

VICARIOUS TRAUMA AND RESILIENCE

Anti-violence workers are largely aware of the existence of vicarious trauma, or VT. VT is a term that was originally used to describe changes in psychotherapists as a result of working with trauma survivors (McCann and Pearlman), then expanded to include other helpers who are indirectly exposed to traumatic events through emotionally engaging with and hearing the stories of their clients.

VT has been called the “cost of caring”.

Workers with VT may experience some of the same symptoms as their traumatized clients – emotional (anxiety, depression, irritability), physical (rashes, headaches), behavioural (withdrawal, substance use, changes in eating and sleeping), cognitive (preoccupation with clients, difficulty concentrating, negativity) and spiritual (hopelessness, loss of life purpose). People with VT may no longer view the world as a safe, caring, predictable or just place.

Those newest to the work, those with their own trauma histories, those who work with abused children, and those with the highest exposure to trauma are most at risk of experiencing VT. It's crucial that anti-violence workers receive adequate training, support and supervision to lessen the chance of VT, and that they are aware of the importance of, and practice, self-care.

What's not as widely understood is that working with trauma survivors can also be rewarding and inspiring. Since the late 1990s, there has been a growing amount of research showing that there can also be positive changes in those working with trauma survivors. Helpers may gain improved skills to reframe and cope with stress or trauma in their personal lives, becoming more resilient. Their relationships and self knowledge may deepen.

These positive aspects of supporting survivors have also been referred to as “compassion satisfaction” (Figley), “vicarious post-traumatic growth” (Arnold, Tedeschi, Calhoun, and Cann), “vicarious resilience” (Hernandez, Gangsei and Engstrom), “shared resilience” (Nuttman-Shwartz), and “vicarious transformation” (Pearlman).

When helpers work from a trauma-informed perspective, we don't just bear witness to our clients' pain – we help them identify their strengths, their coping skills, and their successes. Some can watch our clients grow, heal, triumph and develop and display resilience. We may share in and learn from their personal victories and healing journeys. Clients teach us about overcoming adversity and emerging stronger.

***“She made broken look beautiful
and strong look invincible.
She walked with the Universe
on her shoulders and made it
look like a pair of wings.”***

Ariana Dancu

In both clients and helpers, personal growth often occurs in six key areas:

1. More meaningful interpersonal relationships
2. Increased sense of personal strength
3. Changed priorities
4. Recognition of new life possibilities and paths
5. Increased appreciation for life
6. Spiritual change.

You can find Calhoun and Tedeschi's Inventory at http://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-B_Post-Traumatic-Growth-Inventory.pdf

Clinicians working with trauma survivors have reported positive consequences such as increased self-confidence, independence, resilience, emotional expressiveness, sensitivity, compassion, and deepened spirituality.

Arnold, Calhoun, Tedeschi & Cann (2005)

Calhoun and Tedeschi's model holds that trauma and vicarious trauma may challenge, or even shatter, our frame of reference through which we perceive the world and our place in it – our deeply held beliefs, attitudes and values that provide us with a general sense of meaning and purpose. In the aftermath, we are forced to re-examine and re-structure these beliefs and assumptions, creating new ones and inventing a “new and improved” self. Vicarious transformation does not occur as a direct result of trauma, but rather as a result of a helper's intentional processing in the aftermath of VT.

Service providers will often experience multiple impacts of doing front-line work, both positive and negative, and can experience both vicarious trauma and vicarious resilience at the same time.

“I believe that the very empathic connection with our clients both allows them to recover and opens us to vicarious trauma. But this empathic connection is also a bridge to our own deepening humanity, a phenomenon that I have termed vicarious transformation.”

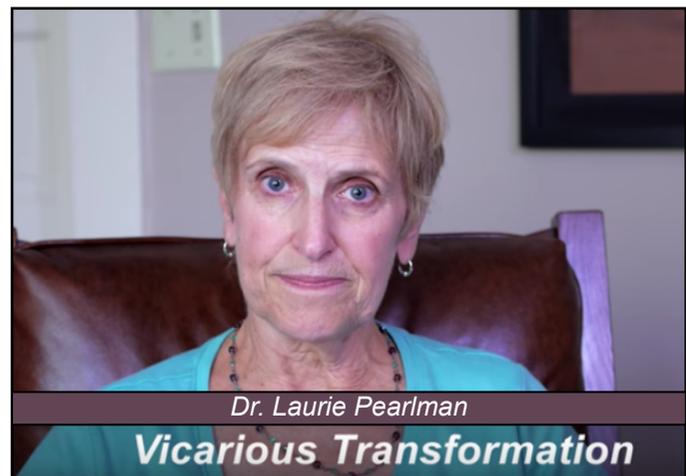
Dr. Laurie Pearlman

Being aware of the possibility of vicarious resilience may make it easier to achieve. Some of the factors found to be associated with vicarious resilience are secure attachments, supportive relationships, the nature of the client/worker relationship, altruism, self-care, optimism, extraversion, internal locus of control (the belief that you can influence events and outcomes), emotional control, and task-oriented coping skills.

Psychologist Dr. Laurie Pearlman offers three strategies for the vicarious transformation process:

- 1) Engaging deeply
- 2) Expanding your resources
- 3) Examining your beliefs.

You can view a video of Dr. Pearlman discussing these strategies at <https://youtu.be/QXuCBnX23Po>



Compassion satisfaction – the positive feelings that service providers feel when working with and helping clients – has been found to moderate vicarious trauma. When service providers feel they are doing their work well and having positive impact on their clients, they are better able to focus on the positive aspects of their work.

Adequate training and supervision, a manageable workload, and a supportive work environment also assist helpers to focus on the positive aspects of their work, and to continue in their field.

Additional Resources:

Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers Richardson, J. http://publications.gc.ca/collections/collection_2008/phac-aspc/H72-21-178-2000E.pdf

Vicarious Resilience: A New Concept In Work With Those Who Survive Trauma Hernandez, P.; Gangsei, D.; Engstrom, D. *Family Process*. (2007); 46(2):229-241

Posttraumatic Growth: Conceptual Foundation and Empirical Evidence Tedeschi, R.G.; Calhoun, L.G. (2004). Philadelphia, PA: Lawrence Erlbaum Assoc.

Self-Care Assessment Worksheet Pearlman & Saakvitne <https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf>