Addressing Compassion Fatigue & Vicarious Trauma: What is My Responsibility?

Self-care and agency staff care is like municipal snow removal: The city is responsible to plow the main roads. However, as an individual, it is my responsibility to shovel my own driveway and my own walkway (Fribley). Together, this collaboration helps everyone get where they need to go. This same approach can be useful as we think about how we work together to lessen the impacts of our trauma work. This Advocacy Station explores interpersonal strategies and individual approaches to compassion satisfaction and resilience building. It takes a village!

Sorting Out Terminology

Before we do, let’s review! While these four terms are complementary, they are different experiences and are often conflated. It helps to name what we are experiencing (which may be overlapping) as we begin to grapple with how these personally impact us and the strategies we employ to lessen their effects.

Compassion Fatigue: The profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate (Mathieu, 2012).

Vicarious Trauma: “The transformation that occurs in the inner experience of
the worker that comes about as a result of empathetic engagement with a client’s trauma” (Pearlman & Saakvitne, 1995).

**Secondary Traumatic Stress:** The emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (National Child Traumatic Stress Network).

**Burnout:** A state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress (Smith & Segal, 2016).

**Organizational Trauma:** A collective experience that overwhelms the organization’s defensive and protective structures and leaves the entity temporarily vulnerable and helpless or permanently damaged (Vivian & Hormann, 2013).

**Warning Signs of Compassion Fatigue & Vicarious Trauma**

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<thead>
<tr>
<th>Physical</th>
<th>Behavioral</th>
<th>Psychological</th>
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<tr>
<td>Physical exhaustion</td>
<td>Increased use of alcohol / drugs</td>
<td>Emotional exhaustion</td>
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<td>Insomnia or hypersomnia</td>
<td>Other addictions</td>
<td>Distancing / isolation</td>
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<td>Headaches / migraines</td>
<td>(Compulsive eating, working, shopping)</td>
<td>Negative self-image</td>
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<td>Getting sick more often</td>
<td>Absenteeism</td>
<td>Depression</td>
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<td>Somatization (translation of emotional stress</td>
<td>Anger &amp; irritability</td>
<td>Reduced ability to feel sympathy &amp; empathy</td>
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<td>into physical symptoms) &amp; hypochondria</td>
<td>Exaggerated sense of responsibility (&quot;addicted</td>
<td>Cynicism &amp; embitterment</td>
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<td>to the need to be needed&quot;)</td>
<td>Resentment</td>
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<td>Avoidance of clients</td>
<td>Dread of working with certain clients</td>
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<td>Not holding clients in positive regard</td>
<td>Feeling professional helplessness</td>
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<td>Impaired ability to make decisions</td>
<td>Diminished sense of enjoyment</td>
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<td>Forgetfulness</td>
<td>Depersonalization</td>
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<td>Problems in personal relationships</td>
<td>Disruption of world view / heightened anxiety or irrational fears</td>
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<td>Attrition</td>
<td>Increased sense of personal vulnerability</td>
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<td>“Silencing Response” to clients (inability to listen, redirecting to less distressing subject, interruption, faking interest)</td>
<td>Inability to tolerate strong feelings</td>
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<td>Problems with intimacy</td>
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<td>Hypervigilance</td>
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<td>Intrusive imagery</td>
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<td>Hypersensitivity to emotionally charged stimuli / insensitivity to emotional material</td>
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<td>Loss of hope</td>
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<td>Difficulty separating personal &amp; professional lives</td>
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<td>Failure to nurture &amp; develop non-work-related aspects of life</td>
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**Evaluate Yourself**

Self-awareness is a great place to begin your individual compassion fatigue work. It helps for us to get in touch with how we are feeling and what we are experiencing. While reading about compassion fatigue symptoms can be a starting place, how your work is impacting you is an individualized experience and not all of these will apply to you. Personal examination is required. This process of taking stock can help us create unique strategies that work for us individually.

The ProQOL (Professional Quality of Life) is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue. It is available in 25 languages.

Find it here: [https://proqol.org/ProQol_Test.html](https://proqol.org/ProQol_Test.html)
Low Impact Debriefing

Debriefing is an integral part of our advocacy work. It can increase feelings of solidarity among co-workers and can normalize reactions that advocates have to their clients’ stories. But how do we do this to have the least amount of impact on each other?

Some advocates assume they should repeat the traumatic details to their co-workers. Others fear harming their co-workers by sharing the haunting details and refrain from debriefing at all. We can find balance between these extremes. Although sharing some details might be necessary, it is important to be intentional about the level of detail we share.

Although each advocate will have different needs when it comes to debriefing, these suggestions from the Compassion Fatigue Workbook can offer some guidance about how to debrief with our co-workers in a trauma-informed way.

Increased Awareness
How do you debrief when you have heard or seen hard things? Take a survey of a typical workweek and note all the ways in which you formally and informally debrief with your colleagues. Note the amount of detail you provide them with (and the amount of detail they share with you), and the manner in which this is done: do you do it in a formal way, at a peer supervision meeting, or by the “water cooler”? What is most helpful to you in dealing with difficult stories?

Fair Warning
Before you tell anyone a difficult story, you must give them fair warning. This is the key difference between formal debriefs and ad hoc ones: if I am your supervisor and I know you are coming to tell me a traumatic story, I will be prepared to hear this information and it will be less traumatic for me to hear. If I am casually chatting with a colleague about their weekend plans and you barge in and tell us graphic details of a sexual abuse story you just heard, we will be more negatively impacted by the details. Allow the listener to brace themselves to hear the story as well as to decide if now is a good time to hear it.
Consent
After you have given warning to the listener, you need to ask for consent. This can be as simple as saying, “I need to debrief something with you; is this a good time?” or “I heard something really hard today and I could really use a debrief; could I talk to you about it?” The listener then has a chance to decline or to qualify what they are able and ready to hear. For example, if you are my work colleague, I may say to you: “I have 15 minutes and I can hear some of your story, but would you be able to tell me what happened without any of the gory details?” or “Is this about [whatever your trigger is]? If it’s about [trigger] I’m not in a great space to hold that.”

Limited Disclosure
Now that you have received consent from your colleague you can decide how much of the tap to turn on. I suggest imagining that you are telling the story starting on the outer circle of the story (i.e., the least traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you (Mathieu, 2012).

• Get clear about what you need from this debrief exchange. If you are feeling bad, focus on sharing your feelings rather than traumatic details. For example: “This reminded me of something that happened to me” or “I feel so powerless to help” or “I can’t think clearly about how to help this person, I need some problem-solving support
• Honor the survivor’s privacy. While it is not a violation of confidentiality to share details about a client, an advocate is holding someone else’s story. Make sure there is a clear purpose in sharing aspects of a survivor’s story and hold them in positive regard.

Resiliency

The way we mitigate the impacts of vicarious trauma is by building resilience. Resilience is not an innate gift, but a pattern of behaviors that we can learn (Hernandez, et al., 2007). We can build resilience in the following ways:

Social Support
Compassion fatigue and vicarious trauma erode what we need most: our connections with others. Healthy connections serve both as primary protection from the impact of trauma as well as the way to move out of the impacts of
trauma. Use low impact debriefing above to connect with peer supports. But also, resilience comes with strong connections outside of work. We can work against the isolation trauma work can foster by taking time for regular friends and/or family connection unrelated to your work.

**Creativity**
Creating and taking advantage of opportunities to be creative in your work place and your advocacy. Create a beautiful flyer using images of what you like best for an upcoming event. Think about creative solutions to challenging cases and new ideas for outreach and programming. In your off time, flex your creative muscles through writing, art, or playing with children in your life.

**Express Emotions**
Express emotions, concerns, and joys about work to coworkers and your supervisor. Take time to acknowledge to yourself what feels hard and what feels successful.

**Engage the Senses**
Engage all five senses: exercise, bake cookies, take a walk outside, listen to music, cuddle with a pet.

Use the 5, 4, 3, 2, 1 Grounding Technique. This technique will take you through your five senses to help remind you of the present. This is a calming technique that can help you get through tough or stressful situations.

5 - LOOK: Look around and notice five things that you can see. For example, I see the computer, I see the cup, I see the picture frame.

4 - FEEL: Pay attention to your body and notice four things that you can feel. For example, I feel my feet warm in my socks, I feel the hair on the back of my neck, or I feel the pillow I am sitting on.

3 - LISTEN: Listen for three sounds. It could be the sound of traffic outside, the sound of typing or the sound of your tummy rumbling.

2 - SMELL: Two things you can smell. If you can’t smell anything at the moment, think about two favorite smells.
1 - TASTE: One thing you can taste. It may be the toothpaste from brushing your teeth, or a mint from after lunch. If you can’t taste anything, then think about a favorite taste.

Focus on Hope
Get involved with prevention or activism to end sexual violence, racism, and oppression. We can also focus on the stories of strength and hope that we hear every day. The survivors we serve have gotten through terrible things. Their strength and power, not their traumatic experience, is what we know defines them. We also spend a lot of time interacting with negative aspects of our communities. Find opportunities to connect positively in community building and celebration.

Confidence in Your Work
Compassion satisfaction is associated with both your competence and your confidence in your work. Accessing articles, recorded webinars, trainings, conferences, and peer learning opportunities will help build your feelings of efficacy which, in turn, mitigates compassion fatigue and burnout. It is also important to reframe and affirm your good work:

Do we tell ourselves, “That was a hard call and I feel terrible because I didn’t have any answers” or “That was a hard call, but the survivor was so brave for calling and I’m glad I was able to listen and connect him with local resources”? In the first, we’re dwelling on our inadequacy and reinforcing a narrative of powerlessness. But in the second, we’re gaining strength from the survivor and from honoring the active listening we gave. (Bein, 2016).

Time Off
Use vacation and non-work time for relaxation and rejuvenation. Of course we all have home responsibilities that need our off-hours attention—dishes, driving kids to soccer practice, side gigs, sleepless nights, and sickness—so it is essential to carve out time you know can be rejuvenating for you. But, most importantly, do not engage in trauma work when you are off.

Boundaries
Enforce boundaries between work and home. Don’t check your email on your breaks, after hours, or weekends. Create a transition plan or ritual for when you go from work to home / home to work. For example, use the Mr. Rogers
Change your clothes when you get home—a lot of us do this natural transition but use this as a time to be mindful that you are going from one space to another space.

“Your resiliency strengths come from self-motivated, self-managed efforts to develop resiliency skills. Some people who hear or read about ways to become more resilient mistakenly think that the power lies in the recommended method. They go through the steps in a detached way thinking the technique will make things better. Then when things don’t turn out well, they blame the technique for not working. This is like tossing a can opener at a can of food and then blaming the can opener when the can doesn’t open.” (Siebert, 2005).

Compassion fatigue and other emotional labor hazards impact us all in a myriad of ways. It is important that we recognize, normalize, and address it, not only as individuals, but also as organizations supporting the individualized needs of its employees. Through self-evaluation, trauma-informed debriefing practices, and ultimately, resiliency building, we work toward building a more resilient and effective movement to end violence and bring our fully present selves to work.

References

- Fribley, C. (n.d.)

**Reading, Resources & Tools**

• *The Compassion Fatigue Workbook* can be found in the WCSAP Lending Library.