RISK FACTORS FOR VICARIOUS TRAUMA AND BURNOUT

The complex interaction between traumatized people, stressed staff, pressured organizations, and challenging social, political and economic environments combine to create the perfect conditions for vicarious trauma and burnout (Warshaw & Pease, 2010). Perlman and Caringi (2009) have identified three major factors contributing to vicarious trauma:

• **Aspects of the work.** Some aspects of working with survivors of multiple traumas increase the likelihood of vicarious trauma in any service provider. Examples include hearing multiple stories of trauma and abuse, having difficulty gaining survivors’ trust, and observing the barriers encountered by people seeking help. When the person seeking help finds it difficult to trust or respect the provider due to past traumatic experiences, or expects to be exploited by the provider in some way, this can challenge the provider’s sense of identity and function. When providers observe the multiple problems experienced by some of the people seeking their help, coupled with the difficulty many survivors have in finding appropriate services in a fragmented system, they may feel like helpless witnesses.

• **Aspects of the provider.** Many aspects of advocates or other providers as individuals (personality and temperament, ego resources, coping styles, personal history, support system) and as professionals (level of training and experience with victims of trauma, theoretical orientation and the way one works) may contribute to or protect against experiencing vicarious trauma. Hearing a traumatized person’s story will also revive any personal traumatic experiences the provider may have suffered in the past.

• **Aspects of the social-cultural environment.** People with multiple trauma issues are often the most marginalized members of society because of both the stigma of their traumatic experiences and their complex psychological, interpersonal, physical, social, economic and spiritual needs. Many survivors do not have the means for private treatment; thus, they receive treatment in public systems that are notoriously under-funded and under-resourced. The combination of multiple needs and inadequate resources can contribute to feelings of frustration, helplessness and hopelessness on the part of the advocate or other provider, especially if an individual’s traumatic experiences are current and ongoing (for example, homelessness, domestic violence and various forms of re-victimization).

References
