

## Counsellors face risk of vicarious traumatization

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counsellor begins working at a transition house for battered women. She spends her days listening to stories of spousal abuse and violence. Within months she begins to experience violent, disturbing dreams. She becomes hypervigilant, and over-concerned with her own safety ... and begins to experience severe anxiety and irritability.

A psychologist who specializes in treating victims of childhood abuse starts to suffer from severe fatigue and depression. She begins to suspect other peoples motives when she sees them with children, and to imagine them carrying out the horrific acts described to her by patients.

Both of these therapists are experiencing symptoms very similar to those seen in post-traumatic stress disorder. These symptoms are caused by the therapists continual exposure to the traumatic experiences of clients who have survived abuse and violence. Therapists who specialize in treating such survivors may experience profound and painful psychological effects, which can persist for months or even years after working with traumatized persons. This process is termed *vicarious traumatization*.

This condition should be distinguished from the better-known phenomenon of counter transference, whereby a therapists own unresolved or unconscious conflicts or concerns are activated by listening to their victim clients experiences of horror or violation. By contrast, vicarious traumatization can occur with any therapist working with such clients, whether or not the therapist has any unresolved conflicts or concerns of their own. Vicarious traumatization is essentially a normal response to the stressful experience of working with survivors, and to being continually immersed in their experiences of violence and abuse.

Marcia Eberl, a counsellor at Victoria Womens Transition House, knows that fellow members who work in counselling, crisis intervention, psychology or social work are particularly at risk. -Sometimes vicarious traumatization shows up as anxiety and depression, and reduced ability to cope with your work effectively," she said. -But when youre dealing with issues of violence and abuse, there are other parts to it as well. For example, there may be some identification that occurs with dealing with victims," she said.

-Theres almost a contagiousness; its like you pick up on their fears and their trauma, so you start to feel the same kind of fears and the same kind of effects of the trauma. Normally, you would feel fairly safe and capable, but the effects of working with victims can make you feel less safe in the world in general, and can start to affect how you view people."

Prevention and treatment of vicarious traumatization may involve several steps. Therapists must be able to acknowledge, express and work through these painful experiences in a supportive environment. If such feelings are not resolved, there is the risk that a therapist may begin to feel numb or emotionally distant, and therefore be unable to maintain the type of empathy required to work with clients. Colleagues performing

similar work with victims may be able to provide emotional, as well as professional support. The process of working through vicarious traumatization may closely parallel the therapeutic process with victim clients. Where possible, it can be useful to "take a break" from working with victims, by performing work other than counselling, or by working with a different client mix. It is also important for therapists to remind themselves of the personal rewards that come from working with victims, and the positive contribution they make as therapists.

"The one thing I want to stress is that it doesn't matter how well-balanced, capable, and emotionally and mentally "together a person you are," Eberl said. "It can happen to anybody. I think people might think it has to do with their own issues, but it's a normal reaction to being inundated with this sort of experience on an ongoing basis. Whether it's obvious or not, you're definitely affected, and it can affect you for a long time in your life. And vicarious trauma is not a reflection on your professionalism, your abilities, or your mental and emotional stability."

HSA members who spend most of their working hours counselling victims of violence and abuse need to educate their employers, and their joint occupational health and safety committees or worker health and safety representatives, about vicarious traumatization as a workplace hazard. HSA occupational health and safety stewards who represent such members should push for the development of a program in their workplace to prevent vicarious traumatization. Such a program could include strategies to introduce more variation in the work these members do, as well as provision for an ongoing therapeutic process that they may need, in order to avoid the sort of emotional and psychological damage caused by vicarious traumatization.

Employee assistance and extended health care benefit plans may help cover some of the costs of ongoing counselling required by therapists suffering from vicarious traumatization.

Jackie Spain, chair of HSAs Occupational Health and Safety Committee, said members can work with employers to help deal with vicarious trauma. "You have to create an environment within your workplace where people are not afraid to say that they're affected by vicarious trauma," she said. "They should have access to people who understand, and not necessarily their co-worker in the next office. I'd encourage members to go beyond their workplace to see someone who is not making even a subconscious judgement about their reactions."

**Vicarious traumatization** can produce symptoms very similar to those seen in post-traumatic stress disorder in therapists working with survivors of violence and abuse:

- generalized anxiety
- numbing
- overwhelmed
- poor coping
- anger
- intrusive thoughts
- nightmares
- irrational fears
- addictions
- sleep disturbances
- dissociative reactions
- intrusive images

Vicarious traumatization can produce changes in belief systems:

- loss of sense of safety
- loss of trust
- loss of connection with others
- despair
- cynicism
- disillusionment
- incapacity for intimacy
- poor self-esteem
- loss of sense of control

The consequences of accumulated vicarious traumatization in the workplace can be:

- negativity
- blaming
- victimhood
- feelings of powerlessness

Spain suggests HSA members may be able to obtain this sort of assistance through their workplace employee assistance program. "Members have to feel that they're not inferior to anybody else," she said. "And among colleagues, we should be educating ourselves about not making judgements on fellow members who feel traumatized. The issue isn't that they somehow 'can't take it.' This is definitely an occupational health issue."

Through a resolution passed at Convention, HSA members have recognized the fact that vicarious traumatization is a serious OH&S hazard for some members. This resolution directs the union to educate members about this issue, and to push the WCB and provincial government to recognize vicarious traumatization as a compensable workplace injury.

Unfortunately, recent changes to the rules governing workers compensation in BC will make it difficult, if not impossible, to have a claim accepted for vicarious traumatization. Under previous and current rules, a claim

for a psychological injury could only be accepted if the worker is diagnosed by a psychologist or psychiatrist with a medically-recognized psychological disorder (e.g. depression or post-traumatic stress disorder). In addition, the mental health professional treating the worker must support the claim that the workplace was of causative significance in causing that psychological disorder. Thus, even under the previous more generous rule, claims for "stress" were not accepted because "stress" is *not* a medically recognized psychological disorder.

Under the previous rules, a claim for psychological injury as described above was acceptable if the psychological injury was the result of an accepted work-related physical injury, or where there was no physical injury, *if* the workplace circumstances or event(s):

1. involved "unusual stimuli";
2. were reasonably capable of causing psychological injury; and
3. were of causative significance with respect to the workers psychological injury.

Thus, claims for a psychological injury due to the normal sort of stresses expected in most workplaces were not accepted. Arguably, at least some cases of vicarious traumatization would meet these three criteria, and if the vicarious traumatization resulted in a medically recognized psychological disorder (such as depression or post-traumatic stress disorder), then a claim could be accepted.

Under the current rules, which went into effect June 30, 2002, psychological injury will only be accepted where it is the result of a compensable workplace physical injury or an identifiable major traumatic event. It should be noted that if the psychological injury is the result of a trauma inflicted by the actions of the employer, it is no longer accepted by the WCB. Employers may now act with complete impunity, as any psychological damage they inflict upon their employees (without an accompanying physical injury) is now exempted from coverage under the *Workers' Compensation Act* as being simply "a labour relations issue". HSA continues to work with the BC Federation of Labour to oppose this change to the compensability of psychological injury.

In 15 years of working in the field of womens counselling, Eberl has seen many co-workers leave the workplace due to what was most likely vicarious traumatization. "People go off on stress leave, and they sometimes end up leaving the work," she said. "Theres a high turn-over, and the burn-out just seems to keep happening. Maybe its not expected that people can do more than a few years of this kind of work. But I think its possible that people can remain in this work for a long time if they have the right kind of environment where they get support, and feel they can be open about these issues as a normal hazard of the workplace.

"People who do this work are really committed to it. Besides a generally supportive environment, taking breaks ... and many of us dont take our breaks ... even a 10-minute break can make a huge difference," she said.

"And its important not to minimize the effects, and to take it seriously." 

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