2024].

Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. Occupational Health Science, 3, 297-336.

Rivera-Kloeppel, B., & Mendenhall, T. (2023). Examining the relationship between self-care and compassion fatigue in mental health professionals: A critical review. Traumatology, 29(2), 163.

Schmidt, S. N., Hass, J., Kirsch, P., & Mier, D. (2021). The human mirror neuron system —A common neural basis for social cognition?. Psychophysiology, 58(5), e13781.

WHO (2019) Burnout out an "Occupational Phenomenon": International Classificiation of Diseases. Available from: https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases [Accessed: 13.03.2024].

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