



# Strategies for Self-Care

Adapted from OVC TTAC: Sexual Assault Advocate and Service Provider Training - Module 12: Strategies for Organizational Wellness and Self-Care

## Purpose

This module is intended to help you understand the impact of compassion fatigue on advocates and the importance of self-care.

## Lessons

1. What Are Vicarious Trauma, Burnout, and Compassion Fatigue?
2. Indicators of Vicarious Trauma, Burnout, and Compassion Fatigue
3. Maintaining Healthy Boundaries

## Learning Objectives

By the end of this module, you will be able to:

- Define vicarious trauma, burnout, and compassion fatigue.
- Recognize the signs and symptoms of vicarious trauma, burnout, and compassion fatigue.

## Participant Worksheets

Worksheet 12.1, Maintaining Healthy Boundaries

Worksheet 12.2, Personal Self-Care Plan

## **1. What Is Vicarious Trauma, Burnout, and Compassion Fatigue?**

When Judith Herman, author of the highly acclaimed book *Trauma and Recovery* (1997), spoke at a conference on child sexual abuse in 1998, she described the volunteers who staffed the health stations during the Vietnam peace marches. The volunteers thought they were there to help if someone got injured, but when the marchers started getting tear-gassed and coming to the health stations, the health workers got doses of tear gas as well.

Like these volunteers, you get doses of the trauma while helping trauma survivors heal. This work, however, is not without substantial meaning and reward.

McCann and Pearlman (1990) point out by engaging empathetically with survivors to help them resolve the aftermath of violence and trauma, you open yourself to the profound transformation which encompasses personal growth, a deeper connection with individuals and the human experience, and a greater awareness of and appreciation for all aspects of life.

Some people have a tremendous capacity for empathy because of their own past victimization. Survivors often become particularly sensitive to the fears and concerns of victims, the inadequacies of victim services, or the magnitude of victims' needs, all of which may contribute to a desire to become involved in victim services.

Survivors of sexual assault may have had a positive experience with the system and now want to offer other victims the same compassionate care.

Alternatively, they may have had a very disappointing experience and want to prevent others from having the same experience.

Every victimization and recovery is different. Experience may or may not give a survivor greater empathy for other victims. Each survivor reacts differently; you cannot expect someone else to react the same way or to have the same needs and concerns.

Survivors may have ongoing unresolved issues such as anger, depression, fear, and difficulty trusting others. It will be very hard to help others deal with issues that are not resolved in themselves.

As professionals who regularly work with victims of crime, we are exposed to the trauma of others constantly. Many terms are used interchangeably to describe the effects of this repeated exposure, including secondary traumatic stress, critical incident stress, empathic strain, compassion fatigue, vicarious trauma, and burnout. Some researchers refer to these related concepts as "empathy-based stress"—exposure to secondary trauma combined with empathic experience, resulting in empathy-based strain as one outcome. Importantly, this stress is also closely tied to organizational and occupational factors, such as the expectation to "connect" or empathize with survivors (Rauvola et al., 2019).

Exposure to other people's traumatic experiences is an inevitable occupational challenge for those working in the fields of victim services, emergency medical services, fire services, law enforcement, and other allied professions.

The terms we'll use mainly in this module to refer to these feelings are compassion fatigue, burnout, and vicarious trauma.

Burnout is a state of physical, mental, and emotional exhaustion caused by long-term involvement in demanding circumstances. Burnout is a process, not a condition, and its origins are usually organizational. Symptoms are directly related to the cause.

Compassion fatigue is a syndrome which includes changes similar to those experienced by survivors. Exposure to others' trauma increases work stress and feelings of being overwhelmed and hopeless and decreases the satisfaction one gets from doing this work.

Vicarious trauma is a cognitive shift in beliefs about oneself or one's worldview about issues such as safety, trust, or control. For example, hearing about a particularly horrible event might compromise one's trust or faith in humanity (Newell & MacNeil, 2010).

When defining vicarious trauma, a spectrum of responses ranges from negative to positive.

- **Negative Responses:** Vicarious traumatization is the negative reaction to trauma work. It includes a collection of psychosocial symptoms victim advocates may experience through their work.
- **Neutral Responses:** A neutral reaction may reflect how an individual's resilience, experience, support, and coping strategies manage the traumatic material to which they are exposed.
- **Positive Responses:** Vicarious resilience and transformation are newer concepts reflecting the positive response to the work. We may draw inspiration from a victim's resilience that serves to build our own. Just as a victim can be transformed in positive ways by their trauma, so can advocates and victim service providers by their work exposure to trauma. Compassion satisfaction reflects the sense of meaningfulness gained from the work. Each one of these positive outcomes can motivate us and, in turn, protect us against the negative effects of trauma exposure.

While the nuances of these various phenomena may be difficult to remember, the important thing to keep in mind is in this field of work, you are particularly at risk for changes in your worldview, emotional and physical exhaustion, feelings of detachment or cynicism, and symptoms of traumatic stress.

These can occur from as little as a single exposure or build up after cumulative exposure. If you begin to experience these symptoms but do not understand why, the symptoms can begin to consume all your energy. You may see fear where there is no fear, feel unbalanced, or feel unlike yourself. Therefore, self-care, as well as organizational policies and structures supporting the

resilience and wellness of the staff, is essential to staying healthy and well enough to continue to do this work.

Visualize yourself as a goblet of energy getting depleted drop by drop. If you neglect your own needs for too long and do not replenish your goblet, it runs dry. With emotional and spiritual energy reservoirs drained, you no longer have the vital energy to offer to victims or yourself, and you begin to suffer from compassion fatigue.

## **2. Indicators of Vicarious Trauma, Burnout, and Compassion Fatigue**

Vicarious trauma and other similar concepts can disrupt your frames of reference, such as identity, worldview, and spirituality; self-capacities like eating, sleeping, exercising, hobbies, and relationships with friends and partners; and ego resources, including the ability to self-monitor (McCann & Pearlman, 1990).

### **Disruptions in Frame of Reference**

Compassion fatigue and related concepts can shake the foundation of one's basic identity. As a result of working with trauma survivors, you may experience disruptions in your sense of who you are as a person, activist, partner, caregiver, and parent or how you customarily characterize yourself (Rosenbloom et al., 1995).

Such disruptions occur when your identity becomes too aligned with your work. You may find yourself putting in too many hours, taking more calls than you can handle, and believing your work is a mission taking priority over all your other needs.

These phenomena can disrupt your worldview, including your moral principles and life philosophy (Rosenbloom et al., 1995). Repeated exposure to violence and suffering can cause you to question your beliefs about the world and its inhabitants, whether random acts of violence are inevitable, or if justice and equity are possible.

You may begin to feel unsafe and vulnerable, checking the backseat of your car or feeling unusually afraid at home. Spirituality—defined here as your sense of meaning and hope, appreciation of a larger humanity, and sense of connection with a higher power—may be challenged by your work with trauma survivors (Rosenbloom et al., 1995). You may struggle to maintain your faith and trust, belief in a higher power, and sense of cosmic meaning and goodness.

Another type of disruption reported by advocates and victim service providers is the intrusion of sexually traumatic images for some of those who engage in sexual activity (Maltz, 2002). This is a distressing example of how images from a person's professional life can blur into the intimacies of private life.

One way to deal with this intrusion is to explain the cause of this distress to a partner (without revealing any details that would betray confidentiality) and focus on processing the need to reconnect (Rosenbloom et al., 1995).

### **Disruptions in Self-Capacities**

Engaging empathically with those who experience trauma can be draining, and one response is to shut down emotionally (Rosenbloom et al., 1995). As a result, you may tend to refuse social engagements or activities as a way of storing energy to cope with the demands of your job. You may find yourself responding to loved ones less or making excuses to stay home.

This coping mechanism is particularly limiting because you adjust your activities while simultaneously severing yourself from some of the most effective ways to restore your energy.

Connection is an antidote to violence and helps advocates and victim service providers maintain the optimism and hope victims rely on for their own healing.

You may also notice disruptions in self-care habits. Eating habits may steadily worsen, and your consumption of caffeine, alcohol, drugs (prescription or illegal), or nicotine may increase.

Sleep disturbances are common, as are changes in desire for activities people used to enjoy. Compassion fatigue and related phenomena may affect your overall motivation, and you may see the hobbies you once engaged in become a thing of the past.

### **Disruptions in Relationships**

You may struggle to meet your psychological needs and manage interpersonal relationships effectively. These resources include self-examination, intelligence, willpower, a sense of humor, empathy, and the ability to set and keep boundaries, all of which can be affected by working with issues of sexual assault (Rosenbloom et al., 1995).

Regarding your overall functioning, these disruptions are certainly challenging. When your ability to step back and assess your choices and behaviors becomes impaired, it can become difficult to recognize you have a problem or no longer feel fulfilled and balanced.

### **Costs of Working with Survivors**

Those who suffer from vicarious trauma and other such phenomena may find it increasingly difficult to attend to victims and survivors with an empathetic, hopeful, and compassionate response.

Once affected, advocates may dread going to work and taking calls, become irritable, and appear to shut down or distance themselves when interacting with survivors.

Both victim service providers and supervisors must be aware of this possibility and recognize early symptoms, such as feeling overworked, used, or unappreciated by the system or the survivors they serve.

Still, it is important to remember the rewards of advocacy even when considering its possible drawbacks.

One study found having a high caseload of sexual assault survivors may disrupt advocates' belief about the safety of the world and the goodness of others and be related to posttraumatic stress disorder symptoms and self-reported compassion fatigue (Schauben & Frazier, 1995).

Yet, the same study did not show a correlation between high caseloads and job burnout or the negative effects associated with depression.

The researchers concluded this was likely because many advocates also reported the work's positive aspects they found rewarding, including being able to help people in crisis move toward recovery.

In a study (Baird & Jenkins, 2003) of trauma counselors, researchers found while younger workers experienced slightly more burnout, more experienced trauma workers reported both more emotional exhaustion and a greater sense of personal accomplishment. McCann and Pearlman (1990) suggest you can remain connected to survivors and protect yourself emotionally by remaining conscious of the broader context.

For example, while survivors are telling their accounts of sexual assault, keep remembering they survived, are now connected to caring people and helpful resources, and healing can and does happen.

### **Costs of Compassion Fatigue and Vicarious Trauma**

Compassion fatigue, vicarious trauma, and their variations, often used interchangeably in the literature, pose a serious problem to victim service providers. Yet, we still work in organizational cultures where advocates often wear their exhaustion, burnout, and other compassion fatigue symptoms as a "badge of honor." These "badges" are used to mask negative behaviors and poor self-care and can impact overall morale within an organization.

Fanning (2018) talks about these "badges of honor." Some "Badge Indicators" include the following questions:

- Are you angry and resentful?
- Do you complain to people who cannot make changes?
- Do you have a hard time owning your role in the situation? Do you justify neglecting yourself because you "have to" care for others?
- "Yes...but"—When someone offers a suggestion, is your first reaction to reject it?
- Have you become a storyteller, moving from one negative story to the next?
- Do you appear very capable to others but see yourself as unable to ask for help—"It's just easier for me to do it myself"?

The question for ourselves and our organizations is: How can we move from this badge to a healthier one?

When there is a good “fit” between an advocate and their organization’s expectations relating to values, workload, a sense of control over one’s work, and the quality of the environment, secondary traumatic stress is reduced, as is turnover (Graham et al., 2016). So, it is important to reflect as an individual and, more broadly, from an organizational standpoint. Consider ways you can keep the lines of communication open with leadership, so expectations are more closely aligned.

### **3. Maintaining Healthy Boundaries**

You must maintain healthy boundaries with the survivors with whom you work. This means being willing and able to set limits on what you will do for victims and when you will be available.

Being a good advocate or victim service provider does not mean doing anything asked of you at any time; instead, it requires being able to distinguish between appropriate and inappropriate requests. There are times when it is perfectly legitimate not to meet the victim’s requests and to put our own needs ahead of those of the victim.

We will conduct an activity exploring how to maintain healthy boundaries.