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Vicarious Trauma and Secondary Stress in Therapeutic Residential Care

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Introduction

It is generally accepted that child welfare professionals are at high risk of experiencing vicarious trauma: the manifestation of traumatic symptoms resulting from working with individuals who, themselves, have encountered significant abuse or hardship. Individuals who are drawn to the child welfare field have been found to be high in personal attributes such as empathy (Macnamara & Mitchell, 2019). Additionally, the profession is characterised by high and complex caseloads and subject to a challenging and ever changing policy environment (Miller et al, 2019). Those working with young people in out-of-home care, and particularly those in residential care – populations who are amongst the most vulnerable in society – are especially susceptible to 'secondary trauma'. The negative impacts of vicarious trauma extend to high staff turnover, which further exacerbates the sense of instability and having a lack of 'trusting relationships' experienced by the young people in care themselves (Strolin-Goltzman et al 2010). This brief is focused on what is known about the factors that both worsen and reduce the risk of vicarious trauma and like conditions for those in the child welfare field. It has a particular focus on self-care strategies.

THE AIM OF THIS RESEARCH BRIEF IS TO PROVIDE AN OVERVIEW OF:

- **The prevalence of vicarious trauma and its like conditions amongst child welfare professionals**
- **Factors correlating with vicarious trauma and other stress-related conditions**
- **Self-care and organisational strategies for reducing vicarious trauma and**
- **Implications for practice at individual and organisational levels**

Defining vicarious trauma and other key terms

'Vicarious trauma', often used interchangeably with 'secondary trauma' or 'secondary traumatic stress', refers to loss of a positive sense of self and the world as a consequence of working with traumatised others (McCann & Pearlman 1990). (See Table below for a detailed overview of its impacts.) Compassion fatigue, a concept developed by Figley (1995), refers to the depletion of physical and, in particular, emotional resources as a result of employing high levels of caring or empathy for individuals in extreme difficulty. Burnout, a condition that emerges over time in response to prolonged stress, is understood as possessing three main components – exhaustion, cynicism and inefficacy – and is generally used to describe serious compromise to an individual's ability to perform their job (Maslach et al., 2001).

There is considerable debate in the literature regarding the extent to which distinctions need be made among these conditions (See Devilly et al 2009; Dombo & Blome 2016; Louth et al 2019, for example). Within this brief, however, they are thought of as sufficiently similar – with each negatively impacting professional capacity and emotional, psychological, social and professional functioning – to be discussed collectively.

Signs of Vicarious Trauma

PHYSICAL SIGNS	BEHAVIOURAL SIGNS	EMOTIONAL-PSYCHOLOGICAL SIGNS
Exhaustion	Increased use of alcohol and drugs	Emotional exhaustion
Insomnia	Anger and Irritability at home and/or at work	Negative self-image
Headaches	Avoidance of clients/ patients	Depression
Increased susceptibility to illness	Watching excessive amounts of TV	Increased anxiety
Sore back and neck	Consuming high trauma as media entertainment	Difficulty sleeping
Irritable bowel, gastrointestinal distress	Not returning phone calls at work and/or at home	Impaired appetite or binge eating
Rashes, breakouts	Avoidance of colleagues and staff gatherings	Feelings of hopelessness
Grinding teeth at night	Avoiding social events	Guilt
Heart palpitations	Impaired ability to make decisions	Reduced ability to feel empathy/ sympathy towards friends and clients
Hypochondria	Feeling helpless when hearing a difficult client story	Cynicism at work
	Impostor syndrome – feeling unskilled in job	Anger at work
	Problems in personal relationships	Resentment of demands being put on one at work and /or at home
	Difficulty with sex and intimacy due to trauma exposure at work	Dread of working with certain client's case files

PHYSICAL SIGNS	BEHAVIOURAL SIGNS	EMOTIONAL-PSYCHOLOGICAL SIGNS
	Thinking about quitting your job	Diminished sense of enjoyment/ career (i.e., low compassion satisfaction)
	Compromised care for clients/ patients	Depersonalisation – spacing out during work or the drive home
	Engaging in frequent negative gossip/venting at work	Disruption of world view/ heightened anxiety or irrational fears
	Impaired appetite or binge eating	Intrusive imagery
		Hypersensitivity to emotionally charged stimuli
		Insensitivity to emotional material/ numbing
		Difficulty separating personal and professional lives
		Failure to nurture and develop non-work related aspects of life
		Suicidal thoughts

(McNamara & Mitchell 2019)

Prevalence of vicarious trauma and related conditions

A considerable amount of research supports that those who work with individuals who have been traumatised have, themselves, a high chance of experiencing vicarious trauma and its like conditions. Of relevance here, is a national study in Switzerland involving staff in residential care settings which found that 13% of workers who had learned of traumatic circumstances endured by the young people they worked with experienced secondary traumatic symptoms, and 4% experienced suicidal ideation (referring to thinking about or contemplating suicide) (Steinlin 2017).

Hiles Howard et al (2015) found, in a survey of 192 child welfare professionals working across 48 foster care institutions in the US, that staff experienced higher levels of burnout and secondary trauma compared to the general population. Child welfare professionals, more broadly, frequently encounter negative emotional impacts as a result of the work they do. In research examining the relationship between vicarious trauma and intent to leave employment that involved 1,192 child welfare professionals across four states in the US, between 26% to 35% of participants claimed

to be experiencing core aspects of vicarious traumatisation (Middleton & Potter 2015). Bride et al (2007), who surveyed 187 child welfare workers in the US, similarly found that 34% of respondents met core criteria for post-traumatic stress disorder. Salloum et al (2019), more recently, found that nearly one-third (31.5%) of child welfare workers in their study (n=177) reported low mental health functioning, with 24.1% and 20%, respectively, meeting criteria for high levels of burnout and secondary trauma. In certain populations, the rate of mental health problems has been found to be even higher. Caringi and Hardiman (2012), studying the impact of secondary traumatic stress on 103 child welfare workers in New York State, found that 75% of workers and supervisors experienced significant levels of secondary traumatic stress. Recent research has also found secondary traumatic stress to be high amongst foster carers (Bridger et al 2020).

The level of vicarious trauma and burnout experienced by those working with children in stress is comparable to that encountered by professionals who work with others who are under high psychological duress. Bride's survey of generalist social workers (n=294) found that more than 15% of respondents met the criteria for post-traumatic stress disorder. The lifetime prevalence of PTSD in the broader population was estimated at 7.8%. In another study, 16% of carers of persons with a disability reported 'emotional difficulty' because of being exposed to aggression by service users (Hensel et al 2014). High levels of vicarious trauma, burnout and compassion fatigue have also been found amongst mental health professionals, child welfare professionals and other professional caregivers, internationally (Newell & MacNeill 2011; Fisackerley et al 2016; Hamid & Musa 2017).

Causes of vicarious trauma and related conditions

The limited research on experiences of secondary trauma and burnout in staff working in residential care has found that attachment anxiety and a low sense of coherence make secondary trauma more likely (Zerach 2013). Attachment anxiety refers to a pattern in personal relationships where an individual always feels insecure. A 'sense of coherence' relates to a way of viewing the world and life where both are seen as reasonably predictable or manageable and in a mostly positive light. A personal history of trauma has also been linked to a later experience of secondary trauma. Edmonds et al (2019) found, in research examining relationships between vicarious trauma and burnout and intent to leave the sector among staff in youth residential treatment centres in the US, that poor relationships with colleagues, a low level of administrative support and difficult workload were associated with poor mental health.

Considerably more research has been undertaken in relation to vicarious trauma in child protection and child welfare staff more broadly. A recent literature review, which included 65 papers related to burnout in child protection staff, found that a range of organisational and individual factors predicted the condition (McFadden et al 2016).

Individual factors include a personal history of maltreatment, a lower level of training in child welfare issues, a lack of coping strategies and lower levels of compassion satisfaction. The researchers also found that burnout often followed secondary traumatic stress (McFadden et al 2016). Another review, concerned with identifying factors relevant to traumatic stress in a wider group of professionals working with traumatised children, identified lack of work-life balance, failure to share information about their emotional challenges and failure to use self-care techniques (Ireland & Huxley 2018).

Some studies suggest that staff with a personal history of trauma may be more likely to experience vicarious trauma, stress and burnout (for example, Nelson-Gardell & Harris, 2003; Dagan et al., 2016; Baugerud, 2018). Other studies, however, have found the opposite. Hiles Howard et al (2015) found that participants in their study (with child protection workers working in foster care) with a higher Adverse Childhood Experience score not only had higher levels of compassion satisfaction but also lower rates of burnout. Researchers looking at Adverse Childhood Experiences as a predictor of vicarious trauma and burnout in other professionals have found that particular adverse circumstances, such as having a family member with a mental illness or feeling unloved, are stronger determinants of stress-related conditions than others (La Mott & Martin, 2019).

Additional factors that may contribute to vicarious trauma or burnout include current personal stresses (Sprang et al., 2011; Cornille & Myers 1999). Other researchers have found a relationship between gender and risk of experiencing vicarious trauma. Where researchers such as Dombo & Whiting Blome (2016) and Steinlin et al (2017) identify that women are more susceptible to vicarious trauma, a national study in the US (n=669) found that males were more susceptible (Sprang et al., 2011). Molnar et al (2020), in their systematic review of literature on trauma amongst child welfare professions, indicate that there is differing evidence regarding whether number of years in the profession is a protective or risk factor.

Dombo & Blome (2016) caution against concluding that vicarious trauma is caused by individual factors alone. They state that it can also arise in response to organisational factors. McFadden et al (2016) found that aspects of the work environment most relevant to the mental health of child welfare workers included workload, the level of support and supervision workers received and the culture of their organisations. A recent survey of child protection workers in Victoria (n=190) found that inconsistent support by workplaces was a main contributor to workplace stress and burnout (Greaves 2018). Ireland and Huxley (2018), in their review of articles on staff working with traumatised children, also found that lack of organisational support impacted vicarious trauma. Similar findings were made by Molnar et al (2020). A meta-analysis of 38 studies focusing on risk factors for secondary traumatic stress among a broader group of professionals who work with trauma victims found that some of the strongest predictors of trauma were caseload volume and ratio (Hensel et al 2015). (See also Regehr et al 2004.)

Of salience here are the findings of Devilly et al (2009) from research comparing 152 mental health professionals in Australia with a similar number of individuals from other industries. They found that working with traumatic material was not as strong a predictor of burnout or vicarious trauma as workplace pressures. Similarly, Zerach (2013) found that the residential care staff in her study experienced burnout at the same rate as a comparison group of boarding school workers who were not exposed to the same level of trauma. By contrast, researchers such as Van Hook and Rothenberg (2009), who investigated compassion fatigue and burnout in child welfare workers in Florida, found the stress-related conditions to be more prevalent in workers with clients who were in distressing situations. Molnar et al (2020) found the evidence divided on the extent to which severity of traumatic material encountered contributes to secondary trauma. Caution is needed, therefore, in attributing workplace stress to the nature of work undertaken.

It is important to note the predictors of vicarious stress and its like conditions in other professionals who work with clients in distressing circumstances. They include current stresses outside the workplace, exposure to aggressiveness in the workplace, lack of relevant expertise or education, and lack of organsational support and professional development opportunities (Newell & MacNeil, 2011; La Mott & Martin, 2018; Hensel et al., 2014; Lemiux-Cumberledge & Taylor, 2018). Ray et al (2013) found that a mismatch between expectations and the reality of a job – particularly with regard to issues like workload, level of control in the job, and the extent of reward and sense of community offered – predicted burnout in a range of mental health workers.

Self-care Practices

Practicing some kind of self-care has been found to protect against vicarious trauma and burnout in child welfare and mental health professionals (Salloum et al 2019). Nonetheless, findings from a nationwide study (n=623) in the US (Miller et al 2019) indicate that most child welfare workers engage in modest amounts of self-care or undertake such practices only 'sometimes'. Those who do practice self-care are more likely to have several years' experience in the field and to work fewer hours, with the latter indicating that self-care is often sacrificed as workload increases. Another important finding by Miller and colleagues is that self-care is impacted by the level of social support an individual has: those partnered or who are members of professional associations are more to likely to 'do' self-care than others. Research involving other professionals who deal with traumatised clients has also found participants spend insufficient time in self-care (Stockwell 2017; Blomquist et al 2015).

There is little information on the specifics of self-care practices of child welfare professionals and their relative effectiveness. Relevant here, however, are the findings from research by La Mott & Martin (2019) in which mental health practitioners were surveyed about the psychological, physical, emotional, spiritual, professional and 'balance' related self-care activities they employ; categories of self-care commonly recognised in the literature (Stockwell 2017). For clarity, psychological care may involve such activities as journaling, engaging in mindfulness or meditation and obtaining counselling, and emotional self-care, being with others and undertaking leisure pursuits. Professional self-care includes activities such as engaging in professional development and spiritual self-care, praying and being in the natural world (Bloomquist 2015). La Mott & Martin (2019) found that no particular category of self-care activity was better at preventing 'negative compassion outcomes' than any other. They concluded that type of self-care may be less important than the fact of engaging in self-care per se.

There are fewer findings still for practitioners working in residential care or out-of-home care. One of the few articles on the self-care of residential care staff was conducted in Switzerland. Steinlin et al (2017) surveyed 319 practitioners and found that self-care practices that were associated with fewer symptoms of burnout and post-traumatic stress included taking proper breaks and delegating responsibility. Physical self-care such as regular exercise and spending time in nature were also associated with fewer symptoms of secondary traumatic stress and burnout. A high sense of coherence also predicted lower burnout and signs of secondary trauma. The only other article pertaining to residential care workers and self-care cautions that care must be taken in interpreting how different practices impact mental health. Zerach (2013) found, for example, that nurturing one's spirituality protected against professional burnout but not against vicarious trauma. Discussed below, are those types of self-care that have been found to most effective for other child welfare and, in some cases, mental health professionals.

Trauma-informed approaches

Research findings relating to effective self-care strategies for child welfare practitioners include those pertaining to trauma-informed care and self-care. Salloum et al (2015) found, in quantitative research

involving 104 child welfare practitioners, that there was a strong relationship between consistent engagement with trauma-informed self-care and low levels of compassion fatigue and burnout (although no relationship to secondary trauma). Practices at the individual level associated with this kind of care include stress management, focusing on work-life balance and gaining therapy for personal issues. Related to this, Schmid et al (2020) found, in a Swiss longitudinal study looking at the effectiveness of trauma informed practices in fourteen youth welfare organisations, that introduction of a trauma informed approach not only reduced the aggressiveness of residents but also significantly reduced the physiologically measured stress responses of staff.

Social Support

Obtaining social support has been found to be an especially effective strategy for ameliorating or preventing vicarious trauma. Molnar et al (2017) found that much of the literature identifies social support outside of the workplace as a predictor of lower vicarious trauma. Salloum et al (2019) found that strong social networks were among the most important factors protecting child welfare workers from poor mental health. Similarly, Rhee et al (2013) found that using social support as a means for dealing with stress was the strategy that best predicted post-traumatic growth in child protective workers (referring to positive personal, and usually psychological, outcomes following a period of trauma). Findings for other professions are comparable. Michaelopoulos & Aparicio (2012) found, in their research with 161 social workers, that social support might help protect those without a trauma history against the development of secondary trauma.

Mindfulness-based approaches

Ravoula, Vega & Lavigne (2019) found, in a recent review of literature pertaining to various dimensions of vicarious trauma, that mindfulness-based interventions show particular promise as a preventative measure. This finding was also made by Cocker et al (2019) in a meta-analysis of interventions designed to prevent compassion fatigue in healthcare workers. The research findings of Bloomquist et al (2015), however, suggest that use of psychological strategies for preventing secondary trauma should be balanced with other approaches. This is for the reason that over-reliance on psychological means may lead to internalising symptoms such as a tendency of question one's own professional efficacy.

Work-life balance

Ashley-Binge & Cousins (2020), in their narrative review of literature on individual and organisational strategies implemented to reduce the risk of vicarious trauma, found that much literature highlights work-life balance. The authors report that social workers themselves are particularly inclined to mention that retaining enough time for other meaningful pursuits assists them in managing work stress.

Attitude

Another important factor may be mental attitude. Singer et al (2020) found, in research involving more than 200 child protection workers, that possessing a sense of purpose in life predicted lower rates of vicarious trauma and burnout. Conrad & Kellar-Guenther (2006) found that compassion satisfaction – referring to a sense of fulfilment relating to helping others – correlated with low compassion fatigue among a group of Colorado child protection workers.

Another concept relevant to self-care is that of vicarious resilience. Louth et al (2019) indicate that levels of vicarious resilience – referring to the improvement of one's capacity to cope and/or thrive as a result of interaction with resilient others – can be improved among those who work with traumatised others. Staff can develop the capacity to be inspired by clients' stories where they are provided relevant support through supervision.

Organisational Practices

Whilst Louth et al (2019) acknowledge the effectiveness of self-care practices for frontline community services staff, they are at pains to emphasise that prevention of workplace stress is not the sole responsibility of the practitioner. The individualisation of the problem of vicarious trauma, they argue, risks implying that a worker is not effective in their job. Ashley-Binge and Cousins (2020), referring to social workers generally, also point out the importance of understanding how workplace culture and expectations contribute to vicarious traumatic experiences and their attendant responsibility to address it.

Steinlin et al (2017) found that being appropriately resourced was associated with fewer secondary traumatic stress symptoms amongst residential care workers. Research pertaining to those in the broader child welfare sector has found that organisations contribute to the wellbeing of their staff where they ensure manageable workloads and working hours, offer professional development activities, facilitate peer support and provide sufficient resources (Molnar et al 2020; Strolin-Golzman et al 2020; Greaves, 2018; Salloum et al 2015). The aforementioned factors have also proven important for other professionals who work with traumatised clients. (For example, Hamid & Musa, 2018; Biggs, 2013.)

Another important responsibility of the workplace is to provide training in resilience (Stockwell, 2017). In his meta-analysis of literature on strategies for reducing burnout, Cocker (2019) found that interventions with healthcare workers involving provision of education and training relating to the development of resilience were especially effective in reducing both burnout and secondary traumatic stress as well as increasing compassion satisfaction. One of the few interventions of this nature to have been evaluated (and found highly effective) is the Accelerated Program for Compassion Fatigue. The program runs for five sessions and provides staff information on identifying emotional triggers, mastering emotional regulation, resolving conflicts and utilising relevant available resources (Rajeswari et al., 2020).

Positive relationships with colleagues and good supervision have been found to be psychologically protective by a number of researchers studying child welfare and broader populations (Ashley-Binge & Cousins, 2020). Most notably here, Steinlin et al (2017) found that good communication with, and support from, colleagues was associated with fewer signs of burnout for residential care workers. Kim & Mor Barak (2015), in longitudinal research designed to identify the role of relationships between staff member and managers in stress-related turnover amongst over 100 child welfare staff, found that professional relationships were crucial in protecting against both stress and resignations. In a study looking at how child protection workers in Queensland understood their own resilience and that of others, Russ (2015) concluded that resilience emerges as a result of good workplace relationships.

Supervision is especially important in guarding against vicarious trauma. Michalopoulos and Aparicio (2012) found, in research with social workers, that it was crucial that supervisors know, and regularly monitor for, signs of vicarious trauma in their staff. Whitfield & Kanter (2014), who consider the impacts of secondary traumatic stress on the broader helping professions, argue that supervision needs to offer appropriate additional support at crucial trigger points. Louth et al (2019) concluded, from their review of the literature on vicarious trauma, that the most useful supervision is that which is positive and non-judgmental.

Strolin-Golzman et al (2020) argue that the needs of child welfare professionals in guarding against secondary trauma can be conceptualised as comprising three levels: the individual level, organisational level and the level of interprofessional partnerships. They found, in research involving over 200 child welfare workers (n=237) and several more mental health workers, that interprofessional collaboration was particularly effective at protecting against secondary traumatic stress.

Another important consideration is the practice model that organisations adopt. A number of studies have found that the introduction of new models of practice have resulted in greater workplace satisfaction among staff and decreases in the incidence of conditions like secondary trauma and burnout. Mendenhall, Grube & Jung (2019) discuss findings from a study on the implementation of the Strengths Model for Youth in a community mental health centre for youth in the US. The change to an emphasis on positive outcomes in practitioners' work with young people resulted in a significant decrease in burnout across the organisation. Van Gink et al (2018) found that introduction of a Non-Violent Resistance approach into residential care at three separate sites in the Netherlands resulted in an improved work climate.

In addition to these more direct ways of attempting to minimise workers' work-related stress, employers can encourage staff members' own self-protective efforts. Miller et al (2019) argue that organisations should provide child welfare staff training on self-care, focus on self-care in supervision and potentially establish self-care or wellness accountability groups as part of team development.

Implications for Practice

Findings on the strategies most effective for preventing work-related trauma indicate that responsibility for prevention should be distributed between individual workers and their organisations. Whilst staff need to be aware of how their approaches to work and own emotional regulation efforts impact their resilience, they also require their workplaces to adequately support them. As Ashley-Binge & Cousins (2020) state: 'All the exercise, yoga and red wine in the world will not ameliorate a culture of bullying, poor quality supervision or unrealistic caseloads'. Dombo & Blome (2016) indicate that preventing vicarious trauma requires a supportive organisational culture that emanates from executive management, through administrative, supervisory and frontline levels. When staff are already experiencing vicarious trauma or burnout, their workplaces need to take an individualised approach to supporting them and, in particular, one that takes account of their personal needs and strengths (McNamara 2019).

Following are actions for implementation at the individual and organisational levels to prevent vicarious trauma.

Individual Level

- Develop knowledge of the causes and symptoms of vicarious trauma.
- Develop knowledge of emotional regulation strategies, including physical and psychological approaches.
- Identify which of physical, psychological, emotional and spiritual approaches to dealing with workplace stress are most personally effective and prioritise these activities.
- Identify personal triggers for work-related stress and determine the extent to which they can be avoided or dealt with differently.
- Cultivate mutually supportive relationships in the workplace.
- Ensure that emotional challenges are discussed in supervision.

Organisational Level

- Gauge the level of compassion fatigue and vicarious trauma amongst staff or attempt to establish through proxy measures such as staff absenteeism and turnover.
- Consider all ways that emotional demands on staff might be decreased, even where caseloads might not be feasibly reduced. Identify which tasks can be rotated or which, of the most difficult caseloads, can be shared.
- Ensure staff are properly resourced with respect to understanding the phenomenon of vicarious trauma and strategies that may be useful to implement and contacts for external sources of support.
- Ensure that supervision focuses on the wellbeing of staff as well as that of clients. Supervision sessions can be used to identify the current coping levels of staff, and to both instruct in relation to, and model, self-care behaviours.
- Ensure that positive relationships amongst staff are prioritised.
- Consider the introduction of a program such as Resilience for Trauma-Informed Professionals (R-TIP); a curriculum designed to promote resilience amongst staff dealing with trauma-related material (Kerig 2018).
- Consider introducing a wellbeing program for staff that includes relaxation activities and opportunities for healthy eating.

Conclusion

Whilst vicarious trauma is common among those whose work regularly brings them into contact with individuals who have experienced extreme psychological and emotional hardship, it is not inevitable. Its prevention, however, requires that both individuals and workplaces have proper understanding of its causes and which factors best protect against it and the will to ensure they are prioritised. Just as important is that staff members and organisations can recognise its early manifestations and have careful plans in place to support recovery. Those who work with children in the greatest need are a workforce to be respected. Ensuring their retention and, ultimately, that children and young people themselves have access to the kinds of resources and relationships they need requires that the prospect of vicarious trauma is taken seriously.

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