



Vicarious Trauma

The term vicarious trauma (Perlman & Saakvitne, 1995), sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the “cost of caring” for others (Figley, 1982). Other terms used for compassion fatigue are:

- secondary traumatic stress (Stemm, 1995, 1997)
- secondary victimization (Figley, 1982)

It is believed that counselors working with trauma survivors experience vicarious trauma because of the work they do. Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

It is important not to confuse vicarious trauma with “burnout”. Burnout is generally something that happens over time, and as it builds up a change, such as time off or a new and sometimes different job, can take care of burnout or improve it. Vicarious trauma, however, is a state of tension and preoccupation of the stories/trauma experiences described by clients. This tension and preoccupation might be experienced by counselors in several ways. They might:

- avoid talking or thinking about what the trauma effected client(s) have been talking about, almost being numb to it
- be in a persistent arousal state

Counselors should be aware of the signs and symptoms of vicarious trauma and the potential emotional effects of working with trauma survivors.

Signs and symptoms for counselors:

- having difficulty talking about their feelings
- free floating anger and/or irritation
- startle effect/being jumpy
- over-eating or under-eating
- difficulty falling asleep and/or staying asleep
- losing sleep over patients
- worried that they are not doing enough for their clients
- dreaming about their clients/their clients’ trauma experiences
- diminished joy toward things they once enjoyed
- feeling trapped by their work as a counselor (crisis counselor)
- diminished feelings of satisfaction and personal accomplishment
- dealing with intrusive thoughts of clients with especially severe trauma histories
- feelings of hopelessness associated with their work/clients
- blaming others

Vicarious trauma can impact a counselor's professional performance and function, as well as result in errors in judgment and mistakes. Counselors may experience:

Behavior:

- frequent job changes
- tardiness
- free floating anger/irritability
- absenteeism
- irresponsibility
- overwork
- irritability
- exhaustion
- talking to oneself (a critical symptom)
- going out to avoid being alone
- dropping out of community affairs
- rejecting physical and emotional closeness

Interpersonal:

- staff conflict
- blaming others
- conflictual engagement
- poor relationships
- poor communication
- impatience
- avoidance of working with clients with trauma histories
- lack of collaboration
- withdrawal and isolation from colleagues
- change in relationship with colleagues
- difficulty having rewarding relationships

Personal values/beliefs:

- dissatisfaction
- negative perception
- loss of interest
- apathy
- blaming others
- lack of appreciation
- lack of interest and caring
- detachment
- hopelessness
- low self image
- worried about not doing enough
- questioning their frame of reference – identity, world view, and/or spirituality
- Disruption in self-capacity (ability to maintain positive sense of self, ability to modulate strong affect, and/or ability to maintain an inner sense of connection)
- Disruption in needs, beliefs and relationships (safety, trust, esteem, control, and intimacy)

Job performance:

- low motivation
- increased errors
- decreased quality
- avoidance of job responsibilities
- over-involved in details/perfectionism
- lack of flexibility

Vicarious trauma can also impact a counselor's personal life, such as relationships with family and friends, as well as the counselor's health, both emotional and physical.

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