ORGANIZATIONAL FACTORS LEADING TO VICARIOUS TRAUMA OR BURNOUT

An important factor contributing to vicarious trauma and burnout is the lack of support some agencies provide for services and for staff doing trauma work. The notion of staff care as essential to the well-being of both providers and the people they serve in these settings has only recently emerged (Perlman & Caringi, 2009). Golie Jansen, associate professor in the Department of Social Work at Eastern Washington University, examined the relationship between perceived organizational support and the levels of vicarious trauma in sexual assault workers. Her research found that when people perceive their organizations to be supportive, they experience lower levels of vicarious trauma (WCSAP, 2004).

The attitude that scarce resources must be directed toward services rather than toward staff support and care may be understandable. However, researchers emphasize self-care is not a luxury but rather is essential, both for the service provider's physical and mental health and for the welfare of the people served by the agency (Perlman & Caringi, 2009). Implications for organizations that don't attend to self-care may include greater use of sick leave, higher turnover, lower morale and lower productivity (Anderson, 2004).

Several organizational practices can be risk factors for vicarious trauma and burnout:

• *Unrealistic expectations*. Vicarious trauma and burnout can occur when advocates and other providers struggle to maintain high levels of empathy and caring in work situations where there is likely to be unrealized and unrealistic expectations (Anderson, 2004). Examples of unrealistic expectations include pressure to accept overly large caseloads or pushing trauma survivors to accomplish goals too quickly.

• *Management style*. "Top-down" management style, in which supervisors question and sometimes invalidate lower-level staff's practice knowledge and self-care attempts, can be particularly disruptive (Perlman & Caringi, 2009). An advocate who has been in the field for several years points out:

"We got hired because they thought we could do the job. When there's competition, or people checking up on each other, or gossip, those kinds of things really tear at the healthy work environment."

• *Inappropriate demands*. Chronically short-staffed agencies may pressure advocates and other providers to work in ways that mitigate against self-care – for example, working double shifts, or forgoing breaks, comp time and vacation days. Inappropriate multi-tasking demands also contribute to feeling overwhelmed.

• An abusive workplace where bullying of staff is tolerated. In a 2007 survey of 7,740

U.S. workers conducted by Zogby International for the Workplace Bullying Institute, 37% reported either being bullied at the present time or at some point in their careers. According to the same survey, 45 percent of targeted individuals suffer stress-related health problems as a result of the abuse. As with other types of violence and abuse in our society, workplace abuse is about the perpetrator's desire to control others (Workplace Bullying Institute, 2010).

References

Anderson, J. (2004). Vicarious trauma and its impact on advocates, therapists and friends: Letter from the editor. *Research & Advocacy Digest*, a publication of the Washington Coalition of Sexual Assault Programs, volume 6/2, March 2004.

Perlman, L.A. & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. *In Treating complex traumatic stress disorders: An evidence-based guide, Courtois,* C.A. & Ford, J.D., eds. New York: The Guilford Press.

WCSAP – Washington Coalition of Sexual Assault Programs. (2004). Vicarious trauma: An interview with Golie Jansen, associate professor, Department of Social Work, Eastern Washington University. *Research & Advocacy Digest*, volume 6/2, March 2004.

Workplace Bullying Institute & Zogby (2010). 2007 United States Workplace Bullying Survey. Accessed 2/23/10 from www.workplacebullying.org.