Encyclopedia of Trauma: An Interdisciplinary Guide

Vicarious Trauma

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Vicarious traumatization (VT) is a negative transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality or meaning and hope. Lisa McCann and Laurie Anne Pearlman coined this term in 1990 with specific reference to the experience of psychotherapists working with trauma survivor clients. Others have expanded its application to a wide range of persons who assist trauma survivors, including clergy, frontline social service workers, justice system professionals, health care providers, humanitarian workers, journalists, hospice professionals, and first responders. Because vicarious trauma is a common effect of working with traumatized persons, it is essential to understand its origins, manifestations, and treatment.

Contributing Factors

VT, conceptually based in constructivist self-development theory, arises from an interaction between individuals and their situations. This means that the individual helper's work style (boundary management, for example), personal history (including prior traumatic experiences), coping strategies, and use of support network, among other things, all interact with his or her situation (including work setting, the nature of the work she or he does, the specific clientele served, etc.) to give rise to individual expressions of vicarious trauma. This in turn determines the individual nature of responses or adaptations to VT as well as suggesting individual ways of coping with and transforming it.

Anything that interferes with the helper's ability to fulfill his or her responsibility to assist traumatized clients can contribute to vicarious trauma. Many social service workers, for example, report that they experience the demands of their agencies as the greatest impediment to their effectiveness and work satisfaction.

Signs and Symptoms

The signs and symptoms of vicarious trauma parallel those of direct trauma, although they tend to be less intense. Workers who have personal trauma histories may be more vulnerable to VT, although the research findings on this point are mixed. Common signs and symptoms include, but are not limited to, social withdrawal, emotional dysregulation, aggression, greater sensitivity to violence, somatic symptoms, sleep difficulties, intrusive imagery, cynicism, anxiety, depression, substance overuse, sexual difficulties, difficulty managing boundaries with clients, and disruptions in core beliefs and resulting difficulty in relationships reflecting problems with security, trust, esteem, intimacy, and control.

Related Concepts

Although the term vicarious trauma has been used interchangeably with compassion fatigue, secondary traumatic stress disorder, burnout, work-related stress, and secondary trauma, there are important differences, including the following:

- 1.
  Unlike compassion fatigue, VT is a theory-based construct. This means that observable symptoms can serve as the starting point for a process of systematically identifying contributing factors and related signs, symptoms, and adaptations. VT also specifies psychological domains that can be affected and that underlie particular symptoms that may arise. This level of analysis may more accurately guide preventive measures and interventions and allow for the accurate development of interventions for multiple domains (such as addressing aspects of the helper's work style and her work environment).
- 2.
  Countertransference is the psychotherapist's response to a particular client. Unlike vicarious trauma, countertransference can be a very useful tool for psychotherapists, providing them with important information about their clients.
- 3.
  Unlike burnout, countertransference, and work-related stress, VT is specific to trauma workers. This

means that the helper may experience trauma-specific difficulties, such as intrusive imagery, that are not part of burnout or countertransference. The burnout and vicarious traumatization constructs overlap in the area of emotional exhaustion. A worker may experience both VT and burnout, and each has its own remedies. VT and countertransference may also co-occur, intensifying each other. Burnout and vicarious trauma can also coexist.

- 4.
  Work-related stress is a generic term without a theoretical basis, specific signs and symptoms or contributing factors, or remedies.
- 5.
  Secondary trauma can be conceptualized as trauma one may experience when a friend or loved one is victimized. This is different from VT in that the secondary trauma victim has a personal, rather than a professional, role with the primary survivor. That implies very different effects, in nature, extent, and intensity. It also requires different interventions.
- 6.
  Debora Arnold and colleagues described v icarious posttraumatic growth (VPG) after interviews with 21 psychotherapists who were asked about the effects their work had on them. Unlike VT, VPG is not a theory-based construct but, rather, is based on self-reported signs.
- 7.
  Pilar Hernandez and colleagues reported results of interviews with 12 clinicians who worked with survivors of political violence and torture. Their construct, vicarious resilience (VR), is based on lessons clinicians learned from working with survivors. Although a valuable construct, VR is not rooted in theory but rather in clinical observation.

Mechanism

The posited mechanism for VT is empathy. Different forms of empathy may result in different effects on helpers. C. Daniel Batson and colleagues have conducted research that might inform trauma helpers about ways to manage empathic connections constructively. If helpers identify with their trauma survivor clients and immerse themselves in thinking about what it would be like if these terrible events happened to them, they are likely to experience personal distress, feeling upset, worried, distressed. Conversely, if helpers instead imagine what the client experienced, they may more likely feel compassion and be moved to help. Babette Rothschild has also suggested specific ways of managing empathy with the goal of reducing vicarious trauma while remaining attuned and connected to the client. She focuses on the neurobiology of empathy.

Measurement of Vicarious Trauma

Over the years, people have measured VT in a wide variety of ways. Vicarious trauma is a multifaceted construct requiring a multifaceted assessment. The aspects of VT that need to be measured for a complete assessment include self capacities, ego resources, frame of reference (identity, worldview, and spirituality), psychological needs, and trauma symptoms—the realms of the self, identified by constructivist self-development theory, that can be affected by direct or indirect (vicarious) trauma. Measures of some of these elements of VT exist, including the following:

- Psychological needs: Trauma and Attachment Belief Scale (Pearlman, 2003)
- Self capacities: Inner Experience Questionnaire (Pearlman, 1995)
- Inventory of Altered Self-Capacities (IASC, Briere, 2002)
- Trauma symptoms:
  - PTSD Checklist (PCL; Weathers et al., 1993)
  - Impact of Events Scale (IES; Horowitz, 1979)
  - Impact of Events Scale-Revised (IES-R; Weiss & Marmar, 1996)
  - Trauma Symptom Inventory (Briere, 1996)
  - Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001)
  - World Assumptions Scale (Janoff-Bulman, 1989)

Addressing VT

There are many ways of addressing VT. All involve awareness, balance, and connection. One set of interventions can be grouped together as coping strategies. Personal coping strategies include such things as engaging in self-care, rest, escape, play, and developing personal resilience through, for example, getting adequate sleep and physical exercise. Professional coping strategies focus on working reflectively, by, for example, managing boundaries, balancing caseloads, limiting exposure to trauma material, and obtaining regular, frequent clinical consultation.

A second set of approaches can be grouped as transforming strategies. Transforming strategies aim to help workers create community and find meaning in or through the work. Developing a spiritual practice and a sense of life purpose is a transforming strategy that enhances personal resilience. Within the transforming category, strategies may also be applied in one's personal and one's professional life, for example, building personal and professional communities.

Although neither clients nor systems cause vicarious trauma, institutions that provide trauma-related services bear a responsibility to create policies and work settings that facilitate staff (and thereby client) well-being. Agencies can play a role in mitigating vicarious trauma by providing clinical consultation, adequate time off, reasonable case loads, staff health insurance coverage for mental health services, opportunities to discuss the impact of the work on staff, and staff community-building activities. Staff engagement in decisions that affect their work may also help mitigate VT by providing a sense of control, balancing the helplessness staff may experience relative to their clients' trauma histories.

Vicarious Transformation

Beyond vicarious traumatization lies vicarious transformation (VTF). This is the process of transforming one's vicarious trauma, leading to spiritual growth. Vicarious transformation is a process of constructive engagement with the negative changes that come about through trauma work. It can be recognized by a deepened sense of connection with all living beings, a broader sense of moral inclusion, a greater appreciation of the gifts in one's life, and a greater sense of meaning and hope. Like VT, VTF is a process, not an end point or outcome. If we can embrace, rather than fend off, our clients' extraordinary pain, our humanity is expanded. In this receptive mode, our caring is deepened. Our clients feel that we are allowing them to affect us, reworking the loss of control that is the core of traumatic life experiences. This reciprocal process conveys respect. We learn from our trauma survivor clients that people can endure horrible things and carry on. This knowledge is a gift we can pass along to others.

- trauma
- burnout
- stress at work
- secondary trauma
- survivors
- psychotherapists
- clients

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See Also

- Burnout
- Compassion Fatigue
- Countertransference
- Resilience
- Secondary Trauma Among Behavioral Health Professionals
- Secondary Traumatic Stress
- Trauma Caregivers

- Traumatized Practitioners, Supervisors of

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