



The heart of your social care career

Secondary trauma and compassion fatigue: a guide to support managers and practitioners

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A word from the team

The coronavirus (Covid-19) pandemic has created unprecedented challenges for social work. During lockdown and social distancing, vulnerable children and adults have been at greater risk of domestic abuse and maltreatment, and mental health problems exacerbated. Children's services are experiencing increased, and increasingly complex, referrals since schools re-opened, and meeting the care and support needs of disabled and older people must be managed while adhering to the latest government guidance. Practitioners are concerned about risks to service users, as well as managing work when colleagues are self-isolating or sick.

At Community Care Inform, we are doing all we can so that our online resources can provide maximum support to social work teams in our subscribing organisations. We want to thank all social work and care staff for the incredible work that you continue to do, providing vital help to people in need of care, support and protection. Looking after your own wellbeing is always essential in the stressful jobs you do, but perhaps never more crucial than now.

This is why we have made our guide to secondary trauma and compassion fatigue freely available to everyone. It's a comprehensive guide, based on research and is full of information and ideas to use in your practice. If you are pushed for time and want to jump straight to tools to try, go to the section on ["Reducing the impact of secondary trauma" \(page 12\)](#).

The Community Care Inform team

Accessing further resources on Community Care Inform

A large number of local authorities and universities work with us so ask your manager, principal social worker or learning and development team if you already have access, or contact our helpdesk. Independent or agency workers can also enquire about individual licences. Tel: 0202 915 9444 or email: ccinformhelpdesk@markallengroup.com.

During this pandemic we are regularly updating our legal coverage of the Coronavirus Act 2020 and its implications for other legislation, and our links to useful resources for social workers practising during the outbreak. You can also find practice guidance, learning tools and legal information on a wide range of topics from attachment theory to criminal exploitation, deprivation of liberty to self-neglect.

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A message from the author during the Covid-19 outbreak:

"The UK and the world is in the midst of the Covid-19 pandemic. Social workers are continuing their work of supporting adults, families and protecting children. It is possible that during this pandemic social workers (and other practitioners) will have their own first-hand experiences of trauma and are very likely to experience secondary trauma as a result of the increased incidences of abuse, poverty, mental illness, and all the additional challenges arising out of the crisis. More than ever, it is vital for practitioners to acknowledge this is a hazard of helping and take time for self-care."

Learning points

- The key differences between secondary trauma and stress and burnout.
- The effect that secondary trauma has on you as a person and a professional, on your organisation and on service users.
- Tips on how you can reduce its impact.

Introduction

In the opening pages of her book *Trauma Stewardship – An Everyday Guide to Caring for Self While Caring for Others*, Laura van Dernoot Lipsky describes a hike with her family. As they came to the top of a cliff, her first thought was to admire the spectacular beauty of the view. Her second thought, which she voiced to her stunned family, was: how many people have jumped to their death from this very spot? From this experience van Dernoot Lipsky began to examine the impact her daily exposure to the trauma of others had on her view of the world.

Perhaps the example she gives seems extreme, but consider the child protection social worker who on seeing pictures of a friend's baby celebrating his first birthday with a chocolate cake-covered face, first thinks "how sweet", quickly followed by thoughts of baby Peter Connelly's chocolate-covered face. Or the domestic abuse worker who when writing in a wedding card for her friend, considers slipping in a "where to get help if you are being hurt" card. Or the therapist working with survivors of sexual abuse who won't let her children stay overnight with friends or go on school trips.

This guide considers the emotional impact of working with abuse and trauma, the impact on the worker as a person and as a professional, on the organisation, and on the people, families, and carers we serve. It then explores how to mitigate them.

Defining and differentiating secondary trauma and stress

What is secondary trauma and how does it differ from stress and burnout (terms we hear more often in discussion about social work)? There is some overlap and some terms are used interchangeably but below are some basic definitions.

The terms secondary trauma/vicarious trauma are generally used interchangeably to describe the sense of hurt or upset that comes to those who are close to the victim of trauma, such as a family member or helping professional. The term 'compassion fatigue' is also sometimes used.

- Secondary trauma occurs when a "helper" is exposed to extreme events directly experienced by another and becomes overwhelmed by the exposure to trauma (Figley, 1995).
- People who work with, listen to, and try and help adults who have been traumatised are at risk for internalising their trauma. This condition is called secondary traumatic stress. The symptoms of primary or secondary trauma can be exactly the same.
- Saakvitne and Pearlman (1996) describe it as:
 - Our strong reactions of grief, rage, and outrage.
 - It is our numbing, our protective shell, and our wish not to know.
 - They say it may result from repeated exposure to secondary trauma or from one event.

- An occupational hazard – the human consequence of knowing, caring, and facing the reality of trauma (Saakvitne and Pearlman, 1996).

There is some overlap with other terms which are defined below, but the concept of secondary trauma is quite distinct.

Definitions of secondary trauma and similar issues

Stress

- “The adverse reaction people have to excessive pressure or other types of demands placed on them” (The UK National Work-Stress Network).
- Stress is an inherent part of work - it can inspire motivation and commitment.
- Excessive pressure becomes stress that is harmful and can lead to ill health and burnout.

Burnout

- “A syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur in individuals who do “people work” (Maslach, 2003).
- A result of frustration, powerlessness, and an inability to achieve work goals (Valent, 2002).
- “The state of physical, emotional, and mental exhaustion caused by a depletion of one’s ability to cope with one’s environment. It occurs when one’s perceived demands outweigh one’s perceived resources” (Gentry and Barowsky, 1997).
- Tends to be a result of workplace environment rather than the work itself and tends to build up over time; it is not the result of a one-time incident (Nelson-Gardell and Harris, 2003).

Secondary traumatic stress disorder (STSD)

- A cluster of symptoms that is similar to those in post-traumatic stress disorder (PTSD). In the case of STSD, the symptoms afflict a person who has experienced trauma indirectly (Figley, 1995).

Post-traumatic stress disorder (PTSD)

- “A delayed psychological reaction to experiencing an event that is outside of the range of usual human experience” (Barker, 2003).
- “Symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury” (American Psychiatric Association, 2000).
- First-hand experience of a traumatic event or threat.

Resilience

- Refers to a person’s capacity to handle stress, high demands and pressure, internal and external stressors.
- The ability to be resourceful and flexible as a means to adapt to difficult situations.
- A person’s ability to “bounce back” or “bend but not break” in light of major life changes, experiences, and stressors.

Compassion satisfaction

- The joy, satisfaction, or sense of achievement/accomplishment you derive from your work.
- May be derived from helping people, enjoying the camaraderie of a team, feeling you are doing something for the greater good, or fulfilling a personal or spiritual calling.
- It is the counter-balance to the potentially negative impact of compassion fatigue.

While it is true that social workers in the UK are experiencing increasing amounts of stress and burnout, those terms have tended to refer to organisational features (such as heavy caseloads, lack of administrative support, or poor IT systems) that cause difficulty for social workers and do not routinely encompass the emotional impact of dealing with trauma. There is evidence that more attention is being paid to this area with organisations keen to develop practitioners' emotional resilience but the terms 'secondary trauma', 'vicarious trauma', and 'compassion fatigue' still rarely feature in British professional literature around the emotional impact on professionals of this type of work.

Using the term "vicarious trauma", Saakvitne and Pearlman (1996) say:

"It is a process, not an event. It includes our strong feelings and our defences against those feelings. It is our strong reactions of grief, rage, and outrage, which grow repeatedly as we hear about and see people's pain and loss and are forced to recognise human potential for cruelty and indifference, and it is our numbing, our protective shell, and our wish not to know."

Understanding the risk factors

Any person who provides aid or assistance to others is at risk of compassion fatigue. As well as social workers, emergency responders, counsellors and therapists, hospice staff and a huge range of other professionals are vulnerable to it.

Aside from the risk factors related to the profession itself, there are additional risk factors to be considered.

- Length of service may be a factor. Those who are new to the profession and have not yet developed an effective means to deal with the trauma they are seeing or hearing are at risk. Conversely, very experienced workers are at significant risk because of the accumulation of trauma over years of service.
- Secondary traumatic stress may be more problematic for people who tend to avoid problems or difficult feelings, blame others for their difficulties, or withdraw from others when things get hard.
- A poor social support network.

In addition, Dr Bruce Perry at the Child Trauma Academy notes the following risk factors:

- **Empathy** is a valuable tool used by helping professionals. However, those workers who are especially skilled at connecting with people through empathy are at greater risk: empathising with a traumatised person helps the social worker understand the person's experience, at the same time, it may put the social worker at risk of experiencing vicarious trauma. See our guides to developing emotional resilience and wellbeing in practitioners on [Inform Adults](#) and [Inform Children](#).
- **Insufficient recovery time:** professionals working with people in very difficult circumstances are often required to listen to stories of horrific situations people have experienced. These same professionals may be traumatised by having to listen to the same or similar stories over and over again without sufficient recovery time. As well as social workers, consider also care workers who are supporting traumatised, very ill, or



dying people and the added support they may need.

- **Unresolved personal trauma:** many professionals have had some personal loss or even traumatic experience in their own life (for example, loss of a family member, domestic abuse or childhood abuse). To some extent, the pain of experiences can be “re-activated”. Therefore, when professionals work with an individual who has suffered a similar trauma, the experience may trigger painful reminders of their own trauma.
- **Isolation and systemic fragmentation:** when individuals feel valued and are in the presence of others who respect and care for them, they are more capable of tolerating extreme stressors. Practices that emphasise individual service delivery rather than team-oriented practice within a fragmented system with high turnover are a set-up likely to lead to increased stress for individuals working in that system.
- **Lack of systemic resources:** a lack of economic and personnel investment in frontline services for high-risk adults exacerbate each of the problems listed

here. In our current socio-political climate, no public system is likely to adequately address the issues related to development of secondary trauma in frontline personnel.

Those who work in safeguarding are exposed to further risk because of the nature of their work. Many social workers and other professionals see the impact of trauma in people’s lives, but few have to make decisions based on those stories that could have life or death consequences.

Workers in these roles must establish contact with people who are in acute distress (for example, in the middle of a mental health crisis, losing independence due to disability or age, deprivation of liberty, etc) and making decisions based on information gathered in very chaotic or emotional times.

In many communities, social workers are stigmatised by their association with populations that the rest of society would rather not know about. This societal view is an added burden on social workers.

Consider how society generally views occupations such as nursing or firefighters as heroic, whereas social workers wear the label of nosy interferers.

Among therapists working with survivors and perpetrators of sexual crimes, 62% self-identified as suffering from secondary trauma (Rich, 1997). Among mental health workers, 37% of respondents reported being a high risk for compassion fatigue and 54% at high risk for burnout (Rudolph and Stamm, 1997). There is not an area of

social work that is not touched by tragedy and trauma where empathetic professionals are fully immersed in the loss and pain of others daily.

The impact of secondary trauma

Although many social workers obtain a great deal of satisfaction from their work, the impact of working with abuse and trauma day after day can begin to take its toll on the person and the professional, which goes on to have an impact on the organisation and the service users we support.

Impact on you as a person

Secondary trauma can have wide-ranging effects on a person's mental and physical wellbeing. These are often experienced on a continuum that can range from mild to debilitating. Secondary trauma can also have a profound effect on family life, relationships, physical and mental health or faith.

Cognitive

- Diminished concentration
- Confusion
- Spaciness
- Loss of meaning
- Decreased self-esteem
- Preoccupation with trauma
- Trauma imagery
- Apathy
- Rigidity
- Disorientation
- Whirling thoughts
- Thoughts of self-harm or harm toward others
- Self-doubt
- Perfectionism
- Minimisation

Spiritual

- Questioning the meaning of life
- Loss of purpose
- Lack of self-satisfaction
- Pervasive hopelessness
- Anger at God
- Questioning of prior religious beliefs

Emotional

- Anxiety
- Powerlessness
- Guilt
- Survivor guilt
- Shutdown
- Numbness
- Fear
- Helplessness
- Sadness
- Depression
- Hypersensitivity
- Emotional roller coaster
- Overwhelmed
- Depleted

Interpersonal

- Withdrawn
- Decreased interest in intimacy or sex
- Mistrust
- Isolation from friends
- Impact on parenting (protectiveness, concern about aggression)
- Projection of anger or blame
- Intolerance
- Loneliness

Behavioural

- Impatient
- Clingy
- Irritable
- Withdrawn
- Moody
- Regression
- Sleep disturbances
- Appetite changes
- Nightmares
- Hypervigilance
- Elevated startle response
- Use of negative coping (smoking, alcohol, drug misuse)
- Accident proneness
- Losing things
- Self-harm behaviours

Physical

- Shock
- Sweating
- Rapid heartbeat
- Breathing difficulties
- Somatic reactions
- Aches and pains
- Dizziness
- Impaired immune system

Many social workers are aware that the work they do changes how they see the world. They are aware that what they do is not considered “normal” and many people, friends and family included, do not understand what they do or why they do it.

Impact on you as a professional

Job performance

- Decrease in quality
- Decrease in quantity
- Low motivation
- Avoidance of job tasks
- Increase in mistakes
- Setting perfectionist standards
- Obsession about detail

Morale

- Decrease in confidence
- Loss of interest
- Dissatisfaction
- Negative attitude
- Apathy
- Demoralisation
- Lack of appreciation
- Detachment
- Feelings of incompleteness

Interpersonal

- Withdrawal from colleagues
- Impatience
- Decrease in quality of relationship
- Poor communication
- Subsume own needs
- Staff conflicts

Behavioural

- Absenteeism
- Exhaustion
- Faulty judgment
- Irritability
- Tardiness
- Irresponsibility
- Overwork
- Frequent job changes

All of the issues noted above have a significant impact on the professional's ability to provide quality support for service users. However, their practice can become increasingly dangerous when social workers begin to minimise or trivialise an individual's distress in order to avoid further trauma to themselves; 'silence' a service user by not acknowledging what they are saying; or avoid asking questions or following up concerns that may lead to further trauma being revealed or significant additional work. The worker may over identify with the experiences of the person they are working with and not be able to manage their own issues while undertaking their work.

Social workers must be able to demonstrate empathy to service users regardless of personal feelings or the circumstances they may find themselves in.

A social worker who is experiencing a significant impact from secondary trauma may depersonalise or objectify an individual in order to maintain control of their own emotions. Richardson (in Therani, 2011)

notes there is a distinct difference between being able to maintain a professional stance (and managing one's feelings and values) and emotional detachment from what is a “fundamentally emotional task”. She notes that social workers who are acting with emotional detachment are not able to fully appreciate and assess the potential risks to those they are supporting.

Some social workers may develop a perception of service users as “fragile” and in need of saving (developing a “saviour complex”) or may develop a sense of dread and hopelessness when working with certain populations. Further, a worker may consciously or unconsciously begin avoiding certain individuals because of their own personal state of mind.

In the chapter on ‘managing work with families where there are obstacles or resistance’ in the [London Child Protection Procedures](#), the impact of working with hostile families on the child, the family, and the professional is discussed (although this is in the child protection procedures,

the experiences are similar for those working with adults). The incidences discussed in this chapter are situations where a social worker may experience trauma first-hand (in the form of threats, verbal or physical assault, racist or homophobic attitudes, and so on). When coupled with the professional's experiences of secondary trauma, these experiences can severely limit their professional capacity and judgment, in addition to having a profound effect on the worker personally. It is therefore essential to consider personal and secondary stress together as part of supervision.

Impact on the organisation

As with stress and burnout, secondary trauma has an immense impact on the organisation in terms of human and financial costs. Workers experiencing high levels of secondary trauma tend to have higher levels of tardiness and absenteeism, including long-term sick leave for issues such as depression and anxiety.

Due to the high level of stress, burnout, and secondary trauma, many social workers quickly move to teams considered less stressful or may even move out of social work completely, resulting in team and organisational instability and high costs due to employing agency staff and ongoing recruitment campaigns. All of these issues affect individual and team functioning making it difficult for the organisation to provide a safe and effective service.

Any local authority that has experienced a publicised death or near miss of someone they support understands the impact of (often misplaced) public outrage at the social worker and organisation, which again adds to the experiences of trauma by staff members and further exacerbates the organisation's ability to provide effective services.

Impact on service users

The combined impact of secondary trauma on the social worker as a person and as a professional and on the organisation means that the biggest effect falls on the service users we are working to support and protect.

As noted earlier, a social worker who is experiencing secondary trauma may be less effective in their assessment – avoiding asking questions, minimising risk, missing appointments, or “silencing” service users. A social worker whose professional ability is compromised is in danger of making poor assessments and dangerous decisions, putting people at risk.

Service users may be attuned to the distress of their social worker and may minimise or 'hide' their own issues in order to protect their social worker.

Ironically, it is likely that the social worker's ability to connect with people has prompted the service user's care of them, as well as the social worker's experience of secondary trauma. Alternatively, if someone notices that their social worker is distressed, they may feel that a practitioner who can't seem to manage their own wellbeing is in no place to help them.

During workshops on this topic, practitioners have noted that social workers often act in a similar way with their managers. When they have identified their manager as being overworked or highly stressed, they do not disclose their own feelings of distress and need for support in order to protect their manager, so reducing the support they get, and the chance for a space to critically reflect on their work.

Additionally, service users will feel the impact of late appointments, cancelled or forgotten visits, half-hearted attempts, and practitioners who don't seem to care. Longer term they feel the impact of high staff turnover, with a parade of new professionals walking through their door to whom they must repeat their story.

In her 2011 report, Munro wrote that social work is about relationships and using them to effect change. It is not reasonable to expect service users to repeatedly try to develop trusting relationships with social workers they may only see once or twice before the practitioner moves on. When talking about 'resistance', we need to consider whether unwillingness to build relationships is a lack of co-operation on their part, or an organisational issue.

Why do you do what you do?

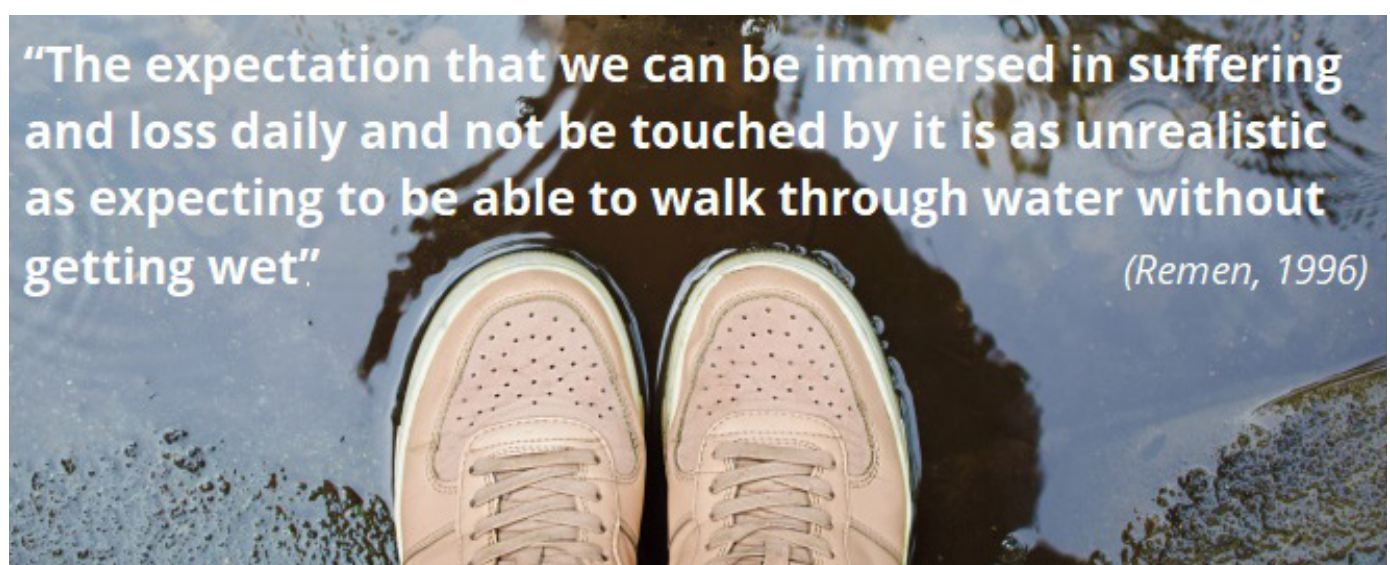
It is usually at this point when discussing this topic in workshops that practitioners start to express despair. Just why are we doing this?

- The glamour?
- The prestige?
- The money?
- The chance to be on the front page of *The Sun*?

In her Ted Talk, [Beyond the Cliff](#), Laura van Dernoot Lipsky considers the cumulative toll of secondary trauma within the larger context of "systematic oppression". With good humour, she addresses trauma and moves towards self-care and "being present". Her experiences and her humour will resound strongly with helping professionals.

Compassion satisfaction is the contentment one experiences from being a helper. It is what keeps us coming back day after day, despite the costs. Some of these factors include:

- enjoying helping people;
- feeling a part of something bigger;
- fulfilment of faith/spirituality;
- supporting and protecting vulnerable people;
- seeing the positive changes that can happen in people's lives;
- enjoying the challenge;
- working within a supportive team;
- feeling that 'every day is a different day'.



Reducing the impact of secondary trauma

Personal self-care

Physical

- Get an adequate amount of sleep
- Eat regularly and healthily
- Exercise regularly
- Take time off
- Seek medical attention when needed
- Take holidays and minibreaks (and leave your work mobile at home)
- Be aware of when use of substances (or gambling, shopping, sex, food and so on) could become inappropriate coping strategies

Psychological

- Make time for self-reflection
- Engage in counselling or therapy
- Write in a journal
- Decrease stress in your life
- Listen to your thoughts, judgments, and beliefs
- Learn how to say no (and not feel guilty about it)

Emotional

- Spend time with people you enjoy!
- Give yourself affirmations
- Identify comforting people, objects, activities, and places and engage with them
- Allow yourself to cry (or scream!)
- Avoid self-denial

Spiritual

- Reflect on things, people, ideas that are important to you (or figure out what is important to you)

- Try not to be “in charge” or the expert all the time
- Find a spiritual connection or community
- Pray or meditate
- Enjoy nature
- Contribute to causes you believe in

Professional

- Take a break during your work day (leave your desk for lunch, take a walk, meditate)
- Get to know your colleagues and develop supportive relationships
- Use supervision (and demand it)
- Set limits/boundaries with colleagues and clients
- Develop rituals at work that promote camaraderie and support
- Develop end of the day rituals that help you leave work at the door when you get home (for example, change from “work” clothes to “play” clothes before engaging with your family; take the dog for a walk when you get home; use your home time commute to debrief yourself).
- If you are working at home, consider rituals that allow you to put a close on your work day (for example, work only in your office and close that door at the end of your work day; shut down and put away your computer; take a break between ending your work and starting your household activities)

Good self-care will not prevent secondary trauma. However, it will enable the practitioner to be in a stronger mental and physical state that will help them reduce their levels of stress and cope with their experiences.

Team self-care

For many workers, a positive and supportive team is an effective safety net in a very difficult profession. In their 2015 review of roles and issues within the profession,

Moriarty et al noted a range of research indicating that in addition to the structured support received in supervision, social workers also highly value informal support from colleagues (Baginsky et al, 2010; Beddoe et al, 2014; Wilberforce et al, 2014).

A group of social workers in one office had a daily ritual of reading a quote or a joke when they all arrived in the morning and then telling each other what they had planned for the day. This provided a positive start to the day and also enabled them to safely share where they were both personally and professionally, particularly when they had something especially worrying to deal with. When, for example, a social worker commented that she had a very stressful visit that afternoon, she was able to get support and ideas from her colleagues and they followed up when she returned.

The positive impact of having a supportive team, of having colleagues who know you and can ‘read’ where you are and provide support and encouragement cannot be underestimated.

In light of the issues noted later in regards to infrequent, task-focused supervision, it is essential that workers have a “safe place” to process the emotional aspect of their work. For organisations who have moved to hotdesking and home working, consideration must be given to helping workers think of new ways of developing that safe space.

During the Covid-19 pandemic, teams are finding new ways to keep in touch and support each other. These new ways are ones that can continue when our work and personal lives return to normal and show that we can still support each other, even when we aren't in physical proximity.

Other ideas for team self-care

- Celebrate! Celebrate success, birthdays, Fridays (Mondays even!) – anything that can bring a positive atmosphere to your team.
- Make effective use of team meetings – it's your one chance for everyone to be together to learn something new, support each other, vent, come up with creative solutions.
- Socialise outside work (bear in mind that your team members who have strong introvert preferences may find this a challenge and consider alternatives).
- Develop team rituals that help develop team cohesion and support (these can be small and light-hearted, for example, Fondant Fancy Fridays)
- Share ideas, be supportive, lend a hand to co-workers.
- Develop ideas that could have a positive impact on work (for example, educate service users on a topic that may result in reduced referral rates; share your expertise in an area with your team).
- Create an environment which does not allow for gossip and cliques.
- Create a positive physical environment (even if you hotdesk, what can you do to make your office more lively and enjoyable to work in?)

Managerial/supervisory care

As well as ideas that teams and groups of peers can do themselves, if you're a manager, it's important to think about the following:

1. Express concern for the general wellbeing of your staff and not just the quality/quantity of the work they are doing.

2. Make sure that staff suggestions and feedback about their jobs and the organisation are heard and valued – even if they may not result in tangible change in the near future.
3. Create an atmosphere where staff who are struggling with secondary trauma, depression, stress, or other emotion-related issues do not feel stigmatised.
4. Strive to stay positive, and to praise and acknowledge effort and results whenever possible.
5. Set a good example for self-care.
6. Provide a safe, non-judgmental space for staff to express the emotional impact of their work.
7. Educate yourself on secondary trauma and the impact on your staff.
8. Check in with your staff regularly to see how they are coping (don't assume that if they don't approach you, all is well).
9. Celebrate success!

Organisational care

Many organisations have developed a culture that suggests to its employees that trauma and stress are the norm, not the exception. Workers who express that they are having difficulty coping with their work may be made to feel that this is a personal failing rather than related to the nature of the work and/or organisational issues.

If workers come to view being assaulted, threatened, or traumatised as part of their job, it may take something extraordinary to cause a worker to interpret that as an extreme stressor. Social workers often become accustomed to dealing with stressful, traumatic, abusive situations and at some point may become numb to what is acceptable or reasonable.

Surveys of social workers routinely indicate that while the majority of social

workers do receive regular supervision (although a significant minority do not get it at all or receive supervision much less than once a month), many social workers do not consider their supervision to be reflective ([see the University of Bedfordshire and Community Care's 2017 supervision survey, for example](#)).

Ferguson, as quoted in Munro (2011) states: "Workers' state of mind and the quality of attention they can give to children is directly related to the quality of support, care and attention they themselves receive from supervision, managers and peers."

While this quote is specific to children's social workers, the same can be said for those who work with adults. If social workers do not get the support they need, they cannot provide their best to service users.

Munro goes on to note that supervision has become a task exercise and little time or space is afforded for case reflection or for discussion on the emotional impact of the work on the professional.

McFadden et al's study (2015) into resilience and burnout among child protection social workers found that factors that developed resilience and helped to retain staff included: the team leader/manager providing support and supervision; the importance of team cohesion; and emotional expressiveness – being able to debrief from distressing experiences.

Secondary trauma is a reality, yet many organisations that deal with traumatised people operate out of a misguided notion that feelings are unprofessional and struggling with the impact of their work is a sign of personal weakness. This type of culture increases the risk of secondary trauma and the fallout on the worker, team, organisation and service users is immense.

How organisations can help reduce the impact of secondary trauma

- Provide effective support and supervision for staff. Supervision must be case reflective but also allow the time and non-judgmental space for workers to debrief and share the impact that their work has had on them. See our guides on promoting critical reflection in supervision on [Inform Adults](#) and [Inform Children](#).
- Develop an organisational culture that is one of learning, not blame.
- Look for ways to build diversity and job enrichment into the work. Where possible, vary workers' caseloads and provide opportunities to do work aside from casework (for example, participate in panels, develop groups, facilitate training, mentor new staff).
- Develop a culture where it is okay to express feelings about the impact of the work and where self-care is encouraged.
- Make effective, supportive management non-negotiable.
- Provide critical debriefing after an especially traumatic incident (for example, the death/near miss of a service user, assault on staff or other serious incident). Remember that it may not be the incident itself that causes the trauma for the practitioner, it may be an accumulation of traumatic events or it may be related to where that worker is personally at that time. It is also crucial to note that workers who were not directly involved may also feel the impact of the traumatic event in different ways (consider here your business support staff).
- Educate and support staff and managers around secondary trauma and provide a safe space for discussion and support.
- Provide visible, approachable leadership.
- Promote a "we're in this together" attitude when things go right, but especially when things go wrong.
- If your organisation promotes hotdesking and working from home, ensure that social workers' emotional and physical safety are considered as a top priority and ensure processes are in place to provide support.
- Provide adequate salaries and time off.
- Ensure your staff know where they can obtain extra support (such as occupational health, employee assistance programmes).
- Provide sufficient induction, professional training, and management supervision for staff to feel competent and supported in their jobs.
- Encourage communication and staff contributions.
- Develop mentoring or peer mentoring schemes.
- Provide information to help staff understand how and why decisions about resource allocations, deadlines, policies, and assignments are made – help them see "the big picture".

Increase your compassion satisfaction

Much of the focus so far has been on the negative aspects of "helping" work, however, many social workers are passionate about the work they do and are dedicated to the people they serve. It is vital that social workers do not lose sight of the positive aspects of their work, particularly as they are facing increased stress, trauma, and bureaucracy.

In addition to how an individual takes care of themselves outside work, the way they think about their work can reduce the impact of compassion fatigue. The Huntington Institute (an organisation supporting humanitarian and disaster relief workers) refers to this as "working protectively".

As part of working protectively, in professional reflection, social workers should consider the following:

1. Why do you do this work? Has the reason changed from when you started? Have you lost your motivation for the work? Can you become re-inspired in your current role or is it time for you to move on?
2. What aspects of your work give you the most pleasure, satisfaction, or sense of achievement? Are there ways for you to increase those areas?
3. Do you know what you are doing in your work and why? Do you see “the big picture” and your role in it for service users, the organisation, and the larger community or do you feel you are working in isolation?
4. How do you measure success at work? Do you need to reconsider how you measure it? For example, in a homeless shelter one might consider having achieved success when a person is adequately housed and financially stable. While this might be the ultimate vision of success, is it a realistic one? One might reframe success to celebrate smaller achievements, such as the client staying in the shelter for a night, having hot meals or getting medical care as opposed to sleeping on the street. Reframing success into bite-sized chunks is more realistic for the worker and those they’re working with and provides more opportunity for success and celebration.
5. What aspects of your work can you control? For example, timetables, varied work. Do you have the opportunity to be creative and try new ideas? Determine what things are within your power to change and change them. Rethink how you can manage those things that cannot be changed.
6. What are the personal costs (physical or mental health, relationships etc) and rewards of doing this work? How can you increase the rewards? Are the personal costs too great?

Despite the challenges of social work, practitioners often say their career is extremely rewarding. Although social workers bear witness to pain and trauma, they also bear witness to resilience and healing and the potential for changed lives. Looking back over their careers, many social workers will be able to recall “success stories” where they feel they truly made a difference, where a service user was given a new opportunity, where they experienced not the human capacity to hurt others, but the human capacity for love, kindness, happiness and growth. It is those experiences that workers must keep in the forefront of their minds to help them remain passionate and protected in their work.



Conclusion

I hope this guide has helped clarify the differences between the terms and the importance of addressing the emotional impact of working with trauma. As noted in the introduction, the terms compassion fatigue and secondary trauma have been underused in British professional literature where the terms burnout and stress figure more prominently.

However, there are some examples such as *Vicarious trauma: the consequences of working with abuse* (NSPCC, 2013) and the indications of more literature on this issue in related professions such as healthcare, psychotherapy and policing are potentially positive for wider recognition of the impact on social workers.

Secondary trauma is an occupational hazard for people working in helping professions. Experiencing it is not an indication of personal or professional weakness but a reflection of the emotional toll that helping people in crisis can have on the person and the professional. It is essential that social workers stay connected to people, activities, and beliefs that remind them of all that is good in the world so that

they don't stay mired in the day-to-day pain and tragedy they experience in their professional work.

It is also essential that workers reconnect with the parts of their work that give them satisfaction and make them passionate for the work and the people they serve.

Finally, organisations must acknowledge the impact of the work on their staff. Providing education, support, and a safe working environment will support staff to work more effectively, provide better support/services for service users, enabling more effective/positive outcomes, and overall strengthening the organisation.

It is hoped that there will be further education, research, and support to workers in the UK on the issues related to their emotional wellbeing as helpers.

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