

Secondary Trauma

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Secondary trauma (also known as vicarious trauma or secondary traumatic stress) occurs when a person is indirectly exposed to the trauma of others. This is a recognized occupational hazard, particularly for people in "helping professions" who are regularly exposed to the traumatic experiences of others.

Here's a breakdown:

1. Who is at risk?

Repeated or intense exposure to the details of other people's traumatic experiences. This can happen through work duties, such as:

- **Listening to traumatic stories:** This is a core part of work for therapists, social workers, counselors, lawyers, intake workers, etc.
- **Reviewing case files or evidence:** People working in fields like child welfare, law enforcement, and journalism may have to look at graphic videos, images, or detailed reports of traumatic events.
- **Responding to traumatic events:** First responders, police officers, firefighters, and emergency medical services (EMS) personnel, at the scene of accidents, violence, and other traumatic incidents.
- **Providing care to trauma survivors:** Healthcare workers, including nurses and doctors, frequently work with patients who have been victims of violence, accidents, or other forms of trauma.

2. Workplace Factors that Amplify Risk

Aspects of the work environment can increase the risk of secondary trauma, including:

- **High caseloads:** When workers are constantly exposed to trauma with little or no time to process or recover, the risk of secondary trauma increases. Tight deadlines intensify work expectations.

- **Lack of support and supervision:** Inadequate training, a lack of clear communication, and a work culture that stigmatizes emotional reactions can leave employees feeling isolated and overwhelmed.
- **Organizational stress:** Factors like a lack of control, chaotic work environments, insufficient resources, and burnout can all contribute to a heightened vulnerability to secondary trauma. Excessive bureaucracy results in loss of control of work. Layoffs or uncertainty of future funding.
- **Absence of self-care initiatives:** Workplaces that do not encourage or provide resources for employee well-being, such as flexible scheduling, mental health services, or a focus on work-life balance, are more likely to have staff suffering from secondary trauma. Poor work/home life balance.

3. Individual Risk Factors

While the work itself is the source, individual characteristics can influence a person's susceptibility to secondary trauma. These factors include:

- **High empathy:** While empathy is a crucial trait for many helping professions, a high degree of empathy can also make a person more vulnerable to absorbing the pain of others.
- **Personal history of trauma:** Having unresolved personal trauma can make an individual more sensitive to and more easily triggered by the traumatic experiences of others.
- **Lack of coping strategies:** Individuals who struggle with managing their emotions, who are socially isolated, or who have a tendency to avoid their feelings may be more at risk.
- **Inadequate training or experience:** Newer employees or those who feel they lack the skills to handle difficult situations may be more susceptible.

Secondary trauma is not the same as burnout although they can overlap. Burnout and secondary trauma are both forms of work-related stress, but they have different causes and symptoms. Burnout is caused by prolonged, unmanaged work stress, while secondary trauma (also known as vicarious trauma or compassion fatigue) is caused by indirect exposure to the traumatic experiences of others. Untreated secondary trauma can lead to burnout. “It’s a great job if you don’t think about it.” A stressful work environment can make a person more vulnerable to secondary trauma.

Feature	Burnout	Secondary Trauma
Cause	Chronic, cumulative workplace stress from a heavy workload, lack of control, or poor work-life balance.	Indirect exposure to traumatic events by hearing or witnessing the experiences of others, typically in helping professions.
Onset	Gradual and slow, developing over an extended period.	Can have a rapid onset, sometimes after a single, profound exposure to a traumatic story.
Symptoms	Emotional and physical exhaustion, cynicism, detachment, and a reduced	Symptoms that mirror Post-Traumatic Stress Disorder (PTSD), such as intrusive thoughts, nightmares, avoidance, and

Feature	Burnout	Secondary Trauma
	sense of personal accomplishment. 	hyperarousal (e.g., being jumpy or on edge). 
Focus	Primarily affects one's relationship with their job and professional identity. The core issue is feeling ineffective and depleted.	Primarily affects one's worldview and personal sense of safety and trust. The core issue is a shift in one's beliefs about the world.
Underlying Mechanism	A response to overwork , lack of resources, and a feeling of being undervalued. It is an occupational phenomenon.	A response to the content of the work. The brain processes the traumatic stories of others as if they were personal experiences.

Unresolved anxiety leads to depression.

Epinephrine and Cortisol are released in our fight or flight state. These hormones are vital for short-term survival, but constant activation of the stress response can be harmful. When the "fight-or-flight" response is activated too often by daily stressors, the sustained presence of these hormones disrupts the body's normal functions and can lead to significant health problems over time. Sympathetic nervous system = accelerator (fight or flight)

Parasympathetic nervous system = brakes (the parachute that calms us)

Epinephrine (Adrenaline)

Epinephrine increases heart rate and blood pressure and channels blood to muscles, preparing the body for immediate action.

Cortisol:

Known as the "stress hormone," cortisol raises blood sugar, enhances the brain's use of glucose, and increases the availability of substances to repair tissues.

Problems with Chronic Stress:

- **Cardiovascular Issues:**

Prolonged exposure to epinephrine can damage blood vessels, leading to high blood pressure and an increased risk of heart attacks and strokes.

- **Metabolic Changes and Weight Gain:**

Cortisol helps replenish energy stores, but excessive levels can lead to increased appetite and the storage of unused nutrients as fat, contributing to weight gain.

- **Weakened Immune System:**

Chronic stress can negatively impact immune function, making the body more vulnerable to infections.

- **Mental Health Effects:**

High cortisol levels can cause inflammation in the brain, affecting mood regulation and leading to conditions like depression and anxiety.

- **Cognitive Decline:**

Chronic stress can impair executive functions like impulse control and judgment and is linked to memory problems and cognitive decline.

Zagi Kozarov v. Victoria, Australia

The significance of the 2022 Australian High Court case of *Kozarov v. Victoria* lies in its clarification and expansion of an employer's common law duty of care to protect employees from psychological harm in the workplace. It places a greater onus on employers to identify and mitigate psychological risks, especially in high-stress or high-trauma occupations.

The *Kozarov v. Victoria* case that led to a lawsuit involved a solicitor, Ms. Zagi Kozarov, who worked in the Specialist Sexual Offences Unit (SSOU) of the Victorian Office of Public Prosecutions (OPP). Her role required her to deal with highly graphic and traumatic material, including cases of child sexual assault and other abhorrent offenses. Ms. Kozarov alleged that her employer, the State of Victoria, was negligent and failed to provide a safe system of work, which resulted in her suffering from significant psychiatric injury.

Here's a breakdown of what happened:

- **The Work:** Ms. Kozarov's job was to prosecute sexual offenses, which meant she was repeatedly exposed to deeply disturbing and graphic evidence, including victim statements and images. This is a form of work that can lead to "vicarious trauma." An individual experiences psychological distress as a result of indirect exposure to the trauma of others.
- **The Injury:** Ms. Kozarov developed serious mental health conditions, including post-traumatic stress disorder (PTSD) and major depressive disorder.
- **The Allegation of Negligence:** Ms. Kozarov's lawsuit was based on the claim that her employer had a duty to protect her from this foreseeable psychological harm. She argued that the State of Victoria failed to take reasonable steps to prevent her injury, even though the nature of her work was "inherently and obviously dangerous to her psychiatric health."
- **Key Evidence and Arguments:**
 - **The Employer's Policy:** The OPP had a Vicarious Trauma Policy in place that acknowledged the risk of psychiatric injury to its employees from this type of work. This policy itself was used as evidence that the employer was aware of the risks.
 - **Lack of Proactive Measures:** Despite having Vicarious Trauma Policy, her employer failed to implement its protective measures, such as offering a system for rotating staff to different units or providing adequate support and monitoring to mitigate the effects of the trauma.
 - **Signs of Distress:** Ms. Kozarov had shown "evident signs" of distress to her superiors, which should have put them on notice that she was at risk.
- **The Legal Journey:** The case went through several courts.

- **At Trial:** The trial judge found in favor of Ms. Kozarov, ruling that the employer had breached its duty of care and that this breach had caused her injuries. She was awarded damages.
- **On Appeal:** The Victorian Court of Appeal overturned this decision. They argued that it wasn't proven that if the employer had offered a rotation, Ms. Kozarov would have accepted it, and therefore the breach of duty did not cause the injury.
- **High Court Appeal:** The case was then appealed to the High Court of Australia. The High Court restored the trial judge's decision, siding with Ms. Kozarov. They found that the Court of Appeal had erred on the question of causation and that it was reasonable to conclude that Ms. Kozarov would have accepted a reasonable offer of support or rotation, which would have prevented the exacerbation of her injuries.

In short, the lawsuit stemmed from a workplace psychological injury that Ms. Kozarov suffered in an "inherently dangerous" role, and the High Court ultimately found that her employer was negligent for failing to take proactive and reasonable measures to prevent that harm, despite being aware of the risks.

In the High Court ruling in *Koehler v. Cerebos (Australia) Ltd.* In *Koehler*, it was held that an **employer could assume an employee was fit to do a job unless there were "evident signs"** warning of a risk of psychiatric injury. *Kozarov* did not overturn this principle entirely, but it created an important exception: where the work itself is inherently and obviously dangerous to mental health, the employer has a duty to take preventative measures from the outset, without waiting for the employee to show signs of distress.

Here is your training:

The most crucial aspect of the *Kozarov v. Victoria* (2022) case is the emphasis on **Proactive Duty of Care.** It established an employer's duty to protect against psychiatric injury when the nature of the work is "inherently and obviously dangerous to the psychiatric health" of employees. This moves beyond the previous reliance on "evident signs" of an employee's distress. But we will start with recognizing the signs and move into proactive measures.

1. Recognize the signs

Secondary trauma (is also known as vicarious trauma or compassion fatigue), The symptoms often mimic those of Post-Traumatic Stress Disorder (PTSD) and can be grouped into several categories: The first step is to train managers to recognize the signs of stress.

Emotional Symptoms

- **Emotional exhaustion and numbness:** Feeling drained, overwhelmed, or unable to feel empathy for others.
- **Irritability and anger:** Becoming easily agitated, frustrated, or developing an intense anger towards the people or events that caused the trauma.

- **Feelings of guilt and hopelessness:** Blaming yourself for not being able to do enough to help or feeling a sense of hopelessness about the world.
- **Anxiety and fear:** Experiencing heightened anxiety, hypervigilance (constantly monitoring for danger), and exaggerated startle responses.
- **Sadness and depression:** Experiencing persistent sadness, a loss of enjoyment in activities, and, in severe cases, feelings of despair.

Physical Symptoms

- **Chronic fatigue:** Feeling physically exhausted, even after getting enough rest.
- **Sleep disturbances:** Having trouble falling or staying asleep, or experiencing nightmares and flashbacks related to the traumatic events.
- **Physical ailments:** Developing headaches, stomachaches, digestive issues, and a weakened immune system.
- **Changes in appetite:** Experiencing a loss of appetite or overeating.

Behavioral and Cognitive Symptoms

- **Avoidance:** Actively avoiding reminders of the traumatic event, such as people, places, or conversations. This can also lead to social withdrawal and isolation.
- **Difficulty concentrating:** Having trouble focusing, making decisions, or remembering things (often described as "brain fog").
- **Intrusive thoughts:** Experiencing unwanted and painful memories, dreams, or thoughts about the traumatic event.
- **Changes in worldview:** Feeling a loss of hope, becoming cynical, or questioning your core beliefs about trust, safety, and justice.
- **Impaired professional or personal functioning:** A decline in work performance and an inability to maintain healthy boundaries in relationships.
- **Negative coping mechanisms:** Turning to unhealthy behaviors such as substance abuse, overworking, or other forms of self-neglect.

2. Teach managers to respond compassionately:

Managers are the key to a healthy workplace. Leaders should model healthy behaviors, such as taking time off and maintaining work-life balance. Secondary trauma is resolvable condition. As a matter of fact, people can come out better—kinder, more caring and with better understanding.

Managers need to recognize inherently dangerous work and talk to staff about it. It's not the trauma that creates PTSD. It's the lack of support immediately after the trauma that leads to symptoms. Hold debriefing sessions when appropriate.

3. Model & Support healthy behavior:

Model respect and morality. Leaders should admit mistakes. (Model vulnerability). It creates an environment where people are less inclined to blame and more inclined to focus on solutions.

- Encourage staff to use their vacation time. Talk about their time off with them and let them share their stories. This sends the message that you recognize family is important. **Foster Work-Life Harmony:** Educate managers to respect and support work-life balance for their employees, viewing them as whole people with lives outside of work.

The credit you give to others will come back to you. (Although it probably won't be for 4 months.) We are successful with the help of others. Appreciate them. "The best measure of maturity is your ability to appreciate the success of others." Karma is real. The flip side is that no sin goes unpunished, for it changes you.

4. Supportive Leadership and Supervision:

Regular, structured supervision sessions provide a safe space for employees to process difficult cases and receive professional support. Actively listen and respond respectfully. A psychologically safe workplace is one where employees feel they can speak up, take risks, and admit mistakes without fear of punishment or ridicule.

5. Prevent & Address Harmful Behaviors to the best of your ability:

Take a zero-tolerance approach and ensure employees feel safe reporting such incidents. We deal with some of the worst people in communities and if someone is being verbally abusive I will tell them, "We don't tolerate abuse. You need to stop or leave. If you don't leave my office in 30 seconds I'm calling the police. And I do. If on the phone, I will tell them I will be hanging up in the next 30 seconds. When they say, "You can't hang up on me." I respond, "You'll see if your still on the line." They hang up first.

Panic buttons in offices to get immediate help. Plexiglass between clerical and clients. Side windows in offices. Make it clear you do not tolerate bullying, harassment, and violence and respond when accusations occur. Hear people out.

6. Encourage Mental Health Support:

Would I ever talk to a therapist? I talk to therapists every day. It's someone outside of your life, who provides guidance without interfering. Normalize mental health conversations. Regularly and proactively promote available resources like Employee Assistance Programs (EAPs) and mental health services. Ensure employees know how to access these services and that their use is confidential. Offer opportunities for professional development that includes training on resilience, stress management, and emotional well-being. Have a mental health getaway.

7. Manage Work Demands:

Try to keep workloads manageable. Provide employees with the resources they need to be successful. If possible, give employees flexibility of their schedule. (4 days a week). If possible, give employees the option of rotating into other work. The biggest mistake in the Kozarov case is their policy said people who worked in high stress tasks would have the option of rotating into other caseloads. Even though she worked prosecuting child abuse cases, she was never given the option of rotating into other work.

Up to this point, we focused on the employer. Now lets look at the employee.

Individual Points to Address Secondary Trauma

As an employee, you can take proactive steps to manage and mitigate the effects of secondary trauma. Awareness, Balance and Connection.

1. Awareness:

- **Identify the signs:** Learn to recognize the symptoms of secondary trauma in yourself. These can be similar to PTSD and may include intrusive thoughts, avoidance, emotional numbing, anxiety, and sleep disturbances.
- **Acknowledge the impact:** Understand that experiencing secondary trauma is a normal response to your work and not a sign of weakness. Recognize how the secondary trauma is affecting you.

2. Balance: Created through Proactive Self-Care and Resilience-Building.

Exercise reduces symptoms of almost every form of mental illness (with the exception of anorexia). Get enough sleep and eat healthy foods. Shut off electronics at bedtime. Physical activity is fundamental for both mental and physical health.

- **Maintain a healthy work-life balance:** Set clear boundaries between your professional and personal life. Pursue hobbies and interests outside of work.
- **Practice mindfulness and relaxation techniques:** Incorporate practices like meditation, deep breathing, or yoga to help manage stress and regulate emotions.
- **Utilize creative expression:** Engage in activities like journaling, painting, creative writing, or listening to music to process emotions and find an outlet for difficult feelings. Individuals who play an instrument are less impacted by the same amount of bullying.
- **Seek social support:** Talk about your feelings with people you trust, such as friends, family, or a support group. Connecting with others can help you process your experiences and feel less isolated.

3. Professional and Cognitive Strategies:

- **Reframing negative thoughts:** Consciously work to reframe negative thoughts and find a more positive or neutral perspective. Celebrate the positive outcomes you facilitate in your work.

- **Set boundaries:** Learn to say "no" and manage your time effectively. Be realistic about what you can accomplish and avoid taking on excessive responsibilities.
- **Utilize peer support:** Connect with colleagues who have similar experiences. Peer support and debriefing sessions can be invaluable for processing difficult incidents.