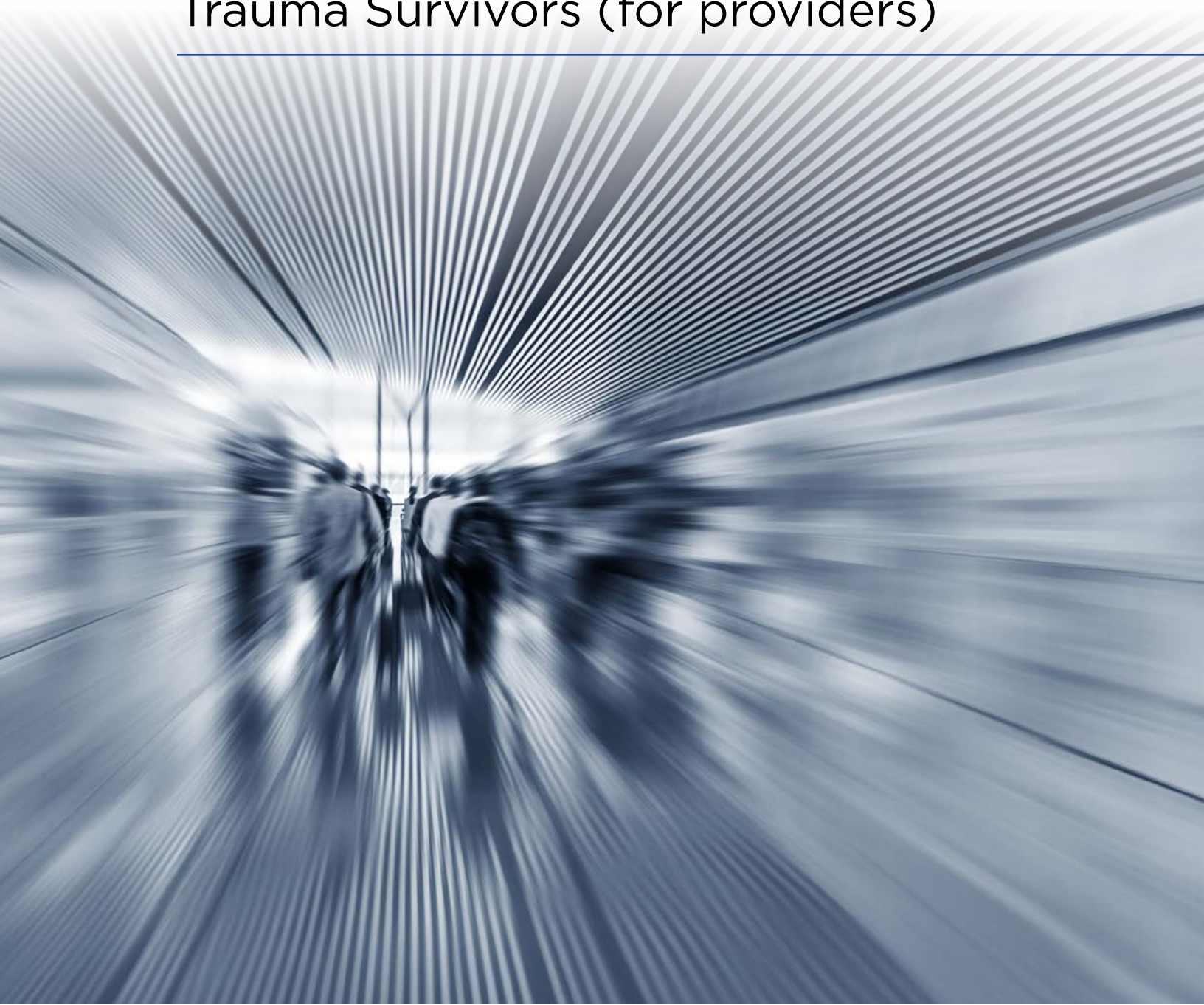


Indirect Traumatization in Professionals Working with Trauma Survivors (for providers)



International Society
for Traumatic Stress Studies

Indirect trauma

Professionals who work with trauma survivors in an open, engaged, and empathic way and who feel responsible or committed to helping them are likely to experience indirect trauma. That means that they will be transformed by the work. The way helpers understand and experience the world and themselves is changed as they enter into the world of the survivor. While trauma work can be very meaningful and rewarding, it can also be very difficult and painful. The changes helpers experience in their identities, world views, and spirituality affect both the helpers' professional relationships with clients and colleagues and their personal relationships.

Indirect trauma, also known as vicarious trauma (VT), compassion fatigue (CF), or empathic strain, is an inevitable byproduct of working with trauma survivors. It isn't the "fault" of survivors, any more than occupational stress in air traffic controllers is the fault of pilots or airline passengers. Indirect trauma is the cumulative response to working with many trauma survivors over time. The signs and symptoms of indirect trauma resemble those of direct trauma. Treaters may experience intrusive imagery and thoughts, physiological arousal, avoidance, or anxiety. Treaters may also experience disruptions in their personal or professional relationships, in managing boundaries, and in regulating their emotions. They may withdraw from others, become hopeless, have nightmares or difficulties sleeping, overeat, overuse alcohol, and so forth. Work with clients who have had specific traumatic experiences may affect the treater in specific ways. For example, those who work with sexual abuse survivors may have sexual difficulties, or those working with people after transportation accidents may find themselves increasingly anxious about travel.

Who is affected?

Anyone who encounters trauma survivors empathically and is committed to helping them may be affected by indirect or vicarious trauma. Examples of professionals who may be affected are psychotherapists, shelter staff, lawyers, health-care professionals, clergy, journalists, trauma researchers, and first responders—whether paid or volunteer.

How does indirect trauma come about?

Many who work with trauma survivors find it enriching and rewarding. However, they open up their hearts and minds to the experience of trauma survivors, confronting the worst of humanity — torture, violence, aggression, and sadism. Treaters see the disruptions in relationships, the harm to survivors' way of understanding the world, the damaged spirituality, and the shame, horror, grief, terror, agony, and rage that follow violence and victimization. As those who work with trauma survivors open themselves to these processes, their ways of understanding and experiencing themselves, their world, and their own spirituality are transformed.

What contributes to indirect trauma?

Indirect trauma, like direct trauma, arises from an interaction between the person (or treater) and the situation. Indirect trauma will look and feel different for each person.

Some of the characteristics of the treater that may contribute to indirect trauma are personal history, usual ways of coping with challenge and distress, and current life circumstances (e.g., other stressors). In addition, the treaters' ways of working with survivors may contribute to indirect trauma. For example, managing boundaries effectively can help protect the treater from indirect trauma.

Aspects of the situation that can contribute to indirect trauma include the confidential nature of trauma work, the difficulty forming therapeutic relationships with people whose ability to trust has been diminished by betrayal or abuse, systems problems in organizations and institutions, and negative social attitudes toward trauma victims.

What is the cost of indirect trauma?

Indirect trauma can have negative effects on the individual, as well as on his or her family, friends, and clients. Trauma treaters who don't attend to their indirect trauma are at risk for becoming ineffective in their work, violating boundaries in helping relationships, withdrawing from friends, family, and colleagues, and making bad judgments. They may experience burnout and become a burden to colleagues or leave the field prematurely, disheartened and cynical.

What can trauma workers do about indirect trauma?

The first step in any change process is to acknowledge and name the problem. We take another step forward when we normalize our responses to our work. We can address indirect trauma by attending to basic self-care: balancing work, play, and rest. Adequate diet and exercise are essential. In addition, treaters benefit from appropriate professional training for their work, connection with their colleagues, ongoing consultation for their work, and a place to talk about their experience of indirect trauma. Some trauma treaters find it helpful to balance their trauma work with other work, get more support for the work, and simply to acknowledge the difficulties of the work. Trauma professionals can benefit from identifying specific difficulties, assessing the contributing factors, targeting specific steps to take, and getting support from friends or colleagues in taking those steps. Finally, restoring meaning and hope is essential. Each individual must find ways to reconnect with whatever in life is meaningful and gives purpose for that person. Hope and meaning are two of the primary gifts that are undercut by indirect trauma. Restoring these to work and life is the ultimate goal of addressing these difficulties.

An experienced trauma therapist may be able to provide a referral for consultation about indirect trauma. For more information about traumatic stress or the International Society of Traumatic Stress Studies, call 1-847-686-2234.

What is ISTSS?

The International Society for Traumatic Stress Studies is a nonprofit organization whose goal is to ensure that everyone affected by trauma receives the best possible professional response, and to reduce traumatic stressors and their immediate and longterm consequences worldwide.

ISTSS provides an independent community for supporting and sharing research, clinical strategies, public policy concerns and theoretical formulations on trauma. ISTSS members include psychiatrists, psychologists, social workers, nurses, counselors, researchers, journalists, clergy, law enforcement, correctional facilities administrators, advocates and others with an interest in the treatment and study of traumatic stress.

Members work in clinical and nonclinical settings around the world, including public and private health facilities, private practice, universities and research foundations.

This pamphlet was created by the Public Education Committee of
the International Society for Traumatic Stress Studies.

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