Vicarious Trauma: signs and strategies for coping

A guide for those working in CDOP or those involved in the wider CDRP

Definition of Vicarious Trauma

- Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors.

Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected, including doctors and other health professionals. *(www.bma.org.uk)*

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Anyone who has exposure to someone else's trauma, and material relating to that trauma can potentially be affected.

There are few events in life that seem as unnatural as the death of a child and very few jobs or carers involve exposure to child death every day of the week. Child death is rare on the whole but for those employed in Child Death Overview Panels their day to day to work will expose them to stories of child death regularly.

Exposure to another person's trauma, as part of a persons day to day occupation, can have significant effects on mental health and wellbeing if left unchecked and unmanaged.

Everyone is affected differently by exposure to sad or traumatic content and a person can never really know if and when it may affect them. Some days a person may feel that they were not affected by the content however, on a different day due to perhaps the timing of the event or their own life experience a person may feel an impact.

This guide was written by those working within CDOPs and we hope this guide helps to empower CDOP staff and those involved in the wider CDRP to have a better understanding of vicarious trauma and how it may affect them so they are aware of the signs and symptoms and when to seek out support.

Working for CDOP will probably mean you will be exposed regularly to content involving sad or traumatic incidents this may be through:

- Reading or hearing distressing accounts
- Researching stories or events
- Telephone conversations with families or professionals involved in an event
- Supporting other colleagues

Factors that may make some more vulnerable to this occupational risk include—

- prior traumatic experiences;
- social isolation, either socially or work related or both
- lack of preparation, training, and supervision in their jobs;
- New to the role/less experienced;
- constant and intense exposure to trauma with little or no variation in work pattern; and
- lack of an effective and supportive process for discussing traumatic content of the work.

Common signs of vicarious trauma

Remember it is completely normal to feel a range of emotions from sadness to anger when being exposed to other people's traumatic life events and for most of the time they should be short-lived emotions. However, vicarious trauma can impact an individual when exposed repeatedly and can result in that affecting a persons everyday life, you should therefore be aware of the following signs:

- lingering feelings of anger, rage and sadness about a particular case you are working on
- being preoccupied with thoughts of cases outside of working hours
- Intrusive thoughts, over identification with a case (playing out scenarios in your mind)
- a feeling of loss of hope
- distancing yourself, i.e. detachment, staying busy to block it out, avoiding certain case material/situations
- feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- feeling overwhelmed;
- Vicarious trauma can leave people feeling exhausted and susceptible to aches, pains and other physical complaints such as digestive problems or an irregular heartbeat. This is often a consequence of a trauma response playing out within the body. Changes to sleeping patterns, appetite and diet may become apparent, alongside a desire to use alcohol or other substances to escape or relieve symptoms.

If you are experiencing any of the signs, of vicarious trauma left unchecked these can develop into more serious mental health problems. It is important we are aware of the effect our work is having on us and develop strategies to cope. By asking yourself these questions you can use the answers to self assess and review with a trusted colleague.

- How am I doing?
- Do I think I am experiencing any signs of Vicarious Trauma?
- What am I worried about?
- What do I need?
- What would I like to change?

Strategies for reducing risk of vicarious trauma

Since the covid pandemic many office workers have taken up working from home as normal and this can be isolating, especially when reading distressing material. Those

working from home should increase their awareness of how distressing content may make them feel and seek out support as soon as they become aware of this.

If you feel you may be suffering from vicarious trauma, try following these coping strategies to reduce the risks.

- Give your best working hours to the worst material, our brains are less effective at processing traumatic material when we are tired

- Take time out. Grab a drink, go for a short walk to reset yourself

- Always take care of yourself emotionally - engage in relaxing and self-soothing activities, nurture self-care.

- Look after your physical and mental wellbeing.

- Have outside interests - It is now more important than ever with working lives creeping into home as with homeworking to maintain a healthy work/life balance

- Create a barrier - Separating working life from home life even when working from home. If you have no commute then at the end of every day routinely step away from your laptop or home office, close your laptop, and put away work items, switch off your work phone, close the door to your office if you have one. By tidying the space this will allow you to reset and start anew the next day.

- Be realistic about what you can accomplish, remember we are only human.

- Where possible try to balance your caseload with mix of more and less traumatised cases.

- Ensure you take regular breaks, take time off when you need to.

- Seek support from colleagues and work peers group as an opportunity to debrief – reach out and communicate with those in similar jobs to your own

- Using a buddy system for less experienced staff can be helpful

- Take up training opportunities.

- Look after "you". We can be more effective at helping others if we help ourselves first.

- Take time to reflect on positive outcomes available to you and use those to motivate you

- Organisational factors can increase the risk of a person being vicariously traumatised, which should be assessed and addressed i.e. increasing workloads

- Working with a purpose with clear goals for minimising exposure to viewing and analysing graphic content

- Preparing yourself – viewing content when tired

- Know when to stop, stop pause and recognise your emotions around information you are reviewing

How to handle graphic content

When we are mentally and physical prepared we are able to cope better with distressing content. Labelling a file with graphic content whether that be a photograph or a document that has very graphic written descriptive content will help you and your colleagues to prepare for potentially viewing distressing or disturbing content.

- Be clear and specific on the label with a brief warning of what the user may see or read so that content is not stumbled across
- Never assume your idea of "graphic" is the same as someone else's.
- Be respectful of your colleagues and their needs, some people may have past experiences that would make certain content harder to be exposed to.

Barriers to seeking support

- Failure to recognise any warning signs
- A feeling of failure or guilt
- Fear of impact on your employment or future opportunities
- Concerns around confidentiality

Suggestions for Colleagues

If you believe a colleague might be experiencing vicarious trauma, you could consider the following:

- reach out and talk to them about the impact of their work;
- encouraging them to discuss their experience with their line manager
- help them establish a consistent work-to-home transition that creates an important boundary and safe place outside the workplace;
- encouraging them to practice self care - rest, healthy eating, hygiene, and exercise;
- supporting connections with family, friends, and coworkers;

- referring them to organisational supports such as a peer support team or occupational health

Suggestions for Line Managers

- Lead by example - make discussing vicarious trauma a part of line management or supervision;
- Encouraging access to reflective supervision or space when staff can access consultative support;
- Be flexible by allowing flexible work schedules and the need for protecting down time;
- Create time at work for reflection;
- Support training and opportunities for staff to meet others within their field of work;
- Respect boundaries of the team members and understand that some team members may be more sensitive to graphic content than others and may need more support;
- Be aware of where to signpost if you feel a person requires more support.

Suggested further reading

[5 steps to mental wellbeing - NHS (www.nhs.uk)](#)

[NHS England » Improving personal health and wellbeing](#)

[Your mind plan (www.nhs.uk)](#)

[5 Ways to Wellbeing | Mind - Mind](#)

[Your wellbeing (bma.org.uk)](#)

[Professional Support - 2 Wish](#)