Resources for vicarious trauma

A number of terms have been used to describe the negative effects that result from working with traumatized patients. Common terms include "compassion fatigue" or "secondary traumatic stress," "vicarious trauma," "countertransference," and "burnout." Figley (1995) suggested compassion fatigue as the most appropriate term to describe secondary traumatic stress effects. He suggested that clinicians who treat traumatized clients are particularly vulnerable to developing compassion fatigue as a result of empathic engagement with clients and exposure to their traumatic experiences.

The literature frequently uses these terms interchangeably. What's important to note is that the effects are cumulative and are likely impacting some members of all SANE programs. A 2010 survey of emergency department nurses found that 86% of those who responded reported experiencing moderate to high levels of compassion fatigue. (Hooper et al, 2010)

Compassion fatigue can interfere with a clinician's ability to work effectively with patients and may be one of the leading challenges in retaining SANEs. Therefore it's critical that program managers remain aware of this issue and routinely assess their team for signs and symptoms. In their book, **Transforming the Pain: A workbook on Vicarious Traumatization** (Saakvitne & Pearlman, 1996), the authors suggest that we can address and sometimes even prevent vicarious trauma by paying attention to our ABCs:

- A. Awareness of our needs, emotions and limits
- B. Balance between our work, leisure time and rest
- C. Connection to ourselves, to others, and to something greater (in other words, spirituality)

Sexual assault victim advocates often receive a great deal of training and resources on vicarious trauma, and can be helpful partners in developing systems and procedures to reduce and response to trauma when working with sexual assault patients. For an overview of how to build more responsive programs, review *Building Cultures of Care: A Guide for Sexual Assault Services Programs*.

Online Resources for Vicarious Trauma, Compassion Fatigue and Burnout

Burnout, vicarious traumatization and its prevention http://www.irct.org/Files/Filer/TortureJournal/16_1_2006/page_1-9.pdf

Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue http://www.proqol.org/ProQol_Test.html



Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals http://nrccps.org/wp-content/uploads/secondary_traumatic_tress.pdf

Self-care and Trauma Work

http://www.nsvrc.org/publications/nsvrc-publications-articles/self-care-and-trauma-work

Vicarious Traumatization, Secondary Traumatic Stress, and Burnout in Sexual Assault and Domestic Violence Agency Staff (ABSTRACT)

http://www.ncbi.nlm.nih.gov/pubmed/12733620

Why Emotions Matter: Age, Agitation, and Burnout Among Registered Nurses http://bit.ly/1hbUfE9

Countering Compassion Fatigue: A Requisite Nursing Agenda http://bit.ly/1dKFxsY

A Manager's Guide: Seven Visible Signs That Your Nurses May Be Suffering from Burnout and How to Prevent It at Your Hospital

http://www.medicalsolutions.com/wp-content/uploads/2012/05/eBook-Preventing-Nurse-Burnout.pdf

Work Stress and Burnout Among Nurses: Role of the Work Environment and Working Conditions http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/ JenningsB_WEWCN.pdf

Vicarious traumatization: Concept analysis

http://onlinelibrary.wiley.com/doi/10.1111/j.1939-3938.2011.01115.x/abstract

Compassion Fatigue: A Nurse's Primer

http://bit.ly/11IPsp3

Nurse Fatigue

http://www.ena.org/practice-research/research/Documents/NurseFatigueWhitePaper2013.pdf

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Rheingold, A. A., Campbell, C., Self-Brown, S., de Arellano, M., Resnick, H., & Kilpatrick, D. (2007). Prevention of child sexual abuse: Evaluation of a community media campaign. *Child Maltreatment*, 12, 352-363. doi:10.1177/1077559507305994

Saakitne, K.W., & Pearlman, L.A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, N.Y.: W.W. Norton,

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