

Vicarious Trauma (VT) refers to indirect, second-hand, cumulative exposure to other people's trauma resulting from repeated exposures to written, verbal or visual details of a traumatic event or series of events. These exposures are usually upsetting, distressing, horrifying or tragic. Vicarious trauma specifically involves a profound shift in world view that occurs when fundamental beliefs about the world are changed as a result of being exposed to traumatic material (Pearlman & Saakvitne, 1995). Vicarious trauma can shift a person's sense of safety, core beliefs, and ability to trust others or their environment.

Who can be impacted?

Vicarious trauma is an occupational challenge for people who work in high-stress and trauma exposed environments and can be a challenge for loved ones of trauma survivors. These populations are at greater risk of vicarious trauma, but anyone can experience it. We may be more vulnerable to VT at different points in our career depending on a variety of factors (e.g., what's going on in our personal lives, heavy caseload, severity and frequency of exposure, personal relatability to exposure, if you feel isolated from colleagues, limited or no work supports etc.). You can also experience direct trauma exposure(s) if you witness and/or are involved in an event or series of events that occur first-hand.

Common impacts of Vicarious Trauma

Vicarious trauma is a common response to the ongoing exposure to the trauma of others and communities. People respond to vicarious trauma in several ways that can change over time. Some common negative reactions include:

- A change in your world view (i.e., changes in how you see your safety or the safety of others, changes in your sense of meaning, hope and optimism, changes in your trust of others or how you see your community).
- Feelings of stress, fear, cynicism, and pessimism.
- Difficulty managing emotions (i.e., feeling emotionally raw or that emotions are on edge).
- Feeling emotionally numb or shut down.
- Feeling hyperarousal and/or worrying excessively about potential dangers.
- Feeling anxious.

How are vicarious trauma and secondary traumatic stress different?

Both Vicarious Trauma (VT) and Secondary Traumatic Stress (STS) refer to the impact of indirect exposure to difficult, disturbing and/or traumatic images, written materials, and stories of the suffering of others. Indirect exposure to traumatic content can have a negative impact on our wellbeing, functioning and mental health. STS often happens quickly, unexpectedly and can occur after one exposure where VT is a process that usually unfolds slowly over time. If the onset is more sudden and mimics symptoms like post-traumatic stress disorder (intrusive thoughts or memories, avoidance and hyper/hypo arousal) then the person could be experiencing STS. There can be overlap between VT and STS.

What is vicarious trauma?

- Sleep challenges and/or an increase in fatigue, nightmares.
- Physical problems such as aches, pains, and decreased immunity.
- Being easily distracted.
- Loss of a sense of meaning in life and/or feeling hopeless about the future.
- Relationship problems (e.g., withdrawing from friends and family, increased conflicts).
- Increases in irritability and aggression.
- Increase in potentially harmful coping behaviors (e.g., over/under eating, substance misuse, increases in gambling, over consumption of negative social media, taking undue risks etc.).
- Social withdrawal from enjoyable activities and connection (i.e., lack of energy and motivation).
- Avoiding work and interactions with clients or co-workers (i.e., avoiding difficult or traumatic disclosures).
- Feelings of bystander guilt, shame, and self-doubt.
- Feelings of re-experiencing the traumatic event and/or experiencing intrusive thoughts.
- Missing work.

Positive effects of VT can also occur such as becoming more appreciative or grateful, wanting to help or support causes, and learning from stories of compassion, resilience, and strengths.

What can help?

For Organizations



- Leaders should be aware of the different levels of trauma exposure their staff experience at work and the potential impacts.
- Education and support should be provided on recognizing and coping with VT in the workplace (e.g., check ins, VT training).
- Organizations can provide staff time during work hours to build on wellness practices (e.g., mindfulness, walking, check ins, taking pauses). This would be in addition to set breaks.
- VT needs to be prioritized in strategic plans, policies, and team/leadership meetings.
- Time should be allocated for positive team building activities.
- Trauma informed and integrated care should be embedded in policies and practices to minimize retraumatization and create safer working environments.
- Staff should have access to peer and clinical supervision and debriefing.
- Normalize time and supports needed for grief, stress, distress, and recovery.

What is vicarious trauma?

For Individuals



- Increase awareness to recognize the signs of vicarious trauma.
- Build in wellness practices throughout the day. Use your regular break times. In addition to regular break times take mini breaks when you can (i.e., 1–5-minute time for pauses, stretches, deep breathing, hydration, movement etc.)
- Talk to someone you trust about what you are experiencing.
- Increase your awareness of the negative or stressful information you are taking in at work and home (i.e., be aware of your exposure to traumatic information in team meetings, books, or research. Be mindful of your intake of social media, news, TV shows, and podcasts etc.) Decrease exposure when you can.
- Use the TEND Academy low-impact debriefing tool to minimize exposure to difficult/traumatic material. (<https://tendtoolkit.com/low-impact-debriefing-strategy/>)
- Be realistic about what is possible to accomplish when supporting others at home and work.
- Increase awareness of rising stress levels and take action to decrease stress. Recognize and name the stress. Take action such as walking, yoga, deep breathing, rest, music, art, writing, spending time with; people, animals and in nature.
- Stay connected to supportive people.
- Increase healthy practices and routines. Check in and make improvements on your sleep, nutrition, hydration, movement, rest, and enjoyable activities. Start with small, realistic changes.
- Debrief difficult work in supervision, team meetings or peer support networks.
- Create a transition plan from work life to home life to represent the closure of your workday (e.g., put away work phone, change into comfortable clothes, take a walk, listen to music).

References

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