

Vicarious Traumatization

An occupational hazard for helping professionals

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My first job was at a transition house for women fleeing abuse. A co-worker shared that after years of working in the anti-violence field, she could no longer stand to watch violence on the news. I thought of her years later, when my husband and I were taking a walk around Stanley Park. My husband pointed out a man sitting alone in an area jam-packed with children and mentioned that he must be a kind grandfather. I had noticed the same man moments earlier, but I had targeted him as a sex offender. In that moment I grasped the extent to which my work with victims of sexual and relationship violence had influenced the way I see the world.

Different names, similar experiences

It seems that Freud may have been on to something when he first identified countertransference. He viewed it as a condition that develops when therapists transfer their own unresolved issues onto their patients. Today, this term is more commonly used to describe the general emotional reaction a therapist has to a client.

For helping professionals who work with victims of trauma, their reaction to a client can be similar to the post-traumatic stress symptoms of a victim.

Researchers generally agree that these post-trauma-like reactions exist. There is, however, debate about naming and describing the experience. The terms secondary trauma, compassion fatigue, vicarious trauma and countertransference have all been used interchangeably, despite their differences.

Researchers identified secondary trauma in the 1970s by looking at emergency services workers who were repeatedly exposed to victims of trauma. The workers began to experience symptoms of post-traumatic stress disorder, such as nightmares and flashbacks.¹ In 1995, the term compassion fatigue was proposed to better describe the “cost of caring” that counsellors paid.²

The concept of vicarious trauma developed through studying therapists who worked with victims of sexual violence. Researchers Pearlman and Saakvitne believe that when we listen to the traumatic stories shared by clients, our view of ourselves and the world is permanently transformed.³

How do we change?

The constructivist self-development theory aims to give a deeper understanding of the impact of vicarious trauma. The theory is rooted in the idea that reality is not something that is simply ‘out there.’ Instead, we construct our own reality based on our experiences. Thus, when we repeatedly

experience exposure to traumatic material, it can change our perception of reality. Generally, these changes will occur in the following areas:

“I was terrified when my daughter asked to sleep over at her friend’s house. Many of the children I support were sexually abused at a sleepover. I couldn’t let her go.”—*Victim Services Worker*

“I wanted to work with women who have been abused, because I thought I could make a difference. Some days I lose hope—especially when I realize that nothing has changed in the five years I’ve worked here.”—*Transition House Worker*

“I just look at the world differently. When I see a mother who is critical of her children, I get upset and wonder if the child is abused. If I see a woman wearing sunglasses indoors, I think that she is hiding bruises from being beaten. This is stuff I never used to consider.”—*Transition House Worker*

- the framework (‘lens’) through which we see the world
- our self capacities, including our sense of self as worth loving
- our ability to get emotional needs met in relationships

For example, if we hear many stories about violence, we may begin to see the world as unsafe. We may even feel fearful of trusting others, and this can affect our relationships.

How can you recognize vicarious trauma?

Visible changes include:

- becoming cynical or losing hope
- avoiding social or work contact
- becoming fearful and overprotective because the world is seen to be dangerous
- setting rigid boundaries in relationships or, displaying a lack of boundaries and rescuing others
- abandoning spiritual beliefs

The emerging research suggests that those with a history of trauma are more likely to experience the greatest impact. Newer, less experienced counsellors, are also more vulnerable.⁵

Working toward solutions

The consensus is that vicarious traumatization is inevitable for those who work with trauma survivors. Yet we can address it and sometimes even prevent it by paying attention to our ABCs:⁶

- **A**wareness of our needs, emotions and limits
- **B**alance between our work, leisure time and rest
- **C**onnection to ourselves, to others and to something greater (i.e., spirituality)

Research shows that the most influential resource is a group of peers that we can talk to about our trauma-related work.⁷ So, how can we become involved in the support offered by our organizations? Clinical supervision, team meetings and chances to debrief are all valuable in helping counsellors stay connected.

Our clients change us forever; to honour them and ourselves, we must practice self-care.

Related resource:

National Clearinghouse on Family Violence. (2001). Guidebook on vicarious trauma: Recommended solutions for anti-violence workers. www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/trauma_e.pdf

Footnotes:

1. Dunnin, C.M. & Silva, M.N. (1980). Disaster-induced trauma in rescue workers. *Victimology*, 5, 287-297.
2. Figley, C.R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B.H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators* (pp. 3-28). Lutherville, MD: Sidran Press.
3. 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.
4. McCann, I.L. & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
5. Pearlman, L.A. & Mac Ian, P.S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558-565.
6. Saakvitne, K.W. & Pearlman, L.A. (1996). *Transforming the pain: A workbook on vicarious traumatization for helping professionals who work with traumatized clients*. New York: W.W. Norton.
7. Sexton, L. (1999). Vicarious traumatization of counsellors and effects on their workplaces. *British Journal of Guidance and Counselling*, 27(3), 393-403.