

VICARIOUS TRAUMA: BEARING WITNESS TO ANOTHER'S TRAUMA

Terri Spahn Nelson, MSSW, LISW

33 West Walnut Street

Oxford, Ohio 45056

Vicarious trauma. It may be difficult to find the best words to define it, but anyone in a helping profession can describe it. Just ask a therapist, a crisis counselor, an emergency nurse or physician, a pastoral counselor, or a police officer. As them, "How do you do it?" How do you cope with the pain and suffering of others day in and day out? How do you "turn off" your work when you go home? Isn't it hard to let go of the terrible things you see and hear on the job? They know all too well about vicarious trauma because they have seen it in their colleagues and have experienced it themselves.

Many of us, especially those of us in a helping profession, are secondary witnesses to trauma almost everyday. As we listen to our clients tell about their trauma of incest, rape, domestic violence, alcoholic families or memories of childhood abuse, we bear witness to their victimization. We listen, we support and we validate their feelings and their experience. We offer them the opportunity to let go of some of their burden. As witnesses and healers, we can't help but to take in some of the emotional pain they have left with us. As the client releases some of their pain, we take it in. By the end of the day, we've collected bits and pieces of accounts of trauma. We may have pictures in our mind or intense feelings running through our body. We've become a witness to rape, child abuse, domestic violence and death... In simple terms, this vicarious trauma as experienced by professionals and volunteers in the helping field.

For persons who work with trauma survivors, the most important part of coping with the intensity of the work is to acknowledge it will affect you. If you've been trained in crisis intervention and empathic, active listening skills, this work will affect you. If you really listen to what the client is telling you, this work will affect you. Recognizing that it is "normal" to be affected by this type of work is the most important coping skill that you can give to yourself.

You're not alone. It's okay to feel outraged, horrified, shocked, saddened, or vulnerable.

Coping with the feelings and reactions to your clients' trauma is the next step in addressing vicarious trauma. We may try to cope in many ways. In general, people deal with crises and trauma in different ways as do the persons in the helping profession. Some of the ways we get through the experience are health and productive, such as having peer consultation about a difficult case. Other ways we try to face the trauma are unhealthy and unproductive such as seeing all men as potential child molesters.

We must find a healthy balance to cope with the effects of vicarious trauma on our personal and professional lives. We must also take care to avoid the repeated invasion of the trauma into our lives. We must know the warning signs when our work or a case is consuming our thoughts, our workday, or our personal life. We must also recognize the symptoms of Post Traumatic Stress Disorder (PTSD) as they can impact 'the helper' as well. We are not immune to nightmares, hypervigilance, avoidance, or a preoccupation with the trauma. PTSD from exposure to trauma is an effect in which some direct service/front line workers do experience (Mitchell, 1985).

Over the past two decades, others have recognized vicarious trauma (McCann & Pearlman, 1990 and Pearlman and Saakvitne, 1995) although some have referred to it in other terms, such as "empathic strain," "secondary victimization," or "compassion fatigue" (Lindy, 1988; Figley, 1983). Emergency workers and crisis counselors will be affected by the trauma in some way. In summary, professionals and volunteers in the helping field must recognize their vulnerability to exposure to trauma. They must recognize the warning signs and be prepared to care for their own needs to cope with vicarious trauma. For further information on this topic, please refer to the brief reading list:

Courtois, C. (1993). Vicarious traumatization of the therapist. NCP Clinical Newsletter, Spring, '93.

Figley, C.(1995). Compassion Fatigue. Bruner Mazel Psychosocial Stress Series.

McCann, L. & Pearlman, (1990). Vicarious traumatization: A framework for understanding psychological effects of working with victims. Journal of Traumatic Stress, v.3.1.

Pearlman, L & Saakvitne, K. (1995). Trauma and the Therapist. WW Norton & Co.

Ruzek, J. (1993). Professionals coping with vicarious trauma. NCP Clinical Newsletter, Spring, '93.

Taken from <http://www.uic.edu/orgs/convening/vicariou.htm> on 09/09/10, recommended by www.vawnet.org.