Does helping hurt the helper? – An investigation into the impacts of vicarious traumatisation on social work practitioners in Hawke's Bay, Aotearoa New Zealand

Samantha Smith[1] and Sue Hanna[2]

[1]Samantha Smith, registered social worker, Aotearoa New Zealand
[2]Sue Hanna, Greenwich University, England

ABSTRACT

INTRODUCTION: This article is based on the findings of a Bachelor of Social Work Honours student research project investigating the impacts of vicarious traumatisation (VT) on a small sample of frontline social work practitioners in the Hawke's Bay region of Aotearoa New Zealand.

METHOD: Semi-structured, one-to-one interviews with the four participants were used to collect the data and the interviews took place in 2019. A thematic analysis approach was applied to identify key themes within and across the data set.

FINDINGS: Three of the four social workers had experienced VT resulting from their work with clients with histories of trauma. Participants, however, were also able to identify a range of self-care management strategies they utilised to support and enhance their health and wellbeing. In addition, several important organisational supports were also identified. These included a workplace culture that recognised VT, clinical supervision, Employee Assistance Programme (EAP) services and supportive supervisors and managers.

IMPLICATIONS: The study demonstrates that VT and its associated impacts on social workers are important issues requiring ongoing acknowledgement and research in the New Zealand social work context.

Keywords: Vicarious trauma; secondary trauma; burn out; stress; self-care; social work

Social workers, during their everyday work, frequently engage with clients who are experiencing trauma, or who are already traumatised, and consequently they may themselves experience indirect trauma (Tarshis & Baird, 2019). This article poses the question, "Does helping hurt the helper?" and is based on the results of a qualitative research project which investigated the impacts of vicarious traumatisation (VT) in a sample of four frontline social work practitioners employed in Hawke's Bay.

The objective of this project was to investigate the impacts of VT on the wellbeing of social workers and what, if any, self-care strategies social workers utilised in respect of these impacts. It was hoped the findings would build knowledge about the potential impacts of VT on social work practitioners, how well they were able to

CORRESPONDENCE TO:
Sue Hanna
s.j.hanna@gre.ac.uk

recognise the signs and symptoms, and the strategies they used to manage their self-care.

VT can be defined as is a form of indirect trauma that involves damaging changes occurring in a professional's view of themselves, other people, and their world view, which result from exposure to the graphic and/or traumatic material of their client's histories and disclosures (Baird & Kracen, 2006; Pearlman & Saakvitne, 1995; Rothschild, 2006). VT can be described as the professional taking on the emotions, experiences and reactions of trauma survivors which then has negative ongoing effects on their wellbeing, and which may involve them deciding to leave the field permanently as a result (Dombo & Blome, 2016; Tarshis & Baird, 2019). The terms *VT*, *secondary trauma*, *compassion fatigue* and *burnout* are often used interchangeably (Huggard et al., 2017; Pearlman & Saakvitne, 1995; Tarshis & Baird, 2019) to describe the negative impacts on helping professionals of working with traumatised clients and engaging on a regular basis with their experiences of pain and distress (Baird & Kracen, 2006; Dombo & Blome, 2016; Figley, 1995; Rothschild, 2006; Tarshis & Baird, 2019). The following operational definition was selected for the project: "Vicarious traumatisation is the transformation of the inner experience of the therapist that comes as a result of empathetic engagement with client's traumatic material" (Pearlman & Saakvitne, 1995, p. 31).

Hawke's Bay is a relatively remote area of Aotearoa blessed with scenic beauty and is a major producer of export quality fruit and wine. There is darker side to the region, however, with the demand for child and adolescent health and addiction services increasing steadily and regional police and Oranga Tamariki (Ministry for Children) statistics revealing that Hawke's Bay and neighbouring Tairawhiti have higher than the national New Zealand average for rates of reported child exposure to domestic

violence (Laing, 2019; Moroney, 2016; Morris Mathews et al., 2019). Hawke's Bay based paediatrician and former Commissioner for Children, Dr Russell Wills, comments that, while it is not clear why these figures are increasing, much work needs to be done to engage with drivers of domestic violence which include poverty, homelessness, drugs and alcohol, and male violence (Laing, 2019; Wills, 2016, cited in Moroney, 2016).

After this introduction and context description, the following sections will include a review of the literature, a description of the methodology used in the project, an analysis of the findings, and conclusions.

Literature review

The term VT emerged in the early 1990s. Although an effective review of the literature intends to provide an overview of current knowledge on a topic and support the identification of existing patterns and themes, gaps, and inconsistencies (Neuman, 2011), literature from earlier seminal authors such as McCann and Pearlman (1990), Figley (1995), and Pearlman and Saakvitne (1995) were also included to accurately explain the definition of VT and secondary trauma within a helping professional context.

It is important to identify a clear, robust definition of VT to support an understanding of how it can impact on social workers and what this means. The first theme identified in the review demonstrated the interchangeability of terms such as compassion fatigue, secondary stress and burnout used to describe VT (Figley, 1995; Kimes, 2016). Others, however, argue there is an important distinction between these terms (Branson, 2018; Cunningham, 2003; Dombo & Blome, 2016; Fogel, 2015; Rothschild, 2006; Wilkinson, 2016). Secondary stress and compassion fatigue are normally used to refer to the impacts on workers of providing social services to clients experiencing high levels of trauma (Dombo & Blome, 2016). Burnout, by comparison, is a general term

applied to any professional working in a very stressful work environment (Dombo & Blome, 2016; Kimes, 2016). VT, however, is viewed as having a greater impact as compared with secondary stress, compassion fatigue and burnout, chiefly because, in addition to the numerous and complex ways it can affect the individual, it results in changes to practitioners' cognitive schemas, i.e., the ways in which they view the world, themselves and others (Baird & Kracen, 2016; Branson, 2018; Cunningham, 2003; Pearlman & Saakvitne, 1995).

The second theme concerned the benefits of, and need for, more research, training, and educational support to help social work practitioners develop an awareness of the symptoms, and the protective factors required to manage the impacts of VT (Branson, 2018; Cunningham, 2003; Kearns & McArdle, 2011; Lewig & McLean, 2016; Pearlman & Saakvitne, 1995). Apropos of this, Cunningham (2003) and Lee and Miller (2017) comment that an awareness and acknowledgement of the normality of VT is crucial in developing resilience and effective coping strategies to manage it when it occurs. Research, training, and educational support are advantageous for several reasons. First, a greater knowledge base about VT is associated with the potential to reduce high staff turnover (Branson, 2018; Cunningham, 2003). Second, growing awareness about VT can serve as a long-term protective factor to help practitioners extend their working life in the social work profession (Branson, 2018; Wall et al., 2016; Pearlman & Saakvitne, 1995). Third, Rothschild (2006) comments that VT is preventable, and the impacts can be remediated if social workers and other helping professionals have the knowledge and skills required to identify its symptoms.

The third theme identified concerns about the workplace. Social work is a profession with higher levels of role-related stress than other similar occupations, and these factors are thought to contribute to the increased rates of burnout, sick leave, and

staff turnover seen in comparison with other helping professionals (Baird & Kracen, 2006; Branson, 2018; Dombo & Blome, 2016; Kimes, 2016; McCann & Pearlman, 1990; Wilkinson, 2016). Some research also suggests that social workers underestimate the cumulative impact of the stress and distress they experience when they engage with clients' personal stories of trauma over time (Izzo & Miller, 2018; Lloyd et al., 2002). Likewise, Izzo and Miller (2018) observed that social workers are working in an environment where several occupational characteristics can increase the likelihood of VT occurring. These include the cumulative effects of exposure to stories of trauma, repetitive contact with vulnerable populations, and the ethical pressures and dilemmas associated with the helping role in general (Izzo & Miller, 2018). Organisational support, clinical supervision, and safe and supportive workplaces have also been identified as key to reducing the effects of exposure to indirect trauma and VT (Wall et al., 2016; Wilkinson, 2016); as is the importance of implementing trauma-informed practice frameworks into organisational policies, and workplaces to promote employee self-care and wellbeing (Marlowe & Adamson, 2011; Wall et al., 2016; Wilkinson, 2016).

The fourth theme identified concerns over the importance for social workers to adopt strategies to manage their self-care (Hooyman & Kramer, 2006; Lee & Miller, 2013). Lee and Miller (2013) describe self-care as a process of engagement with behaviours which encourage wellbeing, a balanced healthy lifestyle and resilience for the prevention of empathy fatigue.

Overall, the literature searched argued that social workers should prioritise and utilise principles of self-care in their personal and professional lives (Fogel, 2015; Hooyman & Kramer, 2006; Miller, 2015). The assumption that social workers will do that, and indeed possess the knowledge to do so, however, is just that, *an assumption* (Hooyman & Kramer, 2006; Lee & Miller, 2013; Miller, 2015;

Rothschild, 2011), as concerns have been raised about the lack of input and theoretical frameworks focussed on VT evident in social work education and training (Tarshis & Baird, 2019). Incorporating self-care practices and activities into an individual's daily routine has been linked to the reduction of stress and maintenance of wellbeing essential to practising effectively and enhancing short- and long-term wellbeing (Lee & Miller, 2013; Miller, 2015; Rothschild, 2006, 2011). Lee and Miller (2013) identified self-care as an essential social work survival skill which, if ignored by either individuals or organisations, is linked to VT, high staff turnover and staff shortages in social service agencies. Furthermore, the implementation of a workplace-based "self-care culture" has been argued as the responsibility of both the organisation and the practitioner (Wall et al., 2016).

It is not known if, how or what various activities social workers utilize to manage their on-going self-care and if they and other trauma workers have a framework for understanding their own experiences of working with affected clients, as this can act as buffer by clarifying that VT is an acknowledged reaction to ongoing trauma work (Rothschild, 2011; Wall et al., 2016). Sadly, Lee and Miller (2013) stated that little attention has been given to clearly conceptualising the practice of self-care, leading to challenges in understanding how this can be built into social work training and education.

The importance of professional supervision in identifying and preventing the onset of VT was identified as a recurring theme across the literature (Branson, 2018; Dombo & Blome, 2016; Wilkinson, 2016). The Social Workers Registration Board (SWRB, 2015) define professional supervision as a process where the supervisor guides and facilitates the social worker in meeting personal, professional, and organisational objectives. Ongoing regular supervision with empathetic supervisors who show an understanding of the risks, uncertainties, and

complexities inherent in social work practice is linked to the prevention of symptoms and impacts of burnout, VT and secondary stress, and believed to contribute to improvements in workers' emotional resilience (Branson, 2018; Wilkinson, 2016). Unfortunately, inconsistent supervision arrangements can be a risk factor for VT, an issue exacerbated by staff shortages and time pressures involved in meeting agency compliance and productivity targets (Branson, 2018). Supervisors can further stigmatise the experiences of supervisees if disclosures of VT are received judgementally (Goldblatt & Buchbinder, 2003).

To summarise, the review of the literature found that professional helping has the potential to hurt the helper in a variety of ways, of which VT is one example. It has also highlighted how important it is to social workers to have a working knowledge of VT and the ability to utilise self-care practices in their lives (Canadian Centre of Torture Victims, 2017; Lee & Miller, 2013).

The following section outlines the methodology used in the research project.

Methodology

Ethical approval for this study was obtained through the Eastern Institute of Technology (EIT) Research and Ethics Committee Hawke's Bay and Te Aō Māori principles were integrated into the interview process.

This was a qualitative research project, and this methodology was selected because it is an appropriate approach with which to explore situations and phenomena about which little is known (Bryman, 2016; Carey, 2012; Merrian & Tisdell, 2016; Neuman, 2011). In addition, this was a deeply personal subject for practitioners to discuss, and a qualitative approach with its personal-centred, contextual, and holistic focus made it the most appropriate method with which to work sensitively with emotionally charged aspects of the interview process and data analysis (Padgett, 2008).

This project was underpinned by an epistemological foundation of interpretivism, and this theoretical framework was selected as the fitting way to explore participants' experiences, and the meanings they made of their reality (Flynn & McDermott, 2016). The position of interpretivism is ontologically and epistemologically underpinned by the belief that reality is multiple and relative (Carey, 2012; Merriam & Tisdell, 2016). This enables a focus on the voices of participants and how they construct their individual practice within agency contexts, and within the broader context of social work practice narratives (Flynn & McDermott, 2016).

Data were collected through face-to-face, semi-structured interviews with four registered social workers. This interview approach was selected as it was thought the most appropriate way to encourage participants, in a safe and private environment, to discuss their experiences openly.

Snowball sampling was the method used to recruit research participants to the study. Merriam and Tisdell (2016) describe snowball sampling is a strategy which involves locating one or two key participants who meet the established criteria to participate in the study and this proved to be an effective recruitment approach. The initial participant was located through professional networks established in the first author's previous student placement.

Analysis

Thematic data analysis was chosen to organise the collected data as it allows the researcher to use the experiences of the participant to guide this process (Braun & Clarke, 2013). The characteristics of thematic data analysis focus on identifying patterns and themes regarding group behaviours, attributes, or values by allowing the patterns of their experiences to emerge from the collected data (Bryman, 2016; Carey, 2013). This process was assisted by using thematic networks, described by Attride-Stirling (2001) as web-like illustrations that summarise the main themes comprising a piece of text. Thematic networks provide an

Table 1. Thematic Summary of Thematic Content

Global Theme:	Sub-theme:
Understanding of VT in social work practice	Commonly associated terms
Impact of VT on the individual practitioner	Signs and symptoms
	Identification of signs and symptoms
	Importance of recognising VT in individual practitioners
	Implications for practitioners & clients
Self-care strategies	Motivation to engage in self-care strategies
	Importance of self-care strategies
	Self-awareness/self-reflection
	Job satisfaction and "making a difference"
Organisational support	Clinical supervision
	Access to competent supervisor
	Supportive work environment
	Workplace policies and strategies to support employees in relation to VT
Education and training	The need for education and training

analytic tool for organising thematic analysis in a representational form. This makes clear links between text and interpretation and provides answers to the research question by identifying themes collected through semi-structured interviews at varying levels of complexity across the data set (Attride-Stirling, 2001; Bryman, 2016; Padgett, 2008).

The themes identified in the data were organised with reference to the various sections of the semi-structured questionnaire, covered with participants.

These are displayed in Table 1.

A maximum of five trained and qualified registered social workers currently employed in a social service agency in Hawke's Bay, New Zealand, was the number the study originally hoped to recruit. In the event, four social workers were recruited. The inclusion criteria required social workers to have a current social work degree, be registered with the SWRB, and be currently employed with a social service agency in Hawke's Bay.

A condition of participation was that participants could access the Employee Assistance Programme (EAP) for support after the interview process, if required. EAP Services offer talking therapy support to employees to enhance and support their wellbeing at work (EAP Services, 2019). Participants were excluded if they had accessed the EAP programme within the preceding two years. This decision was taken to minimise the potential for re-traumatisation. Two participants were excluded for this reason.

This was a small, but diverse, sample which contained dimensions of difference in age, ethnic background, and gender. Details have been generalised because of its small size and the need for anonymity. Table 2 presents the participant demographics.

Strengths and limitations of the study

The focus on individual practitioner's voices and lived experiences was a strength because of the richness their narratives bought to the project. The local nature of this research is also a strength as it connected with other research projects also happening in the Hawke's Bay to provide broader insights into the professional skill sets and competencies of those working with vulnerable individuals (children, young people and adults), and their whanau/families in this region of Aotearoa New Zealand (Wills et al., 2020).

The project was limited by three factors. Qualitative research is recognised as a time-consuming and labour-intensive process and the first limitation was the nine-month timeline available within which to complete the research because of the academic study timeline (Pope et al., 2000). The second limitation was the geographical location, and the relatively small population of Hawke's Bay, making it difficult to generalise findings to the rest of Aotearoa New Zealand. Finally, the sample size was small. Overall, however, this area of research is important for social work in Aotearoa New Zealand as part of the ongoing need to acknowledge the potential impact of VT on practitioners and the sample size.

Table 2. Participant Demographics and Practice Experience

Participant demographics				
	Participant 1	**Participant 2**	**Participant 3**	**Participant 4**
Practice Experience	10 years	5 years	8 years	18 years
Sector Employed	Primary mental health care	Statutory care and protection	Primary health care	Education & government
Ethnic Origin	New Zealand European	New Zealand with Māori heritage	South East Asian	New Zealand European

The themes identified in the data analysis will be discussed in the following Findings section. Participants' quotes are used to illustrate the findings from the research project; pseudonyms will be used to preserve their anonymity.

Findings

The first theme identified concerned participants' understanding about VT in social work practice:

Three of the four social workers' personal definitions and understandings of VT in practice aligned with the inquiry's operational definition. They recognised that VT describes harmful changes that occur in a professional's view of themselves, others, and the world around them as a result of exposure to the graphic and/or traumatic experiences and disclosures of clients (Baird & Kracen, 2006; Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild, 2006).

> …it's the cumulative effect, it makes practitioners form a negative view of the world and clients and themselves, it has a negative impact. I think what happens is that you find a way to cope with it, normalise it, I guess. (Jennifer)

This reinforces what is widely stated across the literature that VT can have a cumulative, long-term effect on the social work practitioner (Baird & Kracen, 2006; Branson, 2018; Cunningham, 2003; Dombo & Blome, 2016; Izzo & Miller, 2018).

> …the trauma that your clients are going through can often end up being traumatic for yourself, as well. Hearing the stories, the heartbreak, providing the support…it can have an impact on yourself and your family… (Melissa)

Two of the four participants, however, had not heard the term *vicarious trauma* and referred to VT as *burnout*. They described burnout as the negative impacts of engaging with trauma work with clients over time

which can contribute to high staff turn-over. One participant also referred to VT as *compassion fatigue* and *secondary trauma*. Three out of four participants stated that, during their training, the commonly used terms to refer to indirect trauma were compassion fatigue, secondary stress, and burnout. This reinforces that a variety of terms are often used interchangeably to describe indirect trauma and have similar, symptoms and impacts. The uniqueness of VT, however, is its dangerous capacity to permanently alter cognitive schemas affecting practitioners' views of themselves, others, and the world (Tarshis & Baird, 2019).

The second theme identified the perceived impact on participants of engaging in trauma-related work with clients. All participants discussed the personal impacts of engaging with traumatised clients, stating that they had experienced what they identified as VT or burnout during their social work career. One participant referred to burnout rather than VT to describe their experiences.

Three participants identified a variety of personal impacts of VT including withdrawal, anxiety, depression, the formation of a negative view of self and work, emotional exhaustion, cynicism, and panic attacks. These participants also identified the seriousness of the effect of VT on the individual self and stressed the importance of social workers having a clear understanding of VT as a strategy for prevention. Jennifer and Melissa described the negative impact of VT on their health and wellbeing:

> …I remember a time where I would wake up in the morning and have panic attacks, or I would have a panic attack on the way to work, and I thought, this is not worth it, this is affecting my health. (Jennifer)

> …I would cry at TV shows at night and have this sense of overwhelming sadness. I thought I can't cry all day when I'm listening to things…I have to be strong. (Melissa)

When the participants were discussing the personal impact of VT, they described excessive worry about clients, difficulty "switching off" at the end of the day and feeling overwhelmed by sadness. The signs and symptoms discussed in their narratives are consistent with those commonly reported in the literature, such as panic attacks, depression, anxiety, and emotional exhaustion (Baird & Kracen, 2016; Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild, 2011).

> …I didn't want to talk to anyone, I would just start to shut down emotionally…my patience was, in a sense, fading a little bit, indicating that it was starting to seep into my own psyche. (George)

Two participants spoke of how a change in job alerted them to personal signs and symptoms of VT and they both spoke about the relief they experienced shortly after they commenced work in new roles. One commented that it was not until they started their new employment that they noticed the impact the stress of the previous job had had on them. This same participant also spoke about the impact of VT on colleagues, and in the work environment.

> … I stayed because I felt I could make a difference, but I left because I couldn't stand it anymore. There are people who work there who do their best, and then there are people who just need to leave. (Melissa)

Participants were able to identify a range of impacts of VT on themselves and their colleagues. The study also identified that participants actively pursued strategies to promote and maintain their personal self-care and enhance their wellbeing. Each participant spoke of the importance having a good work/life balance; spending quality time with family and friends; hobbies; spirituality; faith; taking annual leave; having things to look forward like travel, celebrations and recognising life's important milestones. Participants also spoke of

there being "more to life than work" and "knowing how to look after yourself" as key, not only to competent, ethical, and safe social work practice, but to living a fulfilling life to continue to do the work they do.

> …you must put your own needs first because you cannot care for anyone if you are not taking care of yourself first. I can only help my clients if I take care of myself first. (George)

One participant spoke about the importance of using annual leave to nourish yourself, taking time to refresh, recharge and self-reflect. Another participant discussed nature, exercise, and wellbeing as being an important self-care strategy. Each had their own individual strategies, ranging from massages, quiet home/down time, eating well, social activities and each participant felt self-care was a crucial aspect in combating VT or burnout in their practice.

Job satisfaction was also an important sub-theme as, despite their work being very challenging and difficult at times, the importance to participants of feeling they were making a positive difference in clients' lives was clear in their narratives. Three participants discussed the importance of utilising supervision and EAP services to access support and guidance with difficult situations and cases. All the participants placed importance on the need for positive self-talk, self-awareness, and self-reflection to analyse thoughts and feelings; this included reframing difficult situations and focusing on the positive aspects of their work. They all highlighted wanting to engage with healthy self-care strategies to continue being effective social work practitioners.

> …this is not my doing; I won't get it right all of the time…but I'm trying. This isn't my mess; I didn't create this. But I just hope I am making a little bit of difference. There is a saying, "if you can't do any good, do no harm". (George)

The role of organisational support was acknowledged as significant, and

participants particularly spoke of the importance of having regular access to clinical supervision as a key part of the support they received from their workplaces. Participants identified quality supervision as an essential tool in safeguarding their emotional competence on the job.

> Supervision is really important. You know, good supervision. It helps the social worker to work out that it's not all their fault…My supervisor is very good at bringing it all to the centre, his approach is very good. That's where I normally talk about any difficult experiences that I've had. (Jennifer)

One participant emphasised the importance to them of a supportive work environment where the importance of self-care is acknowledged and prioritised as a protective factor in recognising and responding to VT. Another participant described the positive impact of the increased awareness of VT in their workplace:

> There has been a particular organisational shift at work, it's something we are acutely aware of [VT], it's something that is talked about constantly. Our supervisors ask us, how would you know if you have VT? I am always critically reflecting. (George)

Organisational support is a key element to self-care (Lee & Miller, 2013) and creating a workplace culture that acknowledges the benefits of incorporating and utilising self-care approaches, as noted, has been identified as a strategy to prevent VT among social workers. This corresponds with the argument that a collective responsibility in social work organisations and agencies is required to ensuring staff self-care through acknowledging and utilising of wellbeing management strategies (Rothschild, 2011; Wall et al., 2016). Melissa and Jennifer spoke of a positive organisational shift at their workplaces, which has resulted in a growing acknowledgement and acceptance of the how important self-care is, both personally and professionally.

> My workplace is really supportive. When I started, my boss said to me, you and your well-being are the most important. Your family is next. And work comes after that. It's exactly the balance I want and need…they are really great. (Melissa)

Finally, despite a growing awareness about VT in their current and previous workplaces, two participants commented on a gap they noted concerning the lack of opportunities for further education and training generally. One participant stated that they rarely, if ever, had access and opportunities to engage in continual professional development (CPD) through their employer.

> I think employers need to be more supportive in terms of practitioner professional development. This is what I am missing. I want the training but there doesn't seem to be much available. Other professionals get it, you know, the doctors and the nurses. They [employers] need to be more supportive, I think this is a must! Keep us up to date. (Mark)

A surprise finding was that two participants did not discuss professional training or education in their interviews. This was interesting as the literature indicates that training and education are helpful in developing effective coping strategies and an on-going awareness of VT (Dombo & Blome, 2016; Fogel, 2013; Lewig & McLean, 2016).

Discussion

It is widely recognised, as has been noted, that the social work profession is an occupation with increasing role-related stress and these stressors can contribute to increased rates of work-related stress, sick leave, absences, and staff turnover (Branson, 2018; Dombo & Blome, 2006; Kimes, 2016; McCann & Pearlman, 1990; Wilkinson, 2016).

This paper posed the question, "Does helping hurt the helper?" The answer to this is yes, it can, and the risk of this needs to be carefully managed at the

multiple intersecting reinforcing levels of individual practitioner, supervisor/manager, organisational, and the profession itself.

There is a risk of conflating the terms referring to stress and trauma; however, on an individual level, all social workers in the project had experienced indirect trauma and work-related stress, and three social work practitioners experienced a range of symptoms and impacts that they attributed to VT. All the social workers demonstrated resilience in the face of these experiences and were able to describe actively utilising a range of self-care management strategies to maintain and enhance their wellbeing. Their recognition of the responsibility they had to take their self-care and wellbeing seriously was highlighted throughout this research.

Participants recognised the negative impacts of VT on themselves, not just personally, but as professionals, and discussed the importance of practising ethically, with competence and adhering to the core values of the social work profession, and the SWRB core competence standards. They also made links to the importance of a collective responsibility, both individual, supervisory, and organisational for the acknowledgement of self-care and for identifying the potential impacts of VT. Organisational support was identified as crucial in preventing VT and, as a part of this, participants highlighted the effectiveness of positive reflective supervision on their practice. The importance of having a competent supervisor in helping them to effectively discuss, reflect on and receive feedback about their practice with clients was identified. Finally, an organisational commitment to creating a workplace culture acknowledging the value of self-care was also identified as crucial. This emphasises the importance of reinforcing the practice of self-care on multiple, systemic levels that include the social workers, supervisor, the agency and, indeed, the social work profession itself. Supportive management and workplace cultures have been found to be an additional protective factor when

discussing VT in social work practice. The responsibility managers and supervisors had for creating a culture recognising the importance of utilising self-care management strategies was identified, as was the need for social work practitioners to feel safe and sufficiently supported to discuss the impacts of VT, particularly during clinical supervision. Many benefits are associated with implementing a culture of self-care in the workplace; these include better service delivery to clients and improved job satisfaction for the social work practitioner (Branson, 2018; Dombo & Blome, 2016; Wall et al., 2016). These views are reinforced by Marlowe and Adamson (2011), who argue the importance in the workplace of open channels of communication and prosocial and professional social work practices for the consolidation of what Lindy (1985) calls a *trauma membrane*, which can, in turn, facilitate the development of practitioner resilience.

In Aotearoa New Zealand, there is legislation and sector guidance intended to support worker wellbeing. This takes the form of the Health and Safety at Work Act (2015). The recently published trauma-informed care literature review by Te Pou o te Whakaaro Nui also argued that a commitment to support the workforce has been identified as a critical core component in implementing a trauma-informed approach (Donaldson, 2018). Regarding this, and to ensure productive, competent social workers, participants identified and discussed a range of workplace policies and strategies currently available to help employees who may be struggling with VT. These ranged from regular supervision, unlimited sick leave after two years of employment, access to EAP services, a supportive, flexible work environment, the provision of short breaks and accommodating family/personal commitments in times of need. They discussed how they valued the support received from their organisations as a way of identifying, acknowledging, and preventing or minimising the impacts of VT in their practice. Finally, they had several

recommendations to encourage employers to maintain a commitment to social work self-care and wellbeing in the current climate of high staff turnover and potential VT. These linked to broader policy and operational issues which included ensuring caseloads were manageable, with supervisors being mindful of case complexities in individual social worker's workloads. Other recommendations included policies discouraging lone working or working long hours, and paying for SWRB registration fees. Finally, further education and training generally, including on the potential for VT in social work practice, were identified as necessary for identifying and recognising the impact of indirect trauma before social workers suffered permanent harm.

Aotearoa New Zealand has experienced high rates of domestic violence and child abuse over several years exacerbated by rates of poverty, poor mental health, and addiction which are also excessive. For future research, this project identified the need for more investigation to identify the need for more investigation, both nationally and locally, to identify broad patterns and development-tailored local support packages for social workers working extensively with traumatised individuals and whanau / families.

Summary and conclusion

This small-scale, qualitative research project explored the impacts of VT on a small sample of frontline social workers in Hawke's Bay and discussed with them the strategies they used to manage their self-care in their work environments. The findings demonstrated how these practitioners took active steps to manage these issues for themselves in ways which showed insight and resilience.

VT is acknowledged to be an occupational health hazard for social workers and pathologising the individual is acknowledged as an inadequate response. How hurt workers become because of

engaging with traumatised clients over time depends on the remedial actions of several relevant stakeholders. That is to say, practitioners' supervisors, agencies and the social work profession itself, collectively working together to heal harmful effects on workers and create a non-stigmatising professional environment where dialogue about these issues can occur without fear of negative judgement.

References

Attride-Stirling, J. (2001). *Thematic networks: An analytic tool for qualitative research.* SAGE Publications.

Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling, Psychology Quarterly, 19*(2), 181–188. EBSCOHost Database. http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=7&sid=7be50bb4-3569-4faa-b813-a617aa357de7%40pdc-v-sessmgr02

Branson, D. C. (2018). Vicarious trauma, themes in research, and terminology: A review of literature. *American Psychological Association, 25*(1), 2–10. http://dx.doi.org/10.1037/trm0000161

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.* Sage.

Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

Canadian Centre of Torture Victims. (2017). *Vicarious trauma & self-care.* CCR Consultation, Edmonton. https://ccrweb.ca/sites/ccrweb.ca/files/vicarioustraumaself-care_ccvt.pdf

Carey, M. (2012). *Qualitative research skills for social work*: *Theory and practice.* Ashgate Publishing.

Carey, M. (2013). *The social work dissertation: Using small-scale qualitative methodology.* Open University Press.

Cunningham, M. (2003). *Impact of trauma work on social work clinicians: Empirical Findings.* EBSCOHost database http://web.b.ebscohost.com/ehost/detail/detail?vid=9&sid=7be50bb4-3569-4faa-b813-a617aa357de7%40pdc-v-sessmgr02&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=106730724&db=c8h

Donaldson, W. (2018). *Trauma informed care: Literature scan.* Te Pou o te Whakaaro Nui, Auckland. https://www.tepou.co.nz/resources/trauma-informed-care-literature-scan-full-report

Dombo, E. A., & Blome, W. W. (2016). Vicarious trauma in child welfare workers: A study of organizational responses. *Journal of Public Child Welfare, 10*(5), 505–523. http://dx.doi.org/10.1080/15548732.2016.1206506

EAP Services. (2019). *Employee Assistance Programme.* https://www.eapservices.co.nz/services/employee-assistance-programme/

Fogel, A. (2015). *Effective ways social workers respond to secondary trauma* [Master of Social Work Clinical Research Papers]. St Catherine University. https://sophia.stkate.edu/cgi/viewcontent.cgi?article=1446&context=msw_papers

Figley, C., R. (1995). *Compassion fatigue as secondary traumatic stress disorder: An overview.* https://www.researchgate.net/publication/245720535_Compassion_fatigue_as_secondary_traumatic_stress_disorder_An_overview

Flynn, C., & McDermott, F. (2016). *Doing research in social work and social care. The journey from student to practitioner researcher.* SAGE Publications.

Goldblatt, H., & Buchbinder, E. (2003). Challenging gender roles: The impact on female social work students of working with abused women. *Journal of Social Work Education*, *39*(2), 255–275.

Health and Safety at Work Act. (2015). https://legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html

Hooyman, N., & Kramer, B. (2006). *Living through loss: Interventions across the life span* [ebook]. http://ebookcentral.proquest.com

Huggard, P., Law, J., & Newcombe, D. (2017). A systematic review exploring the presence of vicarious trauma, compassion fatigue, and secondary traumatic stress in alcohol and other drug clinicians. *Australasian Journal of Disaster and Trauma Studies*, *21*(2). http://trauma.massey.ac.nz/issues/2017-2/AJDTS_21_2_Huggard.pdf

Izzo, E. & Miller, V., C. (2018). *Second-hand shock. Surviving & overcoming vicarious trauma.* Unhooked Books.

Kearns, S., & McArdle, K. (2011). "Doing it right?" – accessing the narratives of identity of newly qualified social workers through the lens of resilience: "I am, I have, I can." *Child and Family Social Work, 17,* 385–394. https://doi:10.1111/j.1365-2206.2011.00792.x

Kimes, A, T. (2016). *Burnout rates among social workers: A systematic review and synthesis.* https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1452&context=et dhttps://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1452&context=etd

Laing, D. (2019). *20 years on from one of NZ's worst child abuse cases: "Nothing's changed."* https://www.nzherald.co.nz/hawkes-bay-today/news/20-years-on-from-one-of-nzs-worst-child-abuse-cases-nothings-changed/T3YW75JLWTQEQHFFBF4JUUP5JM/

Lee, J. A., & Miller, S. M. (2013). A self-care framework for social workers. Building a strong foundation for practice. *Journal of Families in Society: The Journal of Contemporary Human Services.* https://doi:10.1606/1044-3894.4289

Lewig, K., & McLean, S. (2016). *Caring for our frontline child protection workforce.* Child Family Community Australia Information Exchange. https://aifs.gov.au/cfca/publications/caring-our-frontline-child-protection-workforce

Lindy, J. D. (1985). The trauma membrane and other clinical concepts derived from psychotherapeutic work with survivors of natural disasters. *Psychiatric Annals*, *15*(3), 153–160. https://doi.org/10.3928/0048-5713-19850301-06

Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health.* https://www.researchgate.net/publication/29464897_Social_Work_stress_and_burnout_A_review

Marlowe, J., & Adamson, C. (2011). Teaching trauma: Critically engaging a troublesome term. *Social Work Education: The International Journal*, *30*(6), 623–634. https://doi.org/10.1080/02615479.2011.586559

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1), 131–149. http://dx.doi.org/10.1007/BF00975140

Merriam, S. B., & Tisdell, E. L. (2016). *Qualitative research. A guide to design and implementation* (4th ed.). Jossey-Bass/PB Printing.

Miller, J. L. (2015). Seven Self-Care Strategies. *Reflections: Narratives of Professional Helping, 21*(1), 52–58.

Moroney, R. (2016, November 14). Hawke's Bay domestic violence figures concerning. *New Zealand Herald.* https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11745812

Morris Mathews, K., Hiha, A., Abel, S., Chisnell, C., Malcolm, C., McKelvie – Sebileau, P., Austin, K., Hanna, S., & Tipene-Leach, D. (2019). *Report on the evaluation of the Nga tahi Project in YEAR 2 (2018-May 2019)*, (Nga-tahi: Together as one, in unison, at the same time). Research and Innovation Centre, Eastern Institute of Technology.

Neuman, L. W. (2011). *Social research methods. Qualitative and quantitative approaches.* (7th ed.). Pearson Publishers.

Padgett, D. (2008). *Qualitative methods in social work research* (2nd ed.). Sage Publications.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist countertransference and vicarious traumatization in psychotherapy with incest survivors.* W. W. Norton & Company.

Pope, C., Ziebland, S., & Mays, N. (2000). *Analysing qualitative data.* National Centre for Biotechnology Information, US National Library of Medicine. https://doi:10.1136/bmj.320.7227.114

Rothschild, B. (2006). *Help for the helper. The psychophysiology of compassion fatigue and vicarious traumatization. self-care strategies for managing burnout and stress.* W. W. Norton & Company.

Rothschild, B. (2011). *Trauma essentials. The go-to guide.* Norton and Company.

Social Worker's Registration Board. (2015). *Supervision expectations for registered social workers – Policy statement.* https://swrb.govt.nz/download/supervision-expectations-for-registration-2/

Tarshis, S., & Baird, S. (2019). Addressing the indirect trauma of social work students in intimate partner violence (IPV) filed placements: A framework for supervision. *Clinical Social Work Journal*, *47*, 90–102. https://doi.org/10.1007/s10615-018-0678-1

Wall, L., Higgins, D., & Hunter, C. (2016). *Trauma-informed care in child/family welfare services* (CFCA Paper No. 37). Child Family Community Australia Information Exchange, Australian Institute of Family Studies. https://aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services

Wilkinson, J. (2016). *Developing and leading trauma-informed practice* [Leaders' briefing]. https://www.rip.org.uk/resources/publications/leaders-briefings/developing-and-leading-traumainformed-practice-leaders-briefing-2018/

Wills, R., Gabriel, B., & Matthews, K. M. (2019). The Nga-Tahi Project. *Policy Quarterly, 15*(1). https://doi:10.26686/pq.v15i1.5300

Wills, R., Gabriel, B., Tipene-Leach, D., & Matthews, K. M. (2020). *The Ngatahi Project: Clinically and culturally competent practice with children and families with complex needs.* https://doi.org/10.1111/jpc.14901_28