

## VICARIOUS TRAUMA TIP SHEET FOR ANTI-VIOLENCE ORGANIZATIONS

Vicarious trauma is an unintended consequence of caring for and attending to trauma survivors. It is “the inner transformation that occurs in the inner experiences of the therapist that comes about as a result of empathic engagement with clients’ trauma material” (Pearlman and Saakvitne, 1995; p. 31).

It is recommended that organizations work from the assumption that the majority of their staff and volunteers are survivors of trauma, most often gender-based violence. Research has shown that in a female-dominated anti-

violence sector, many staff and volunteers enter into the work having processed their own trauma and wishing to contribute in an environment that believes survivors and creates greater safety. The experience of one’s own trauma is a weighted risk factor for vicarious trauma, as one’s primary trauma may be re-stimulated, and the sorrow of witnessing systemic challenges to safety for others erodes the hope built around one’s own healing.

The experience of vicarious trauma is not an indictment of our lack of self-care. Self-care alone will not protect us from

the impacts of repetitive exposure to traumatic material, although it is the foundation from which we will nourish and protect ourselves. It is imperative that we adopt processes for ourselves that both protect and replenish us within the workplace (Kearney, 2018). Self-care theory suggests that organizations are instrumental in facilitating workers’ practice of self-care, and that organizations have a role to play to support self-care within workplace hours.

Organizations have a responsibility to create a psychologically safe workplace, which is a challenge when

the very nature of everyone's work puts that safety at risk. Psychological safety includes an environment that promotes trauma-informed principles such as safety and trustworthiness, and provides access to processes that mitigate exposure to trauma within the workplace.

Emerging research is revealing that workplace culture is the most influential factor over any individualistic risk or protective factor that can mitigate or compound vicarious trauma (Jirek, 2020). Workplace culture is the day-to-day lived experience of all members of an organization that is made evident in language, routines, informal expectations, emotional intensity, interaction patterns and more. Positive and trauma-informed workplace culture enhances quality of services provided, quality of relationships between employees and recipients of service, employees' work attitudes, commitment to the work and organization, job satisfaction and health and well-being of staff (Jirek, 2020). The cornerstone of workplace culture that mitigates vicarious trauma is the sharing of power throughout the organization.

Leaders in anti-violence organizations play an important role with respect to shaping organizational culture, implementing strategies to mitigate vicarious trauma among staff, and modelling healthy workplace boundaries and self-care.



### Specific Considerations:

The size of an organization has a direct influence on the well-being of employees. The benefit of large organizations is that there is greater access to resources, including extended health benefits, Employee and Family Assistance Services, occupational health committees, a management team and more. Smaller organizations often have less access to resources, but are able to provide a more intimate work environment that often translates into a higher perception of support for employees.

Thorough and extended onboarding of new staff and volunteers plays a vital role in protecting them from the vicarious trauma that occurs from initial exposures to traumatic material, unresponsive systems and the newly felt responsibility

of supporting a survivor. New staff and volunteers specifically may lack tools for metabolizing the trauma they are exposed to. They are confronted by the task of incorporating new information that challenges previously cherished beliefs – i.e., people are generally kind; the world is just . . . In contrast to the more experienced staff member or volunteer who may experience a slow erosion or transformation of belief systems, a new staff or volunteer is experiencing a sudden challenge or threat to their belief systems.

Isolation of staff members creates significant vulnerability to vicarious trauma. It is helpful to ensure that your remotely located employees or sole practitioners have access to weekly peer support in addition to clinical supervision. Tip Sheets for employees recommend that they identify a colleague or personnel from



another agency that they would have lunch with regularly (virtually or in person) to develop relationship and debrief the work. Encouraging or supporting this endeavour helps offset isolation. It is highly beneficial to have a written agreement outlining the parameters of confidentiality in any formal or regularly occurring clinical supervision or debriefing, in order to provide transparency, expectability and shared understanding between the participating staff members, contracted personnel and management. A written agreement that is reviewed together brings a greater level of safety to the process.

Non-clinical staff have unique vulnerabilities to vicarious trauma. Administrative or intake staff who may be reviewing documents containing traumatic detail, or receiving phone inquiries from clients in crisis or who are experiencing a trauma response are exposed

to emotional intensity without the protective factor of having a relationship with the individual, or witnessing the evolution of healing for the individual. Ensuring that these staff have regular access to support and debriefing regarding these exposures, and also some knowledge of the progression of the survivor(s) is beneficial.

### Remedies:

- **Increase clinical supervision and mentorship:** Increase new staff's access to clinical supervision during their probation period if possible, so there are structured contacts that allow for asking of questions, skill building and debriefing of exposure to trauma. It may be helpful to assign a more experienced employee as a mentor/resource, and to support them in being available to the new employee on a regular basis.

It is important to consider the matching of mentor/mentee in terms of avoiding assigning a more experienced employee who is significantly impacted by their own vicarious trauma. Give consideration to the social locations of the pair of employees, and ensure that the more experienced staff member is provided access to training and/or resources that assist in developing mentoring skills. Actively support the more experienced staff in this mentor role through allocating time and resources for this purpose – such as an identified space/ person to debrief their role as mentor, and relieving them of some direct service duties so that this role is affirmed as an appropriate deployment of their time.

Providing external clinical supervision to front-line staff is a helpful antidote to vicarious trauma when there are financial resources available to support this strategy. Research has shown that trauma-sensitive supervision incorporating “four components . . . a strong theoretical grounding in trauma therapy, attention to both the conscious and unconscious aspects of treatment, a mutually respectful interpersonal climate, and educational components that directly address vicarious traumatization” (Sommer, 2008, p. 64) – is helpful in mitigating vicarious trauma.

Allowing staff to choose their clinical supervisor from an approved pool of people increases safety and relevancy for the recipient staff. Agencies have found it to be a challenge to find trauma- skilled clinical supervisors. The BC Association of Clinical Counsellors ([www.bcacc.org/](http://www.bcacc.org/)) has a “find a counsellor” option on their website – counsellors who offer clinical supervision that can be searched for by community, provision of virtual service, and trauma. The Ending Violence Association of BC also keeps a list of clinical supervisors.

• **Incorporate staff self-care/resiliency plans:**

Incorporating a review of a self-care/resiliency plan in their annual review for all staff (including administrative) ensures that these conversations are part of our interactions and support of staff. Designating a wellness budget that offers every staff member a stipend which can be allocated to an activity in their self-care plan demonstrates the commitment of the organization to staff wellness. Employees could apply that stipend towards a gym membership, massages, sports equipment, yoga classes or any other defined activity that is part of their written plan.

Exposure to traumatic material lodges in our bodies and nervous systems. Resetting our vagus nerve (and thus stimulating our



parasympathetic nervous system) throughout our workdays can assist in mitigating vicarious trauma. Simple actions like humming for two minutes, splashing cold water on your face, or creating saliva from sucking on a strong mint or cinnamon can all stimulate your vagus nerve. It may be helpful to include simple, little to no vulnerability techniques in staff meetings, peer support gatherings and board meetings to assist everyone in releasing what has been carried into the meeting. For more strategies consult [https://drarielleschwartz.com/the-vagus-nerve-in-trauma-recovery-dr-arielle-schwartz/#.X\\_Inn-B7lQI](https://drarielleschwartz.com/the-vagus-nerve-in-trauma-recovery-dr-arielle-schwartz/#.X_Inn-B7lQI)

• **On-going training including on vicarious trauma:**

Research has demonstrated that vicarious trauma is mitigated when staff have access to regular relevant training. As trainings

become more virtually-based, this increases training accessibility for rural and remote agencies and allows a wider distribution of access among staff. Incorporating staff members’ identification of their training needs in annual reviews assists the agency in securing relevant trainings. Entering into collaboration with other community agencies to share training dollars and opportunities also increases access. Specific training on vicarious trauma is beneficial in an on-boarding process for all persons involved in an agency and as a regular annual review for staff.

• **Flex time:** Providing flex time to staff in order to alleviate some of the stress of personal and professional commitments, attend to self-care (including regular appointments with a care provider) or professional development offsets some of the stress of managing their lives and also legitimizes these



activities as part of their proactive stance against vicarious trauma.

• **Balance caseloads and exposure:** Research has shown that having some control over their caseloads is a protective factor for front-line staff. Bober & Regehr (2006) found in their review of organizations and strategies to reduce vicarious trauma that an emphasis on self-care implemented by employees was not effective, and in fact counter-productive in that it shifted blame to the employees for felt impacts. Instead, they found that the solution to vicarious trauma and secondary traumatic stress was structural, and that in particular attending to the distribution of workloads among staff so that no

employee had undue exposure to trauma was helpful.

Specifically, it is beneficial to pay attention to balance within a caseload, so that an employee is not serving too many complex, multi-issue clients at once, or seeing too many clients who are in high crisis at the same time. Research has shown that vicarious trauma is mitigated when organizations are mindful about the number of direct hours employees are spending with survivors (Benuto, Singer, Gonzalez, Newlands, & Hooft, 2019). For more experienced trauma-exposed employees, exploring the appropriateness of them reducing client hours and working on prevention-related projects, support of other employees or other important indirect work is beneficial.

• **Encourage peer support:** Scheduling regular peer support is a strong antidote to vicarious trauma. Peer support gatherings are instrumental in building and maintaining strong team connections. Processing staff transitions should be encouraged in these meetings, including activity and conversation that assist in saying goodbye to a staff member who is transitioning out of their role, and in getting to know a new staff/team member. A more robust peer support gathering is one where there is a structure that allows for debriefing, team building, and learning. It is helpful to have rotating leadership of the gatherings so that attention and intentionality is brought to the meetings.

Peer support gatherings hold the primary intention of providing mutual support. When significant events occur within an agency (such as staff transitions, loss), community (closure of major employer, traumatic event) or world (pandemic, increased attention to white supremacy), these events are purposefully debriefed. Activities designed to offset the absorption of trauma, such as mindfulness practices, art journaling, resetting of vagus nerve, etc., may be incorporated into peer support gatherings. The facilitator could be responsible for bringing to the attention of their peers a resource/training/activity that could be used for survivors or staff so that staff can benefit from

from learning without a significant investment of time or energy.

• **Counselling and workplace injury supports:**

Ensuring your organization has sufficient post-trauma related workplace injury supports including access to adequate Employee and Family Assistance Services counselling is very beneficial. Many staff do not access EFAS counselling due to a lack of knowledge of the process, concerns regarding privacy, and reluctance to engage given the limitation on number of sessions. Educating staff regularly regarding the steps to access EFAS counselling, assuring them of 100% confidentiality between the EFAS and your organization, and providing ways in which to maximize session access (sessions assigned for each issue raised, sessions renew every calendar year, etc.) may increase staff use. If the organization is resourced enough, several EFAS have specific trauma-related programs at an additional cost that assign employees to counsellors with advanced trauma knowledge and provide a significantly higher number of sessions.

• **Critical incident debriefing:**

It may be helpful to work with staff and volunteers to identify the workplace events that warrant externally led critical incident debriefing. An organization can often access critical incident debriefing through their Employee and Family Assistance Services, or a debriefer may be provided



by WorkSafeBC. Having a pre-identified list of critical incidents provides clarity for both staff, volunteers and management of when to identify the need. Incidents might include but are not limited to: suicide of client, traumatic death of client, traumatic loss of staff or volunteer member, or injury of staff or volunteer member in the context of a client interaction.

**Resources:**

**Organizational Checklists or Assessments**

**Trauma-Informed Practice Guide**, BC Centre of Excellence for Women’s Health, 2013. Provides guidelines for trauma-informed versus trauma-specific interventions, considerations for interacting with various populations and a

trauma-informed organizational checklist. Could be a beneficial document to utilize when on-boarding new staff.

[https://bccewh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

**Trauma-Informed Organizations/Systems – Organizational Self Assessment**, Manitoba

Trauma Information and Education Centre, 2021. Includes a checklist based on the original work of Dr. Nancy Poole that outlines criteria at all levels of an organization (policies, hiring and monitoring) to ensure that you are trauma and survivor informed. <https://trauma-informed.ca/trauma-informed-organizationssystems/organizational-self-assessment/>



**Developing Trauma-Informed Organizations:** A Tool Kit (Second Edition), Institute for Health and Recovery, 2012. A tool kit that can be ordered (\$18 US) which includes an organizational self assessment, and guides for trauma informed clinical supervision <http://www.healthrecovery.org/publications/detail.php?p=30>

**Policy Guidance for Trauma Informed Human Resources Practices,** Missouri Trauma Roundtable through the Department of Mental Health, 2017. A seven- page document that poses guiding questions for all stages of hiring, including employee review, that incorporates the five principles that foster a vicarious trauma resilient organization. <https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/publications/victims/hrpolicyguidancetraumainformed.pdf>

**Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA),** University of Kentucky Center on Trauma and Children, 2014. An assessment tool that can be used by organizational representatives at any level to evaluate the degree to which their organization is Secondary Traumatic Stress (STS) informed, and able to respond to the impact of secondary traumatic stress in the workplace. The tool identifies specific areas of strength, and opportunities to implement STS- informed policies and practices in five domains: resilience- building, promotion of safety, STS-informed organizational practices, STS-informed leadership practices, and STS-informed organizational policies. The results of this tool can be used as a roadmap for future training and implementation activities in the area of STS

and trauma-informed care. There is a standard version and a pandemic version. <https://www.uky.edu/ctac/stsi/oa>

**Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations,** Menschner & Maul, 2016. Although this four-page document is directed towards health care organizations, it has specific practical strategies that organizations can adopt to enhance staff wellness. <https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Brief-Trauma-Informed-Care-Staff-Wellness.pdf>

**Vicarious Trauma Assessment Toolkit for the Violence Against Women Sector,** van Veen, 2012. Is an excellent short tool kit providing a summary of relevant research, workplace contributors to psychological well-being, and framework of worker supervision to reduce vicarious trauma and assessment tools. <https://www.yumpu.com/en/document/read/14975385/vicarious-trauma-assessment-toolkit-for-the-violence-against->

**The Vicarious Trauma Toolkit: Blueprint for A Vicarious Trauma-Informed Organization,** Office for Victims of Crime, Department of Justice, 2013. Is a thorough tool kit for anti-violence organizations with a specific focus on supporting victim service workers. Document includes tools to access the organization's readiness to



address vicarious trauma, and to highlight strengths and areas that need strengthening. <https://ovc.ojp.gov/program/vtt/what-is-the-vt-org>

**A self-care guide, assessment and goal setting** tool based on the work of Saakvitne, Pearlman, & Staff of TSI is the self-care and resilience wheels created by Olga Phoenix. This tool could be incorporated into the annual performance review and become the basis of a wellness plan for staff. The self-care wheel outlines self-care in six areas of our lives, comes with an assessment wheel and goal wheel. <https://olgaphoenix.com/wp-content/uploads/2020/12/SCWsWDmin.pdf>

An accompanying resilience tool kit provides helpful information on how to build resilience focusing on self-

care, relationships and living with purpose, available at <https://olgaphoenix.com/wp-content/uploads/2020/11/Resilience-Wheel-Toolkit.pdf>

### **Articles, Books and Courses on Supporting Workplaces to Mitigate Vicarious Trauma**

**A Little Book About Trauma-Informed Workplaces**, Gerbrandt, N., Grieser R., & Enns, V. (2021). Crisis & Trauma Resource Institute. <https://ca.ctrinstitute.com/books/a-little-book-about-trauma-informed-workplaces/> **Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers** Richardson, J. (2001). One of the few Canadian resources that focuses on feminist anti-violence organizations, it includes a broad review of factors that contribute to impact, lists of symptoms, and affirming anti-violence

quotations. There is a section for organizations of considerations for increasing psychological safety of staff from specific identities, and short sections for executive directors and boards of directors.

[https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/os\\_vicarious\\_trauma\\_guidebook-508.pdf](https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/os_vicarious_trauma_guidebook-508.pdf) **Ineffective Organizational Responses to Workers' Secondary Traumatic Stress: A Case Study of the Effects of an Unhealthy Organizational Culture**, Jirek, Sarah L. (2020). Human Service Organizations: Management, Leadership & Governance, 44:3, 210-228.

<https://doi.org/10.1080/23303131.2020.1722302> **Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care**, Sandra L. Bloom and Brian Farragher, 2013. A blueprint



for organizations to create greater safety building on commitments of: nonviolence, emotional intelligence, open communication, democracy, inquiry and social learning, social responsibility and growth and change. See The Sanctuary Institute: <http://www.thesanctuaryinstitute.org>

Supporting Those Who Provide Support: Work-Related Resources and Secondary Traumatic Stress Among Victim Advocates. Benuto, Singer, Gonzalez, Newlands, & Hooft, 2019. <https://www.sciencedirect.com/science/article/pii/S2093791118302130>

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, Laura van Dernoot Lipsky with Connie Burk, 2009. See The Trauma Stewardship Institute <https://traumastewardship.com>

To view a 20-minute talk by Laura van Dernoot Lipsky, see <https://www.youtube.com/watch?v=uOzDGrcvmus>

Understanding and Addressing Vicarious Trauma (Reading Course). Pearlman & McKay, 2008. Headington Institute. An online reading course written for humanitarian workers that provides a strong basis of understanding vicarious trauma. Course includes a reflection workbook which could be incorporated into staff meetings or clinical supervision. <https://www.headington-institute.org/resource/understanding-vt-reading-course/>

Vicarious Trauma: What Can Managers Do? Pearlman & McKay, 2008. Headington Institute. A practical three-page guide written by the originators of the term vicarious trauma. <https://www.headington-institute.org/resource/vicarious-trauma-what-can-managers-do/>

Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. Sommer, C.A. (2008). Counselor Education and Supervision, 48(1), 61-71. <https://doi.org/10.1002/j.1556-6978.2008.tb00062.x>

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