VICARIOUS TRAUMA SYMPTOMS

Symptoms

Vicarious trauma is a stress reaction that may be experienced by helping professional and those who are exposed to disclosures of traumatic images and events by those seeking help. Helping professionals may experience long-lasting changes in how they view themselves, others, and the world.

Vicarious trauma results from psychological and spiritual disruptions that affect the way we see ourselves, the world, and what matters most to us. This leads to physical, psychological, spiritual, relational, and behavioural signs of VT.

The symptoms of vicarious trauma are similar to, but usually not as severe as, those of posttraumatic stress disorder, and can affect the lives and careers of those with considerable training and experience in working with disaster and trauma survivors. VT may change the way you think about the world and yourself.

The following areas related to worldview are particularly likely to be challenged and changed:

They may include—

- **Avoidance,** in which the person tries to reduce exposure to the people or situations that might bring on his or her intrusive symptoms.

- **Hyper-arousal** or physical symptoms such as hyper-vigilance, sleeplessness, or increased startle response

- **Changes in worldview or frame of reference:**

    ✓ *Changes in spirituality* (e.g., changes in beliefs regarding meaning, purpose, causality, connection, hope, and faith). This often takes the form of questioning prior beliefs and the meaning and purpose in life. In turn, this can be connected to a sense of loss of purpose, hopelessness, and cynicism.
    ✓ *Changes in identity* (e.g., changes in the way you practice or think about important identities as a professional, friend, or family member). You could, for example, find that most of your time and energy is spent in your professional role because you feel disconnected from or uncomfortable in your other roles or identities
    ✓ *Changes in beliefs related to major psychological needs* (e.g., beliefs regarding safety, control, trust, esteem, and intimacy). For example, changes in how vulnerable you believe you, and others that you care about, are to harm. In turn, these beliefs can influence your thoughts (e.g., worrying about safety issues, mistrust of strangers) and actions (e.g., being more protective of your children).

Physical & Psychological Signs

- Hyper-arousal symptoms (e.g., nightmares, difficulty concentrating, being easily startled, sleep difficulties, flashbacks.

  - ✓ Repeated thoughts or images regarding traumatic events, especially when you are trying not to think about it
  - ✓ Feeling numb
  - ✓ Feeling unable to tolerate strong emotions
  - ✓ Increased sensitivity to violence
  - ✓ Cynicism
  - ✓ Generalized despair and hopelessness, and loss of idealism
  - ✓ Guilt regarding your own survival and/or pleasure
  - ✓ Anger
  - ✓ Disgust
  - ✓ Fear

Behaviour & Relationship Signs

- ✓ Difficulty setting boundaries and separating work from personal life
- ✓ Feeling like you never have time or energy for yourself.
- ✓ Feeling disconnected from loved ones, even when communicating with them
- ✓ Increased conflict in relationships
- ✓ General social withdrawal
- ✓ Experiencing the "silencing response" - finding yourself unable to pay attention to other's distressing stories because they seem overwhelming and incomprehensible; and directing people to talk about less distressing material.
- ✓ Decreased interest in activities that used to bring pleasure, enjoyment, or relaxation
- ✓ Irritable, intolerant, agitated, impatient, needy, and/or moody
- ✓ Increased dependencies or addictions involving nicotine, alcohol, food, sex, shopping , internet, and/or other substances
- ✓ Sexual difficulties
- ✓ Impulsivity

Risk Factors

Factors that increase the risk of vicarious trauma include—

- Unexpected or repeated exposure to trauma.

- The degree of empathy that a person feels for the victim's suffering.

- Unresolved emotional issues.

Prevention and Response

It is crucial for those who work with victims to find ongoing support systems for themselves, and to identify situations that may trigger unresolved emotional issues and refer such cases to a colleague. Often, simply acknowledging the effect on one that others' pain has can be one of the best coping mechanisms. Having access to professional counselling may also be able to provide support for affected staff by using established debriefing techniques.