

## Vicarious trauma: the consequences of working with abuse

### An NSPCC research briefing

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A review of the research literature on the implications for professionals of using empathy when working with traumatised children and families.

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### Key points on vicarious trauma

- There is a personal cost to working with traumatised children.
  - There are several different terms that describe the damage done by being a helping professional, these include: vicarious trauma, secondary trauma, compassion fatigue and burnout.
  - If the emotional consequences of this work are not mitigated they will affect a professional's wellbeing as well as their ability to work effectively.
  - Vicarious trauma can accumulate over a long period of time or it can be brought about by one-off traumatic events.
  - One way to manage levels of vicarious trauma among professionals is with rigorous supervision and peer support.
  - When particularly serious cases occur, it can be helpful to have an externally-run, structured and intensive debriefing process to ensure that the team can move on and continue to work effectively.
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### Definitions of vicarious trauma

To help victims of trauma, professionals develop empathy with their client. The Collins dictionary (1995) defines empathy as:

“the ability to sense and understand someone else's feelings as if they were one's own.”

This means professionals who work with traumatised children and families take on some of the physiological, psychological and emotional consequences of the abuse (Tehrani, 2011).

Professionals must be accessible to the child or family that they are working with and understand their particular issues (Conrad and Kellar-Guenthar, 2006).

The damage felt by professionals empathising with those they are trying to help is referred to in a number of different ways: vicarious trauma, secondary trauma, compassion fatigue and burnout. Even though these terms mean broadly the same thing and have similar outcomes they are treated differently in the literature.

Conrad (2011) describes both vicarious trauma and secondary trauma as the stress and personal damage caused by helping or wanting to help a traumatised person. Other authors (Conrad and Kellar-Guenthar, 2006; Baird and Jenkins, 2003; and Richardson in Tehrani, 2011) group these terms in other combinations but all agree that there are long term consequences to reliving a client's experiences, especially when those clients are abused children.

The key concept is that by working with people who have experienced trauma and in trying to help them, professionals take on part of their client's emotional trauma for themselves.

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## **Prevalence of vicarious trauma**

Conrad and Kellar-Guenthar's study published in 2006 found that 50% of the social workers in Colorado were showing significant signs of compassion fatigue.

There is currently no research on the prevalence of vicarious trauma among social workers in the UK.

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## **Different kinds of vicarious trauma**

Vicarious trauma can occur over a long period of time or be caused by a single traumatic occurrence (Conrad and Kellar-Guenthar, 2006).

Over time it can be brought about by the volume and range of cases that a professional is exposed to (Tehrani, 2011).

A serious or shocking case can bring about trauma in a professional very quickly. Often, these are the cases that receive a great deal of public attention like the deaths of James Bulger or Peter Connelly (Tehrani, 2011). In such cases a new range of pressures come into play as a result of the public's reaction and the increased scrutiny that is placed on professionals and departments.

Horwath and Tidbury (2009) examined how professionals felt and moved on after a child's suffering was missed and the child died. The professionals reported feelings of guilt and worthlessness which needed to be addressed fully so that they did not affect the care given to other traumatised children.

Single instances of vicarious trauma can form part of the long term burnout of a professional. A single incident can also prove to be a tipping point for a professional whose long term vicarious trauma has not been properly addressed (Conrad and Kellar-Guenther, 2006).

Professionals who work with offenders and perpetrators can experience vicarious trauma because they have to suppress their personal views and emotions (VanDeusen and Way, 2006). In such cases, having to manage anger and sometimes disgust whilst trying to empathise and treat an offender can significantly impact on the effectiveness of a practitioner (Tehrani, 2011).

Professionals may also experience direct trauma, violence and abuse at the hands of families with whom they work (Tehrani, 2011). In these cases professionals can experience ongoing fear and anxiety about a potential recurrence of any violence and this can also increase the traumatic effects, especially if that professional finds themselves in similar situations. Assaults on colleagues can affect whole teams because of their exposure to similar situations and the fear that they could be subject to a similar attack (Littlechild, 2005).

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## Effects of vicarious trauma

### On individuals

Social workers, especially those who work with abused children, are some of the most stressed professionals and are particularly susceptible to vicarious trauma (Braithwaite, 2007; Coffey et al, 2004; Dillenburger, 2004). Needing to invest emotionally in each case, combined with high caseloads and insufficient recovery time can also cause compassion fatigue.

Experiencing some of the worst aspects of human nature on a daily basis and over time can have a variety of effects on a professional including low self-esteem, emotional numbing, cynicism and a loss of confidence (VanDeusen and Way, 2006; Pogue and Yarborough, 2003).

It can also lead to a depersonalisation of the children that a particular professional is working with, resulting in a lower quality of care as the professional is unable to empathise with that child and provide them with proper support (Tehrani, 2011).

Some professionals reported physical symptoms such as headaches and nausea from the worry and reflected trauma of certain cases. One study

reported that social workers frequently vomited on their way into work because of the emotional effects of their work (Pack, 2011).

## **On agencies**

The impact of vicarious trauma on individual professionals inevitably has a significant impact on departments and services.

If the quality of care of one professional falls it can place greater pressure on other members of the team and greater risk of vicarious trauma among those other members of the team who may have to increase their own caseloads to help the struggling team member.

Interagency relationships and communication can also be affected by vicarious trauma (Horwath and Tidbury, 2009). A high staff turnover can bring less experienced professionals into high stress and high pressure positions, increasing the likely damage that those situations may cause the professional (Horwath and Tilbury, 2009).

Braithwaite (2007) argues that the current culture of accountability and performance management is incompatible with social care and that this could be adding considerable stress to professionals.

Munro (2012) highlighted the development of a blame culture saying that social workers were expected to perform their role faultlessly and this means that when mistakes did occur there was a disproportionate amount of criticism, putting even more pressure on them.

Both Braithwaite and Munro highlight the importance of supporting professionals so that there are fewer mistakes caused by vicarious trauma and compassion fatigue.

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## **Combatting vicarious trauma**

Even though there are a range of terms and types of vicarious trauma, the coping strategies mentioned in the literature are similar.

The majority of prevention strategies mention the importance of providing adequate levels of managerial supervision as well as peer support mechanisms. This will prevent professionals becoming isolated from their teams and help colleagues and managers assist one another to the benefit of children and families (Pack, 2011; Pogue and Yarbrough, 2003; VanDeusen and Way, 2006).

There needs to be a balance between the damage done by working with traumatised children and families, and, any positive factors such as recognition of good work and the time to heal after particularly difficult cases (Pack, 2011).

There also needs to be a culture within the department or service that recognises the seriousness of vicarious trauma and that it is not just “part of the job” so that professionals have an outlet through which they can raise concerns and get help (Hoff et al, 2009).

Supervision and support work well at combating the long term forms of vicarious trauma but for serious single traumas, there should also be a chance to fully debrief all those involved. This will not only help future learning but will allow professionals to move on and remain effective (Horwath and Tidbury, 2009; Braithwaite 2007).

Such major trauma can affect team morale and break up groups of colleagues who would otherwise act as a support network. In these cases it is important for the service to focus on the importance of its job and to remain aware of its successes (Braithwaite 2007).

Pulido and Lacina (2010) focused specifically on supporting a group of American child protection workers after a fatality and used the RRR (Restoring Resiliency Response) debriefing protocol to accelerate healing. They found that having a set procedure of debriefing, self-reflection and self-monitoring coupled with flexibility in timescales (recognising that people heal at different speeds) meant that, as long as the procedure was completed, outcomes improved and instances of secondary trauma were reduced. They also found that when the protocols and interventions were administered by an external organisation, participation improved.

A regularly mentioned protective barrier to vicarious trauma is professional experience (Baird and Jenkins, 2003; Hoff et al, 2009; Pack, 2011; Conrad, 2011). Whilst exposure to trauma increases the likelihood that it will negatively affect a professional, in the right environment that same exposure can improve resilience and help professionals empathise with their clients whilst staying emotionally healthy (Conrad and Kellar, 2006).

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## **Future research on vicarious trauma**

Many social workers choose their profession because of past personal experiences. The literature differs over whether these past experiences have a positive or negative affect on professional practice (Baird and Jenkins, 2003; Tehrani, 2011).

Research has not fully explored whether previous personal trauma can add resilience to a professional or weaken them when a case echoes their own history or whether over time a professional with no history of personal trauma may be more susceptible to vicarious trauma.

Research into the prevalence of vicarious trauma among social workers in the UK would also be useful in helping to understand the scope of the problem.

## Conclusions about vicarious trauma

Vicarious trauma is an aspect of any profession that involves caring for others, but can be much more acute for professionals who work with traumatised children.

Social workers are often exposed to families who need the most help and to children who have been through harrowing experiences.

Empathising with clients and service users is an essential part of this role but it means taking on board some of the trauma experienced by those that they are working with.

As already discussed, by taking on part of that trauma a professional can experience negative long term emotional and psychological consequences.

For services and professionals to remain effective and to get the best possible outcomes for traumatised children it is essential to make sure that professionals have access to the help and support that they need to protect themselves.

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