



Shaping Vicarious Trauma-Informed Sexual and Domestic Violence Organizations

Sexual Violence Research Institute Forum 2017

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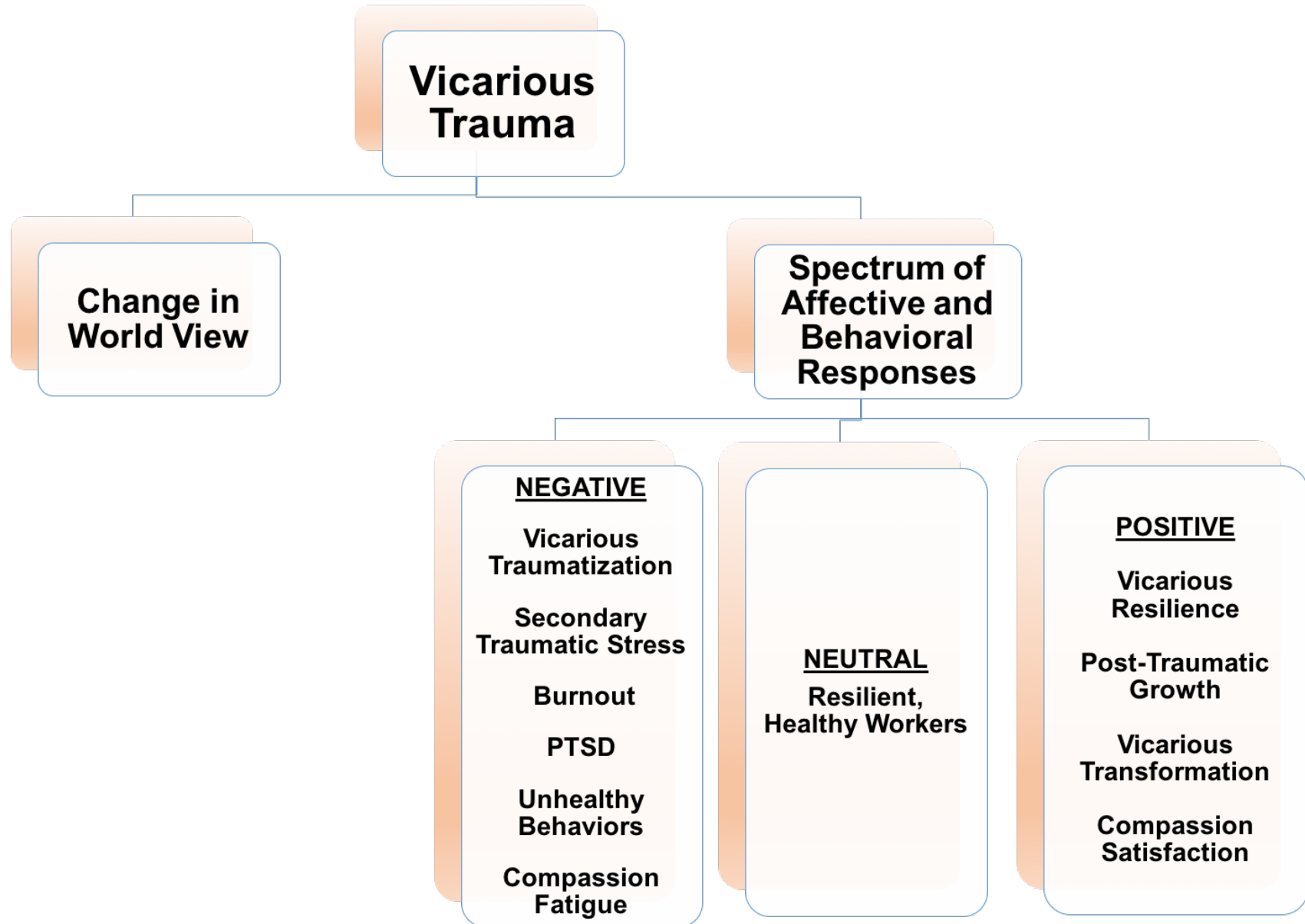
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Voices from the Field



What is Vicarious Trauma?

- Work-related exposure to trauma
- Inevitable occupational challenge
- Single and cumulative events





Sample Research on Prevalence: Victim Services

- 50% Colorado child protection workers had traumatic stress symptoms in severe range

Conrad & Kellar-Guenther, 2006

- 34% licensed clinical social workers met PTSD diagnostic criteria from secondary exposure to trauma

Bride, 2007

Descriptions of Critical Incidents (N=745 urban police officers)

Most Common Exposures	
Incident	%
Body of someone recently dead	98.4
Badly beaten adult	95.0
Decaying corpse	91.2
Sexually assaulted adult	88.6
Seeing someone dying	87.6

Officers' Ranking by Severity	
Incident	Rank
Mistake that injures/kills colleague	1
Colleague killed intentionally	2
Mistake that injures/kills bystander	3
Colleague killed accidentally	4
Being taken hostage	5

(Weiss et al, 2010)

Who Else is At Risk

- Administrative staff
- Receptionists and dispatchers
- Child sexual exploitation investigators
- Researchers
- Judges
- Jurors
- Many others



Examples of Vicarious Traumatization: Personal

- **Physical** Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches
- **Emotional** Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders
- **Behavioral** Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened
- **Spiritual** Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness
- **Cognitive** Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts
- **Relational** Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust

(Adapted from J. Yassen in Figley, 1995)



Examples of Vicarious Traumatization: Professional

- **Performance** Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness
- **Morale** Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion
- **Relational** Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”
- **Behavioral** Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

(Adapted from J. Yassen in Figley, 1995)



Risk Factors for Negative Impacts

Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
- Inadequate orientation and training for role

Personal

- Trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Loss in last 12 months





What can happen when
organizations don't address
Vicarious Trauma?

Research suggests...

The diagram consists of three overlapping circles. The top-left circle is labeled 'Lost Productivity' and contains the text 'Decreased morale, cohesion, communication, collaboration and quality of services'. The top-right circle is labeled 'Staff Turnover' and contains the text 'Time, resources needed to hire train drains remaining staff'. The bottom circle is labeled 'Poor Organizational Health' and contains the text 'Erosion of concentration, focus, decision making, motivation and performance'. The circles overlap in a way that suggests these three factors are interconnected and contribute to a common outcome.

Lost Productivity

Decreased morale,
cohesion,
communication,
collaboration and
quality of
services

Staff Turnover

Time, resources
needed to hire train
drains remaining
staff

**Poor
Organizational
Health**

Erosion of
concentration, focus,
decision making,
motivation and
performance



THE VICARIOUS TRAUMA TOOLKIT

**A RESOURCE FOR EMS, FIRE, LAW ENFORCEMENT
AND VICTIM SERVICES AGENCIES TO BECOME
VICARIOUS TRAUMA-INFORMED**

<https://vtt.ovc.ojp.gov>

Built by the Field for the Field



Beth Israel Deaconess
Medical Center

Office for Victims of Crime

OVC

"Putting Victims First"



The
National Children's
Advocacy Center

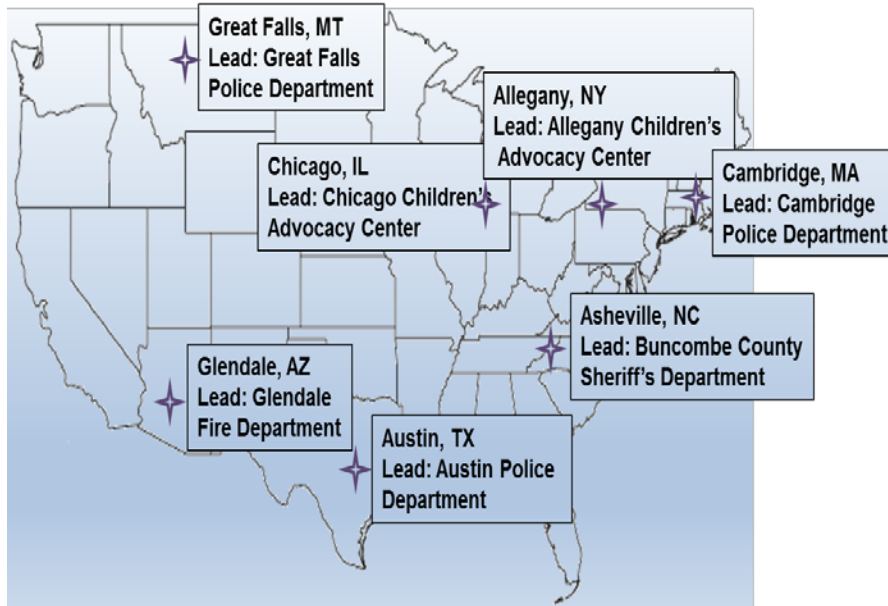


International Society
for Traumatic Stress Studies





Built by the Field for the Field



Victim Services, EMS, Fire, Law Enforcement

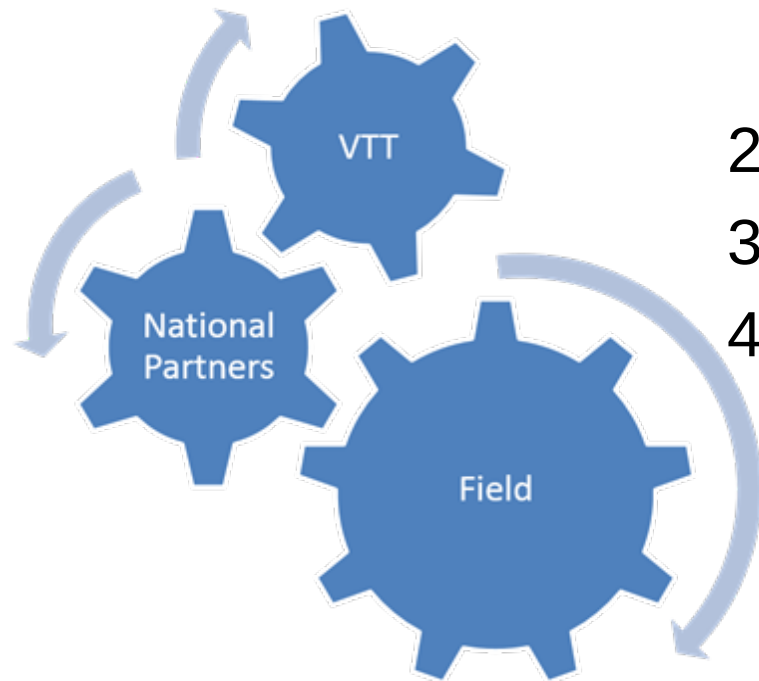
- National Survey:
8,140 participants
- Summits with
stakeholders
- IACP Fellowship
- Pilot Test



The VTT Compendium of Resources

State of the Field, Evidence-Informed

1. Resources from the Field (114)
Policies, procedures, practices, program info
2. Research literature (281)
3. Websites, podcasts and videos (102)
4. New Tools to fill gaps (16)





The Vicarious Trauma Informed Organization ...

1. Recognizes potential negative consequences of the work being performed
2. Proactively addresses impact through policies, procedures, practices and programs



Five Pillars of Healthy, Vicarious Trauma-Informed Organizations

- 1. Leadership and Mission**
- 2. Management and Supervision**
- 3. Employee Empowerment and Work Environment**
- 4. Training and Professional Development**
- 5. Staff Health and Wellness**



Vicarious Trauma-Organizational Readiness Guide (VT-ORG),
Created by the Vicarious Trauma Toolkit Project, 2016
Based on Organizational and Relational Psychology Theories



New Tool: Vicarious Trauma Organizational Readiness Guide (VT-ORG)

The VT-ORG can:

- Assess agency's current capacity: strengths & gaps
- Prioritize needs
- Identify resources
- Help navigate the VTT

Leadership and Mission

To address the impact of vicarious trauma, leaders in vicarious trauma-informed organizations proactively integrate strategies into workplace values, operations, and practices; maintain a clear vision that supports and articulates the agency's mission; and regularly model and promote open and respectful communication.

In answering the following questions, consider the last 6 months in your organization.
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always N/A
1. Leadership demonstrates a clear and decisive vision that supports and articulates the mission of the organization.
2. Leadership models, values, and promotes open and respectful communication among staff.
3. Leadership communicates clear and specific information on decision-making throughout the organization (e.g., resource allocation, scheduling, deadlines, implementation of policies and procedures).
4. Leadership proactively addresses vicarious trauma in the organization's long-term vision and strategy.
5. Leadership recognizes and values my role within the organization.
6. Leaders model a healthy work/life balance.
7. Leadership communicates and enforces a no-tolerance policy concerning—
a. sexual harassment;
b. workplace violence, including bullying/hazing;
c. intimate partner violence within or outside of the workplace;
d. discrimination based on age, gender, gender identity, sexual orientation, race, religion, ability, etc.



Additional tools created by the VTT team

- EAP
- Family Support
- Human Resources
- Leadership Communications
- Peer Support
- Supervision
- Making the Business Case
- Training presentations (in PPT)

Guidelines for a Vicarious Trauma-Informed Organization

Making the Business Case

WHAT IS A VICARIOUS TRAUMA-INFORMED ORGANIZATION?

Vicarious trauma (VT), the exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of negative consequences (Bell, Kulkarni, and Dalton, 2003; McCann and Pearlman, 1990; Newell and MacNeil, 2010; Vicarious Trauma Institute, 2015; Pearlman and Saiz, 1995; Knight, 2013). A **vicarious trauma-informed organization** recognizes these challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and programs.

For more information on vicarious trauma and its effects, visit <https://vtt.org/njp.gov/>.

The Organizational Impact of Vicarious Trauma

The impact of VT on organizations can be linked to three primary business concerns: productivity, staff turnover, and organizational health.

Productivity

Exposure to VT can erode your staff's ability to do their jobs effectively (Newell and MacNeil, 2010; Knight, 2013)—in particular, their ability to make decisions. Across the disciplines mentioned above, exposure to VT can increase employees' stress levels and cause or heighten depression which, when sustained over time, lessens your employees' complex decisionmaking abilities. Both motivation and performance suffer, often resulting in mistakes in judgment, poor response time, and an inability to connect with and relate to others when it is needed most. Increased stress levels also have physical effects on individuals. These may include increased

fatigue, irritability, lack of self-care, and negative attitudes toward their work, colleagues, and clients (Stebnicki, 2012). Given the level of empathy and resilience needed for trauma-focused work, VT can severely impede your staff's ability to consistently deliver high-quality services.

Staff Turnover

Turnover is one of the most visible effects of VT on organizations (Bell, Kulkarni, and Dalton, 2003; Middleton and Potter, 2013). The loss of employees on any regular basis has significant side effects, including the expenses related to both the time and resources needed to find and train replacements for those who leave. The issue of staff retention is most challenging when the individuals who leave are the organization's most experienced employees—those who are adept at handling the toughest and most complex cases and who often lead and mentor others.

Organizational Health

While the individual costs of VT can profoundly affect staff members' productivity and their delivery of services to those in need, the organizational costs are also significant. Those who experience the negative effects of VT can adversely impact team cohesion, communication, collaboration, and coordinated responses (Knight, 2013). The impact of unaddressed VT can corrode the internal workings of your organization by lowering morale, increasing absenteeism and tardiness, undermining authority, and reducing the quality and timeliness of client care and employees' administrative responsibilities (Newell and MacNeil, 2010; Knight, 2013; Stamm, 1997).

Conclusion

It is clear from the research that a concerted focus on addressing the impact of VT is key to promoting staff well-being and retention, organizational effectiveness, and quality service delivery. Becoming a vicarious trauma-informed organization is, therefore, a sound business practice.

How does an organization do this?

1. Get leaders on board
2. Form a work group
3. Administer the VT-ORG
4. Share Findings
5. Develop Action Plan
6. Identify Resources/Tools
7. Take Actions
8. Evaluate
9. Re-assess



"Blueprint" coming on NEU website:

www.northeastern.edu/IUHRP/VTI)

Setting a Research Agenda

(Molnar, Sprang, Killian, Gottfried, Emery, Bride – *Traumatology*, 2017)

1. Better Assessment Tools
2. More scientific rigor, e.g. representative samples
3. More studies of risk and protective factors
4. Additional intervention research, especially focused on indirect trauma
5. Longitudinal studies needed both for long term impact and to show efficacy of interventions



“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen, 2006)

Reaching the VTT Project

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Explore the Vicarious Trauma Toolkit!
<https://vtt.ovc.ojp.gov/>

**THANK YOU FOR YOUR
ATTENTION AND
PARTICIPATION!**

