

Self-Care Institutional Practices

What is vicarious trauma?

Vicarious trauma refers to the negative reactions that can occur when hearing about someone else's traumatic experiences.¹ GBV staff are at risk of vicarious trauma when they interview GBV survivors and hear stories of their suffering.

Exposure to a traumatized person's emotions, memories and images can create reactions in GBV staff that resemble post-traumatic stress disorder (PTSD), including intrusive thoughts or images about things they have heard, hyper arousal and emotional reactivity. There may be other reactions affecting functioning in a broad range of areas. These reactions can come on gradually with repeated exposure to other people's trauma or suddenly after hearing one particular story or experience.

Vicarious trauma can lead to emotional detachment. Some GBV staff may create an emotional distance from their work to protect themselves from overwhelming emotions. They may begin to disbelieve what they are told by survivors of trauma, either denying outright anything occurred or minimizing the severity and impact.

Vicarious trauma can also result in an over identification with survivors. Staff may take on responsibility for people they are interviewing, offering financial or other assistance that goes beyond their role. They may come to believe that they are in a unique position to help. They may take on the survivor's feelings: helplessness, rage or guilt, for example. For staff with a personal history of trauma, their work may stir memories. Knowing that 1 out of 3 women have experienced some form of GBV, it's possible that some staff are survivors themselves.

How can organizations support self-care?

Working in GBV case management, raises concerns about vicarious traumatization and burn-out amongst GBV case workers. It's crucial that organizations understand the role they play and adequately support staff in such high-stress positions. Employers have a duty of care to their staff and to support them in their efforts to be safe and healthy so that they are in turn able to provide safe and supportive services for survivors. Additionally, having an organization that you perceive as supportive is a protective factor to support resilience².



Other Protective Factors:

- Experts who have worked with those in the “helping professions” understand that creating an organizational culture which accepts vicarious trauma as a ‘normal’ outcome of working with GBV survivors and offering ways to address it in their work and everyday lives is needed³.
- Addressing this issue should begin as early as the job interview during which applicants’ own resilience and experience with working on GBV is assessed⁴.
- Supervisors/managers also need to orient, train and supervise teams on vicarious trauma recognition, risk identification and mitigation⁵
- An organizational environment that fosters team interaction and celebration, as well as spaces for debriefing may also lessen the risk of vicarious trauma.⁶

Addressing vicarious trauma is challenging and requires a multipronged approach. It is not the responsibility of the staff alone. While self-care strategies can reduce the risk of vicarious trauma, institutional or organizational changes are also needed in many cases. This is where managers can make a real difference.

Efforts and actions to manage stress are incumbent not only on GBV staff. Supervisors, too, have a fundamental role in building and preserving a healthy work environment. Supervisors are responsible for supporting their staff in managing stress and in creating and maintaining a healthy work environment. In the first place, they have to be aware that their own behavior has a major impact on the staff they supervise, in a positive and in a negative sense. Lack of recognition of achievements, excessive workloads, micromanagement, excessive bureaucratization of the work, abuse of power and arbitrary decisions, especially those affecting working conditions, are just some of the many stressors stemming from the behavior, real or perceived, of managers. As a first fundamental step, supervisors should develop awareness and remain alert to the impact of their behavior on staff, and use emotional intelligence in managing teams and relations. This essentially refers to the development and strengthening of the competences and skills of effective managers.

Policies and protocols should be in place and readily available to support the needs of staff. The role of the supervisor/manager in terms of management of vicarious trauma should be clear, and all should have a good understanding of the issue, including knowledge and understanding of trauma theory⁷, ability to recognize vicarious trauma in staff members and themselves, and referral services in place.

At the project level supervisors and managers have an important role to play in responding to and the prevention of vicarious trauma among their teams. Particular strategies to adopt may include the following:

- Normalize the effects of working with trauma among all members of the team. Recognize and acknowledge our own potential personal risks for vicarious trauma. Keep a close “clinical” eye on the well-being of the team and not assuming that some staff can take on more because they are “solid” and “strong.”
- Learn to recognize early warning signs of vicarious trauma and have referral mechanisms in place.
- Create a supportive climate – regularly check on the well-being of staff, create an environment where staff feel comfortable sharing information and concerns with you.
- Provide effective supervision: creating opportunities for staff and peer support, and ensuring safety and comfort particularly during times of intensive data gathering and analysis. Provide opportunities for both individual and group debriefing sessions. Institutionalize debriefing as a regular practice (e.g. as a standing agenda item in regular meetings).
- Appoint focal points among staff who can be available for talking and debriefing, even if they are not professionals, so that staff know there is someone to turn to; acknowledge and value staff who offer this kind of peer support.
- Encourage staff to talk to their peers about the difficult aspects of the job, including those related to working with survivors of trauma and its impact on staff.
- Accommodate staff – be flexible with the response of different individuals to personal or work crises (e.g. allow flexible schedules if possible, give time off where needed, provide additional supervision, etc.)
- Consider options for limiting the exposure of the same GBV staff to traumatic situations (e.g., establish rotation of certain tasks among staff; assign “desk” or “office” functions to staff when they return from heavy and difficult monitoring missions).
- Make sure staff use their leave and mandatory breaks, and encourage them to take rest especially after stressful times.
- Make information on what resources and mechanisms are available to support staff self-care accessible to all, including when such resources are not physically available in the field; make sure this information is known and encourage staff to resort to available resources.
- When needed, advocate for making professional support available to staff, even on a temporary basis.
- Act as role models by: being open about their own challenges in relation to trauma and self-care and in coping with the environment; practicing stress management techniques and sharing thoughts about those; maintaining a healthy work-life balance; etc.

- Regularly demonstrate appreciation for staff. This can be as simple as communicating gratitude or praise for something they did or arranging to have refreshments at meetings to something more elaborate such as a “staff of the month” award.
- Provide opportunities for exercise and access to the outdoors. When this is not possible, supply indoor sports equipment and space e.g. skipping ropes, table tennis.
- Organize “staff care” days that allow staff to come together to do something fun or relaxing.
- Encourage staff to identify a “self-care buddy” – another staff person with whom they connect on a regular basis to discuss how they are and what support they need from each other.
- Address stress management with staff individually and encourage staff to practice stress management techniques (e.g., this can be part of performance management discussions or take place in more informal day-to-day discussions).

Debriefing within a team of colleagues should focus on the impact of the work on case workers personally, including their reactions to the representations of violence and suffering they have been exposed to. Whether the debriefings are done formally, as part of regular team meetings, or informally between trusted colleagues, the following are useful questions to discuss:

- How are you being affected by this work?
- How well are you doing in separating work from the rest of your life?
- What was it like to hear about that? (in response to specific cases)
- Are you showing any signs of vicarious trauma (or other forms of stress)?
- What kind of self-care are you practicing? Is it helping?
- Can you remember why you wanted to do this work in the first place? List the reasons. Do they still apply?



¹ Excerpted from OHCHR Manual on Human Rights Monitoring. Chapter 12: Trauma and Self Care

² SEE SVRI Study on Resilience

³ Bloom 2003

⁴ Urquiza, Wyatt et al. 1997

⁵ Richardson 2001; Pearlman and McKay 2009

⁶ Rosenbloom, Pratt et al. 1995; Regehr and Cadell 1999; Richardson 2001; Hatcher, Porter et al. 2015

⁷ Pearlman and Saakvitne 1995; Etherington 2009