Vicarious traumatisation: An organisational perspective

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Counsellors who work with adult survivors in the sexual abuse field have a strong preference for working within narrative, strengths-based and emancipatory theoretical approaches (Pack, 2004). The relevance of 'vicarious traumatisation' (i.e., the impact on counsellors, social workers and other helping professionals of sharing their clients' feelings and trauma), and self-development theories to counsellors' wellbeing is critical. Current literature about vicarious traumatisation suggests that exposure to their clients' trauma may increase risk of burn out and secondary traumatisation on the worker.

Research undertaken between 1998 and 2001 further found that the relationship between counsellors', social workers' or other helping professionals' responses to their clients' trauma is further amplified by the organisational frameworks that support them in their practice. The theoretical frameworks they work under are, at times, at odds with the philosophies of the agencies within which they practice. The initial assessment of sexual abuse recovery primarily takes place in medico-legal environments. Subsequently, survivors are referred or self-refer to counsellors approved for public funding, many of whom are trained social workers who have diversified into counselling and psychotherapy. Trauma counselling, like much social work practice, most often draws from narrative, rights-based and anti-oppressive paradigms in which the therapeutic relationship is conceptualised as a co-created space in which the hierarchical or 'expert-knows best' positioning of the counsellor in relation to clients is reformulated.

Legal and medically based agencies who work with survivors often do so in crisis intervention mode where the primary effort is to enforce the law or provide medical treatment in order to restore the status quo as quickly as possible. This kind of environment can stifle creativity and reflection. Within the context of multi-disciplinary teams, social workers and counsellors sometimes report experiencing a sense of dissonance in the helping endeavour due to their differing approaches to practice and theoretical paradigms. These two professions are congruent with an emancipatory, narrative social justice paradigm, where the professional works collaboratively with clients to focus on fostering autonomy and self-determination in the therapeutic process.

Aims of the study

This paper is based on research that focused on investigating if a vicarious traumatisation framework resonated with counsellors who were registered to undertake therapy with sexual abuse survivors in New Zealand. It was important to allow participants to tell their personal narratives of vicarious traumatisation as they had experienced it over their careers. This focus facilitated discussion of the factors that mitigate the effects of vicarious traumatisation and act as protective factors that can sustain counsellors over the course of their careers.

Once the sources of stress and trauma were identified, the aim was to develop a theoretical model of stress and trauma among those involved in counselling trauma survivors to suggest models of practice to ameliorate the effects of vicarious traumatisation for the worker. The counsellors' individual experiences of vicarious traumatisation helped to identify the protective factors that they found useful in maintaining their professional effectiveness on the job.

Vicarious traumatisation

Vicarious traumatisation is a process that occurs when the worker's sense of self and world view is negatively transformed through the worker's empathetic engagement with traumatic disclosures from clients (Pearlman & Saakvitne, 1995). The effects are considered to be cumulative, permanent and irreversible if unattended (ibid). The basic premise of 'cognitive self-development theory', underpinning the concept of vicarious traumatisation, is that individuals construct their own version of reality through their cognitive constructs, which are used to interpret what happens to them (McCann & Pearlman, 1990, p.137). Applying the same concept of self-constructive development theory, the presence of protective factors has more recently captured the attention of researchers. 'Vicarious Resilience' is a concept that represents a critique of the original vicarious traumatisation framework (Collins & Long, 2003). Drawing from the risk and resilience literature, the concept of vicarious resilience suggests that individuals actively evolve positive processes and strategies to maintain their therapeutic effectiveness when dealing with traumatic disclosures from their clients (Collins & Long, 2003; Cranfield, 2005). The presence of a range of protective factors include: the accessing and use of social and collegial supports; maintaining an attitude of 'optimistic perseverance' (Mederios & Procaska, 1998); humour; involvement in community and interests fostering a sense of personal connection to others; sustaining hobbies and effective use of leisure time; spirituality; and involvement in political activity for improving social justice (Mederios & Procaska, 1998; Pearlman & Saakvitne, 1995).

Social workers' experiences of traumatisation within the context of the workplace

Social workers risk becoming secondarily and vicariously traumatised in their work with survivors of trauma due to the nature of traumatic work itself, which has been described as 'a contagion' if entered into without sufficient preparation and training (Herman, 1992). The lack of adequate time and resources such as clinical supervision for reflection can result in trauma and stress that can impact upon the client and social worker (Cranfield, 2005; Cunningham, 2003). In the New Zealand context, research studies have suggested that what is defined as 'stressful' includes the experience of direct traumatisation through intimidation and direct violence by co-workers as well as oppressive systems of management (Beddoe, Van Heughten, 1999). Reports related to the death of 'Baby P' in the UK identified systemic failures including a lack of training and supervision of the workers involved and claims of 'harassment' within the investigating social workers' employing organisation (Fernandez & Allen, 2009).

Some social workers and counsellors are reporting increasing disillusionment with the workplace and team as a safe place in which to practice and are entering into private practice or contracted work in an effort to gain greater control over how they work with clients and manage their day-to-day functioning (Van Heughten, 1999). When organisations and teams focus on the individual client and ignore the wider socio-political context in which trauma and abuse occur, this residual focus tends to conflict with social workers' personal philosophies, theory and practice (Pack, 2004). If unaddressed, the effects of working with trauma can have wide-ranging implications for the organisation as a whole. Individual experiences of vicarious traumatisation can have a destabilising effect on the teams in which workers are vicariously traumatised, which in turn can have a ripple effect on organisational functioning (Johnson & Hunter, 1997; Pack, 2004, 2010a, 2010b & 2010c.; Sexton, 1999).

The context of sexual abuse therapy in Aotearoa

In New Zealand sexual abuse therapy is publicly funded as survivors of sexual abuse are covered by a 'no-faults' public insurance scheme under the Accident Compensation Corporation (ACC). The scheme provides funded psychotherapy to claimants as the main means of 'recovery'.

Psychotherapists, counsellors, social workers and clinical psychologists register for their work with survivors of sexual assault who are covered by a 'sensitive claim'.

The provision of funded counselling for sexual abuse survivors is considered to be an essential tool for ensuring that intergenerational abuse and violence is addressed (Hayward, 2009). The availability of funded therapy provides the hope of recovery for survivors and for improving their outcomes (ibid). Entitlements include vocational rehabilitation for those unable to study and work subsequent to abuse; the provision of preventative and educational programmes in the community; and individual and group psychotherapy.

This research encompassed a breadth of opinions among various professional groupings including social workers, clinical psychologists, counsellors and psychotherapists who were registered with ACC to provide a specialised service to sexual abuse trauma survivors.

Research approach and methods

The participants in this research, hereafter referred to as the 'counsellor-participants', were selected using a systematic sample of counsellors who were registered ACC trauma therapists at the time of the interviews. Key questions in the indepth interviews included: why counsellor-participants decided to become sexual abuse counsellors; how they continued to practice effectively in the challenging field; and if their experiences resonated with the research on vicarious traumatisation (McCann & Pearlman, 1990).

The counsellor-participants expressed a wish to share their narratives in the hope that it would illuminate a 'common' experience for others working in the field. Each counsellor-participant nominated a pseudonym to represent their contributions.

Similarities and differences within the counsellor narratives were analysed using thematic analysis (Braun & Clarke, 2006) and 'pattern-matching' (Yin, 2009) in which each interview transcript was analysed for internal consistency and themes. Once themes were identified they were then discussed with a focus group of five counsellors to improve robust analysis and allow the research participants' own frame of reference to be a further lens of analysis (Reason, 1988).

The vicarious traumatisation framework (McCann & Pearlman, 1990) was used to analyse the themes across the counsellor-participants as a group, alongside the notion of protective factors leading to vicarious resilience, based in the risk and resilience literature (Steed & Downing, 1998).

As data analysis progressed it emerged that we were theory building in a neglected area of the vicarious traumatisation literature.

Findings

Analysis of the interviews illustrated that the sexual abuse therapists developed strategies for understanding their clients' trauma by reflecting on their own healing from traumatic events and their experiences in working with their clients. This experiential knowledge developed through their careers (spanning five to 30 years) through both their own personal and professional experiences. These integrated insights were drawn on to guide the therapeutic process and assist in the counsellor-participants' resilience in maintaining their on-the-job effectiveness. This awareness enabled the counsellor-participants to continue to practice with sexually abused clients, which by its nature includes working with disclosures that are deemed 'hard to hear', including accounts of incest, intergenerational patterns of abuse, suicide and self-harm.

Counsellor-participants further reported feeling a lack of security about finding ongoing sources of funding for therapy. Many of the counsellor-participants reported moving into private practice or group practices for a variety of reasons mirroring Van Heughten's (1999) findings. For some, this movement was seen as a way of resolving conflicts with agency politics and protocols. Group practices were seen as helpful to developing a shared ethos of the work and to tailoring the workplace administratively to suit

those working together. In both instances having greater control over the way the workplace was organised was considered important.

The early years: Was vicarious traumatisation an issue?

Vicarious traumatisation was seen by the counsellor-participants as a theme in the early years of practice. It was difficult to distinguish between vicarious trauma and trauma from the therapeutic environment with organisational conflict that was specifically described as 'traumatising'. Audrey, a clinical psychologist working with children and families in a child protection agency had a child client abducted despite her best efforts at care and protection. She said she found this one of the most 'traumatising' incidents of her career:

> *"From memory the main thing I thought is that I hadn't so much had VT [vicarious traumatisation] as having been traumatised from the horrible stuff people told me as being actually traumatised. Not quite traumatised but being made anxious by family group conferences, courts and those few incidents that I told you about where actual things happened that distressed me. Like the child being abducted. So I was thinking of another way of looking at it. That there is trauma that happens to us on the job. A lot of people get a lot worse than I have, particularly the frontline social workers and then there is the stuff that actually comes from what you hear."*

What the counsellor-participants did refer to as 'traumatising' was often related to the range of assessment/investigative and therapeutic roles that were required by various agencies in which they worked. These mixed roles were seen as conflicting with counsellors' efforts in therapy and their desire to assist clients to make positive change in their lives.

The demands of being in a dual role were discussed in relation to those counsellor-participants who worked within, for example, the justice and child protection systems. Tony discussed ethical dilemmas surrounding what was seen as sexual abuse under law and policy, both of which determined who was eligible for publicly funded therapy. These criteria effectively defined who he could assist:

> *"I have a case just recently, a new client, who in terms of abuse, if you look at it on a scale of abuse, her abuse may be about a three out of ten but, for her, the effects on her life have been ten out of ten. It was hard, in fact, when we were filling out the form I was thinking: "They [ACC] may not pay out on this one, because it's not a biggie in the wider scheme of things." But in terms of the trauma in the person's life, it's huge. I thought, as a grounding: it's not what happened [the abusive event], it's the effect over time."*

For Angela writing assessments on behalf of clients for the funding of their therapy was traumatising. It seemed that the writing of these reports did not fit with the approaches she had adopted in her work as a psychotherapist with psychodrama training or as a more active collaborator:

> *"Not all of them [full assessment and treatment plans] are as bad, but when they're really terrible, when it's really crushing, it can't help but affect your spirit, your whole spirit, even working with someone who is telling you these things. It's like your heart just punctures really. And it is quite hard to let go, that's why I think anyone working with only this work, it's pretty dangerous I reckon. The risk of either being in it; that this world, you're having to sort of, make it smaller in a way to be able to survive yourself."*

The development of personal philosophies

The counsellor-participants discussed the evolution in their thinking about sexual abuse. An understanding of the structural reasons for inequality and oppression and the misuse of power in society became integrated insights that the counsellor-participants drew upon in their practice. Whilst earlier in their career sexual abuse may have been more of a sub-field of professional specialisation, more latterly sexual abuse was described on a continuum of other traumas and oppressions.

Therapeutically, the counsellor-participants viewed sexual abuse as being part of the wider context of other oppressions, many of which have their origins in society. Kevin referred to specific theorists to explain and rationalise his views and emphasis on 'trauma' rather than 'sexual abuse' in his work:

> *"Well, coming at it from a much broader perspective, I think that my work with trauma goes far beyond sexual abuse. I mean half my clients at the moment are physical trauma – direct physical trauma – some head injuries some attacked with a razor that kind of thing. So it's a broader kind of thing. So I see sexual abuse, I suppose, as a trauma among others and I think it is really important to highlight that. I suppose I feel quite strongly that it [sexual abuse] is not to be put into a special place. The reactions that people show are the same as what a war veteran has, that kind of thing. So I see it as putting it in that sense. I see sexual abuse in terms of my knowledge; philosophically the person is affected in every dimension. In the last two years, I've moved. I've worked for the last 10–14 years but for the last two to three years I've moved an enormous amount particularly in terms of my understanding. This is more based on Van Der Kolk [see for instance Van Der Kolk & MacFarlane, 1996], that we are processing it [trauma] in an entirely different part of our brain: it's not a rational experience it's a very primitive emotive, pre-verbal, kind of a reaction; and consequently a lot of therapeutic intervention needs to involve a point of view that doesn't try to rationalise it away, which was really what the first ten years of my work was doing."*

The intergenerational patterns of abuse that the counsellor-participants heard about suggested that societal factors were among the reasons as to why sexual abuse occurs. Theorists who combine this kind of social/political or structural analysis within their theories were among those that the counsellor-participants found the most useful to draw upon. To acknowledge the historical and cultural origins of abuse and oppression in society, and to avoid making similar assumptions, the counsellor-participants sought an analysis of the sociocultural and historical/political factors. Through her work with her clients, Kahlia had developed her own theory about a loosening of social mores in which sexual abuse occurred in post-colonised New Zealand:

> *"I think New Zealand in particular is very bad in terms of the prevalence of sexual abuse, and my theory would be like, I can't remember who it is wrote stuff about how come people left so long ago to come here from so far away; and being so far away, they weren't so accountable to society. So the boundaries are lost and then, of course, [sexual abuse] becomes intergenerational and happens because people don't do their own personal work. Why [sexual abuse] originally happens. I don't know. I think sexuality and the power and control issues around [sexual abuse] are huge and I think New Zealand in particular has a long history of, you know, all that happens here or has happened in the past. I've been sexually abused. It wasn't an issue, well of course, it naturally had many consequences, but it wasn't confronted for many years. But it just totally wipes people and their lives and the consequences of what they decide the world's about and why [sexual abuse] happens. It is so important for people to get an opportunity, to really explore their beliefs and cultures and values."*

Drawing from an eclectic range of theories was considered 'useful' by counsellor-participants. Marianne found a rationale for her practice in the writings of 'The New Trauma Therapy' epitomised by the foundational work of Herman (1992) and Briere (1996). In a similar way to these theorists, she refers to power inequalities that exist across history, generations, socioeconomic classes and cultures as being associated with her understanding of abuse and oppression and the need for social education for prevention:

> *"I think it is a mixture of theories and certainly I've found people like John Briere's model, really useful. And Judith Herman's really useful. And it's interesting: it's often those people who we've heard talk at conferences and then*

you read more about their theories. I'm not a psychoanalytical person so I don't follow that theory. It doesn't appeal to me ...

"I think they [Herman and Briere] fit in well without dragging out the theoretical model. My own belief is that abuse is something that is perpetuated from generation to generation so if one can do some really early childhood education that prevents this, that long term, and you're probably talking a generation or so, there would be much less abuse. Because abuse is not a new thing it has been going for generations and I think back to historical readings of Victorian times when there was a very high level of abuse and it was because it was really about oppression and having power over somebody. And in Victorian times, the lord of the manor could do what he liked to his servants. Class was a factor then. I don't believe that class is a factor any longer, particularly not in New Zealand. I believe it's much more of a learned behaviour. It's not inherent in us. If we were abused we are more likely to abuse."

Promoting anti-oppressive practice within organisations

The counsellor-participants' narratives suggested that an anti-oppressive approach is helpful in the field of sexual abuse and trauma counselling work. Ideally this philosophy is acknowledged by the organisations employing practitioners working in this arena. However, counsellor-participants suggested that for some organisations emancipatory strengths-based practices may only be possible if their philosophies are better aligned with the philosophies of the professionals involved. This in turn would require training and supervising staff to encourage a shared vision, set of values, frame of reference and mandate for working together. Service users need to be reconceptualised as collaborators to become part of the multi-disciplinary team in this re-visioning process. Effective teamwork, as Opie (2000) discovered in her research on multi-disciplinary teams, occurs when there is a shared vision held by team members, an organisational discourse of success, a flattened organisational structure and knowledge about each profession represented on the multi-disciplinary team.

Challenging narratives of shame and disbelief

The counsellor-participants suggested that agencies engaged in sexual abuse therapy need to find ways of challenging their own discourses that tend to doubt, disbelieve and objectify the narratives of survivors and those narratives of survival communicated via the counsellors and other treatment providers who care for them. The client's view of the situation, or the meanings attributed to events by the client, are the focus of the assessment within strengths-based social work and this definition of 'assessment' offers an alternative paradigm for reporting (Saleeby, 1997, pp.63–64) that is closer to the modes in which counsellor-participants say that they work. The use of classificatory systems, such as the DSM IV, represents the language and frame of reference of the expert following models of individual pathology. However the client's experience within strengths-based approaches is the mandated frame of reference for working. The client's view of the world is trustworthy and needs to be affirmed together with the opinion of the counsellor or treatment provider involved in providing care.

Implications for practice

Emancipatory and strengths-based approaches challenge discourses of disbelief that surround sexual abuse work by endorsing what people say. The theoretical approaches the counsellor-participants described as informing their work with sexual abuse survivors assisted them to understand and assist their clients, and ameliorated the impact of vicarious traumatisation. The organisations themselves were connected to the experience of vicarious traumatisation when the reporting requirements and roles did not align to the ways in which the counsellor-participants worked.

Using emancipatory and strengths-based approaches within the field of sexual abuse recovery may require interventions beyond individual counselling, involving social work intervention, advocacy, or co-ordination of the

professionals already involved. For instance a strengths based, anti-oppressive assessment could more rigorously utilise the resources identified during assessment which might include resources found in local communities, families or whānau, rather than by professionals. This perspective challenges the role of the expert professional and re-conceptualises the helping relationship. This challenges the idea that the therapist represents the means of all healing and rather articulates the therapist as a facilitator of the process with a role in identifying, co-ordinating and supporting the client's own efforts towards healing.

Professionals, whose training is based in formulating and assessing in more traditional frameworks, may find strengths-based approaches challenging to their own sense of professionalism. Some may consider their professionalism compromised by adopting such approaches, which use different frames to the traditional diagnosis and cure formula of the medical model.

Adopting such an approach would require a new framework and new vision for some agencies, but through this process, the evolution of new monitoring, feedback and evaluation forms would ensure a narrowing of the gap that now exists between theory or agency requirements and the counsellors' frameworks for practice.

Working from a position of strength, rather than deficit, has many implications for how counsellors work with their clients. Instead of requiring counsellors to sift through details of the original trauma, a strengths-based approach may be more suitable protection for both the client and the counsellor. This may challenge current funding guidelines which require details of the original abuse in the first few sessions in order to procure funding. Assessment and goal setting is an integral part of the healing process, especially when undertaken within a strengths-based approach.

The relationship between the funder, counsellor and client needs to be reformulated as colleagues involved in a collective 'therapeutic conversation' in which each takes responsibility for key roles to facilitate healing. Case management could also be reformulated into adopting an emancipatory, strengths-based assessment process in developing case management plans with claimants.

Key findings

Balancing case loads and practice interests

One of the key insights from the participants involved in the research was that it was inherently unhealthy to focus exclusively on trauma and sexual abuse counselling to the exclusion of all other roles and work. One suggestion was that the agencies contracting for sexual abuse work take more active responsibility for limiting the number of cases that their treatment providers take on for abuse and trauma counselling (Johnson & Hunter, 1997).

The focus group guiding this research recommended a maximum of five sexual abuse cases on a counsellor's caseload at one time. Clinical supervisors could also balance caseloads and interests more collaboratively. Clinical supervisors are in the best position to assess the impact of the work on the individual worker and the degree of vicarious traumatisation present at any one time.

Achieving balance is more challenging for agencies who exclusively focus on domestic violence and abuse, but these agencies need to develop protocols for addressing health and safety issues such as vicarious traumatisation.

Professional associations could also support these principles by including them within their ethical guidelines and professional expectations, and educational and training goals related to vicarious traumatisation of professional members. Raising awareness within training courses and regular meetings may alert members of the signposts to becoming vicariously traumatised so that they can take ameliorative action.

Alongside this education, there needs to be active mentoring of less experienced workers from those who have been working for five or more years in the field of sexual abuse. This mentoring would provide positive role models for younger staff members from whom they could learn some of the themes of resiliency that were evident among

the counsellor-participants interviewed for this research.

Organisations employing workers who deal with survivors of sexual assault

There are health and safety issues that need to be routinely addressed within organisations working with traumatic disclosures. The risks of engaging potentially traumatic material needs to be explicit during recruitment. This research suggests that the risks can be ameliorated if there is sufficient support for workers to draw from a range of theoretical frameworks in an organisation that models collegial behaviour.

Literature suggesting the possible cumulative effects of continued contact needs to be honestly and frankly raised with job applicants and prospective employees. Training courses and practicum placements need also to alert entering students of the potential risks to their psychological health of their involvement in trauma-related helping. Alongside the vicarious traumatisation literature, literature suggesting more positive outcomes needs also to be made available to provide a balance of perspectives from which individuals can select. A range of responses can then inform trainee and prospective workers' views about the work they are undertaking. An established worker may be able to mentor or buddy a trainee worker or student and assist in educating them on a range of responses they have had in working with traumatic material.

Meeting the ongoing needs of workers

Opportunities to share experiences arising from the work in the sexual abuse field, including information/education about vicarious traumatisation, needs to be made available to new employees. For example, individual supervision may occur alongside peer networks or groups; training workshops on anti-oppressive practice, as a means of ameliorating vicarious traumatisation. Critical reflective modes of reviewing one's practice as a means of debriefing workers from trauma would seem helpful to ameliorating the impact of the work (Napier & Fook, 2001; Fook, 1996; Fook et al., 2000). Information on worker rights, through access to union representatives, may assist in supporting workers to collectively advocate for conditions of employment that support their work. It is important that these areas of support and training are not superimposed with performance appraisal.

The needs of survivor therapists

Personal therapy needs to be available to workers who find that there are issues of their own abuse or trauma intruding into their day-to-day work. Personal therapy is one of the means by which workers encountering triggers to their own experience of abuse and oppression may use therapy to feedback insights and ways of being into their own emerging theories of practice. Critical reflective practice in which workers engage in an ongoing analysis of themes in their work would seem helpful in tandem with personal therapy (Napier & Fook, 2001; Fook et al., 2000). Therefore, the linkages between personal therapy of the worker as a model for informing their practice needs to be affirmed by employers and contracting organisations. In the past, survivor therapists have been criticised for lacking objectivity to undertake the work and were asked by their funding agency to leave the field for the duration of their personal therapy. Whilst this may be helpful for some therapists, the thesis research suggests that survivor therapists who undertake their own therapy develop resources and insight that, over time, become a valuable basis for their practice.

The future

In looking towards the future, this research suggests that there are ways in which social workers, counsellors and psychotherapists can be educated to develop an awareness of vicarious traumatisation in their daily lives and work. It also underlines the importance of workers sampling and integrating into their practice a range of theoretical approaches. These approaches, which include narrative, strengths-based and emancipatory frameworks, provide a way for workers to connect with themselves, which naturally fosters effective connections with clients, colleagues and their significant others. Maintaining relationship is the primary theme of this research. This protects the counsellor from

the fragmenting sense of disjuncture, which is a key experience of the work. Thus conceptualised, prevention strategies include workers being firmly grounded in theoretical frameworks that provide a context for establishing and maintaining connection on a variety of levels: with the self; with others including clients; with their employing organisations; and with the wider social discourses in which their work is located.

Employers, professional associations, training establishments and contracting agencies have responsibilities to alert workers/students to the potential impact of continued work in the field of trauma. Literature discussing the protective factors that build resiliency in dealing with traumatic disclosures should be available to staff, alongside the literature cautioning their continued engagement in sexual abuse work. This would provide a more balanced picture of the potential long-term impact of work in the field of trauma on individual workers. Secondly, workers require continuing opportunities and encouragement to share experience of their practice to provide a critical reflective space in which to re-author their personal narratives and to evolve and develop theories of practice over time. Programmes of continuing professional development need to prioritise such goals. ■

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