



Vicarious Trauma and the Coalition

Understanding, preventing, and relieving vicarious trauma is both an individual and organizational challenge, for coalitions as well as the member programs we serve. Working with trauma survivors, directly or indirectly, exposes us to the reality of violence in ways that other services, including other types of counseling or advocacy do not. The weight of the work we do affects us in many ways, including our sense of safety, trust in self and others, self-esteem, ability to connect with others, and sense of control (Schauben & Frazier, 1995; Trippany, et al., 2004). Taking care of ourselves while taking care of others allows us to “contribute to our society with such impact that we will leave a legacy informed by our deepest wisdom and greatest gifts instead of burdened with our struggles and despairs” (van Dernoot Lipsky, 2009). Current research on vicarious trauma examines the effects on direct service providers, so little is known about how vicarious trauma manifests for those providing indirect services, like coalitions.

Our daily work is centered on the trauma of sexual violence, and thus, it is important for us to be aware of and work to mitigate vicarious trauma. Even though many coalition staff members do not interact with individual survivors in the same way that local programs do, we are still exposed to traumatic material and the risk of vicarious trauma. At many coalitions, there are staff members who do provide direct services to survivors, through such services as legal assistance or facilitation of a statewide hotline. Survivors often call coalitions for support, oftentimes in search of local resources or to seek assistance when their situation is too complex for their local program, or they have a connection or barrier to that program.

Focus on vicarious trauma is still relatively new across the anti-violence field, and has been slower to develop within coalitions. As one coalition staff person explained, we don’t yet have “a good understanding of how working on the issues (even if not in direct contact) and hearing stories impacts us.”

The Resource Sharing Project conducted a survey of coalitions about exposure to and experience of vicarious trauma. We examined several questions:

- How does vicarious trauma affect coalition staff?
- Is vicarious trauma different for coalition staff who have done direct service before and those who have not? Is it different for those currently doing direct service in their work at the coalition?
- How is vicarious trauma different for coalition staff than it is for local program staff?
- What are staff members doing for self-care? What are coalitions doing to support self-care? Are coalitions using trauma-informed supervision?

Forty-six coalition employees responded to the survey. More than one quarter of respondents currently provide some form of direct service in their work at the coalition, mostly in legal services or staffing a resource line or crisis line. Over three quarters have provided direct services in the past. Many people noted that their coalition receives calls from survivors who are looking for information or resources, need support in a crisis, or need coalition intervention due to conflict with a local program or other service provider. For many coalitions, answering these calls is not a task formally assigned, but something everyone helps with. Along with this direct contact with survivors, coalitions provide invaluable technical assistance and emotional support to local programs, leading to what one survey respondent described as “tertiary trauma,” the stress and vicarious trauma that comes from “helping the helpers.”

Several important themes emerged in the survey data on how vicarious trauma affects coalitions: the nature of our interactions with survivors, doing macro-level work, and the nature of our support to local programs. This paper will also explore how vicarious trauma affects coalitions differently than local programs, whether past direct service experience influences current vicarious trauma in coalition work, the organizational culture, and vicarious resilience. The real experiences of coalition staff members provide insight into understanding vicarious trauma at the coalition level, and all quotes (unless attributed to an author) throughout this paper are taken directly from survey respondents.

Supporting Survivors

Survivors often call coalitions looking for information or a referral to local programs. However, in other cases, “we are contacted on a fairly regular basis by advocates and survivors for help with those cases that have gone incredibly wrong, the ones that are often the most challenging and distressing.” Coalitions get “calls from survivors who are at the end of their rope, looking to us as their last resort, when our power is often so limited as well.”

For many of the survivors who call, our role is to actively listen and then refer them to local programs or other service providers as needed. While this meets the immediate needs of the survivor, it can lead to a sense of powerlessness or deficiency for us.

- “It’s hard to hear people reaching out but that we can’t directly do anything for them other than refer them to our member programs.”
- “I hear people’s stories as I’m trying to get them to the most helpful programs and sometimes I take it in no matter how hard I try not to. Sometimes you’re unable to give people the right answer—the one they want to hear—or you really can’t find a way to address their need no matter how hard you try, and then they get frustrated and hang up on you and you’re left feeling...useless. I find this feeling often stays with me for days at a time.”

Other survivors reach out to the coalition--directly or through an advocate referral--in difficult circumstances. These calls might come when the family/friend of victim or perpetrator work at the local program, the complexity of issues requires coalition support, there are no services in geographic area, in high profile cases, or when previous interactions with local program mean they no longer feel like a resource to the survivor.

- “Although all sexual assaults involve trauma, the situations referred to us on the coalition level tend to be the most egregious.”
- “The calls we receive are not regular or frequent, the ones we do receive are the worst-case scenarios, when nothing else has worked and they don’t know where else to turn.”

For many of us, supporting survivors and advocates is not part of our grant activities even though it is critical to our work.

- “Direct services are the reason for being yet the calls [are] concurrent with administrative deadlines and it’s stressful to juggle both...I make myself available for debriefings—I figure it’s just listening, surely I can do that if they can do the hard work up front. But again, being available (which I want to be!) is on top of the paperwork and regular duties.”

Our roles and functions at the coalition also set parameters for what tasks we expect to do day to day. While advocacy programs are designed at every level to respond to crises, coalitions typically are not. Thus, advocacy programs have job descriptions and expectations that include crisis work, and often have systems for debriefing and providing support around crisis work and vicarious trauma. “Direct services staff expect to hear terrible stories on a daily basis; the non-direct services staff don’t always have the same expectation and so are sometimes taken off-guard.”

There are a few strategies here coalitions can employ to support staff members and alleviate vicarious trauma. One struggle that several survey respondents mentioned is their limited ability to help in many situations. They are not advocates, and so do not have the tools or responsibilities of advocates. This is likely to be stressful in a particular way for coalition staff who were advocates, and are now adjusting to a more limited support role in the lives of survivors. It’s worth noting that these feelings of inadequacy and helplessness are common struggles for advocates in local programs too. Sexual violence is devastating and trauma is complex, so it’s normal to feel overwhelmed. We can support staff by normalizing these feelings and orienting new employees to the nature and reality of our work. We can use our experience to inform our work with and empathy for our member programs. Coalitions can further support staff by defining and emphasizing the good work that we can do with survivors, through direct support and through the systems we change on behalf of survivors.

Crisis calls may be a small percentage of our time at work, but they are certainly a big part of our work. When a survivor feels that a state- or territory-wide office believes and supports them *and* that there is support in their community too, it

can be powerful moment in their healing. Active listening is the cornerstone of all other services, and a critical service in its own right. It's important that we all value active listening and presence as a service. Making clear our values on active listening and empowerment can help individual staff know that answering a call and providing empathic presence is supportive to survivors. Setting clear expectations, perhaps even including very occasional crisis work in job descriptions, sends a message that responding to crisis calls is an important, if infrequent, function of the coalition and gives us opportunities then to discuss how to handle crisis calls and debriefing.

Make sure that all staff members have training in crisis intervention skills and that they get periodic refreshers. If your coalition coordinates advocate training, this could be as simple as having coalition staff sit in on training from time to time. You may prefer to bring in a trainer to provide crisis intervention training just for the coalition staff, as our crisis work differs in structure and frequency from that of local programs.

We can provide ongoing support and supervision to staff on their work with survivors. At local programs, there is often a culture of peer support, crisis debriefing, and supervision on their work with survivors, and there are several helpful models of supervision or peer support specifically for vicarious trauma (see resources at the end of this publication). Coalitions can look to adapt these models to use in staff meetings or individual supervision. We can also look to create a culture of trauma-informed support and systems for debriefing. Some in the survey reported that, unlike in direct service, they now take a crisis call and then go back to whatever work they were doing without emotionally processing the call. Without clear systems and expectations for debriefing and supportive supervision, it's harder for staff to know to whom to turn or feel they can take the time to take care of themselves. We know from the research that debriefing, having peer support, and supportive supervision all help to mitigate or alleviate vicarious trauma (Wasco et al, 2002; Gutierrez et al, 1995; Fontes, 1995).

There are some collaborative activities that have been shown to support self-care and resilience for advocates, including access to training, access to other staff, supervisor availability and support, and mentoring by experienced workers

(Wasco et al, 2002). These strategies are likely to help coalition staff as well. Finding ways to build these into the coalition's organizational culture is a part of trauma-informed care and can extend employee longevity in the field. A coalition could, for example, set aside time in every staff meeting to discuss the crisis calls received in the past week, encourage employees to seek peer support after a crisis call, and encourage other self-care activities.

Macro Work

Coalitions are in the position of seeing their states or territories as a whole: *all* the strengths as well as *all* the challenges and obstacles. Our vantage point and the services we provide gives rise to stressors that are unique to coalitions: the state- or territory-wide perspective; media interactions, legislative, and political work; caring for and worrying about local programs; and needing to maintain a professional presence with member programs and others.

- “Given that the work of the coalition focuses on a macro systems level, you see the ripple impact of systems failure for other survivors statewide. Another difference is given how slow systems change happens, it can be very discouraging to not see any change in the short term and overlook the impact of work in moving things incrementally. Political climate matters a lot in systems change and a difficult political climate makes it more difficult to bear witness to system failure in supporting survivors.”

There are several ways in which this is stressful. It can be overwhelming to think about sexual violence on the scale that we must in coalitions. It's not sexual violence in just one community that we know about and are trying to stop; it is sexual violence across the entire state or territory.

- “Being part of a state coalition opens your eyes not only to what is going on in our state but also what is happening across the country and even the world.”
- “We get bombarded with information from all parts of our state.”
- “We hear about challenges throughout the state and in every sector...so that can be overwhelming at times.”

- “The expectation to be up-to-date with everything to do with sexual violence means that we are all taking in an incredible amount of media 40 hours a week and then over-processing it...it is exhausting.”
- “It’s different at the coalition because we don’t have the victim sitting right in front of us and that makes the trauma very evident and obvious. On the flipside, we’re dealing with the trauma of multiple communities in a full state, so I think that adds more of a cumulative effect.”

Coalitions engage in systems change and institutional advocacy with state- or territory-wide entities, which can be slow to change and where our progress is hard to measure. The institutions with which we work are made of our communities, and will thus always reflect the communities’ beliefs and rape culture.

- “What’s hardest for coalition staff is that we hear all the time how different systems are failing survivors, it’s so disheartening when every day we are working to change systems and improve their responses to survivors.”
- “Systems and policies change very slowly and the work is marathon, not a sprint. It’s easy to get disaffected that work is not making an impact when you hear very public stories of how the system fails a survivor. Vicarious trauma can impact when you lose faith in the process.”
- “We are looking at big-picture issues and tackling very complex problems that often take years to see any progress on. We don’t get to see any immediate or short-term gratification from helping someone like local program staff might see. We often talk about the fact that what burns us out is not hearing stories of sexual violence, but seeing how far we still have to go in creating system change, seeing shifts in attitudes, creating real culture change.”
- “The exposure is different in that we don’t hear the stories direct from the survivors as much. However, we hear responses from legislators and other community people that we hope survivors never hear.”

Many of us perceive that we are at a tipping point in society where we can change the conversation about sexual violence. Sexual violence and our work are getting attention in the media like never before, which brings new opportunities and challenges.

Our commitment to anti-oppression work is in all of our efforts, and thus connected to all the ways we are exposed to trauma and vicarious trauma. Understanding sexual violence through an anti-oppression and intersectional framework gives us great insight into ending sexual violence, but it also carries the burden of witnessing the trauma that many communities face. Our macro-level focus gives us additional insight into institutionalized racism and other systems of oppression, which intersects with the vicarious trauma induced by confronting rape culture on a state/territory-wide level. For example, the recent emergence of the [Black Lives Matter](#) Movement has given us new opportunities to demonstrate our commitment to intersectional social justice work, and has uncovered vast gaps in safety and justice in communities of color, specifically black communities.

In addition to vicarious trauma in anti-sexual violence work, it's so important to [acknowledge the race-based trauma and stress](#) triggered by current events in the news and social media that so many of our colleagues may experience. Privilege and oppression affect our vicarious trauma, relationships with each other, relationships with local programs, and sense of purpose. These compounding factors can make the task of training member programs or systems partners on racism, homophobia, non-discrimination provisions, and other issues more challenging and hurtful. Furthermore, staff that are members of oppressed or marginalized groups often must cope with oppressive or discriminatory remarks (such as in new advocate training or a meeting about immigration) or outright attacks from systems partners, member programs, and even coworkers.

We can address oppression at two levels. One, as a whole staff we can examine the large intersections of oppression and sexual violence in staff discussions, readings, or social actions. Taking social action against oppression as a team—such as participating in a rally or writing a letter to editor about racism—can enhance the team bond and provide a sense of hope and efficacy to individual staff. And two, we must also provide individual support to staff who live with oppression, checking in about the safety and comfort of their work assignments regularly and providing access to networking opportunities with others who have shared identities or experiences.

The nature of doing macro work can make vicarious trauma “sneakier for coalition staff—we think we are insulated because we aren’t on the ground level every day, so we aren’t as good at acknowledging and addressing the trauma of just being around the topic every single day.” Without service to individual survivors, we may think we are protected from vicarious trauma. But without service to individual survivors, we may also feel disconnected from the successes, healing, and growth of survivors that keep local programs inspired: “Because coalition staff don’t see individual successes, they tend to burn out more easily. I see my staff asking if what they’re doing is really making a difference.”

Understanding the specific stressors of macro work can help us construct specific strategies to alleviate vicarious trauma. Celebrating or acknowledging small successes helps us feel accomplished and gives us strength to continue in the larger efforts. Similarly, breaking large projects down into smaller, more manageable pieces helps employees feel a greater sense of control and agency in their work, especially for those of us who love to check items off lists. As coalition staff may sometimes feel disconnected from survivors and even wonder if their work makes a difference, it may help to discuss explicitly and regularly how our work is supporting healing and making a difference in survivors’ and advocates’ lives.

Openly acknowledging and addressing the reality of our work is fundamental to helping coalition staff feel validated and united with their team. We think about sexual violence all day, every day in our professional lives, and we can forget what a heavy load that is to carry. Simply recognizing the reality of our work—the horror of sexual violence *and* the beauty and power of survivors and advocacy—is one of the best places to start in attending to vicarious trauma.

Supporting Local Programs

Vicarious trauma is intertwined with burnout and all the other stresses that come with our work in supporting and advocating for local programs. Burnout is a separate phenomenon from vicarious trauma; it is a process of depersonalization and exhaustion that can occur in any field but does not affect the ability to trust or feel safe like anti-violence work can (Bell, et al., 2003; Schauben & Frazer, 1995). “We constantly hear from our local programs about the struggles that they are experiencing, whether it is through providing direct victim services or trying to find a way to manage program capacity to best meet victim needs. We clearly recognize that there simply are not enough hours in the day and dollars in the funding pots to do everything at the local level. This intensifies the vicarious trauma that local programs experience, as the stress levels are high and the resources stretched thin. As a coalition, we try to assist however we can, but our reach is limited as well.” Another said, “Many times too, some of us who spend more time with staff members at local programs may experience some stress from the realization of how much local programs have to deal with while having budget cuts and reduced staff.”

One person noted, “Coalition staff hear the survivor stories from local program staff and help local program staff deal with their vicarious trauma, which compounds the traumatic stress of the coalition staff. I think our staff often feels guilty for feeling overwhelmed.” Another explained, “Vicarious trauma is almost ‘tertiary’ trauma for coalition staff. We’re the ‘helpers of the helpers’ so we are frequently absorbing not just second-hand survivor and system stories, but also the traumatic experiences of advocates and prevention educators who have been suppressing their own responses. It can be a heavy load.” If survivors have local programs for support, and local programs have the coalition for support, we might wonder to whom we can turn for support.

Coalition work is sometimes isolating, as we serve a specific role in our states or territories, and one that nobody else does in our state/territory, save a possible sister coalition. “We work to help [member programs] connect with each other to reduce their isolation yet we struggle in our own...It is also very isolating because of our position—we have to watch what we say and to whom. My friendships

with individuals at local programs changed dramatically after working at [the coalition].”

Being allied to and celebrating the successes of local programs can help coalitions feel connected to their member programs and the communities in a more holistic, positive way. As much as possible, coalitions can look for ways to support such involvement, like sending staff to participate in member programs’ awareness events or annual celebrations. Taking part in local events and celebrating successes of our member programs also helps programs feel connected to the coalition positively, enhancing the relationship for both sides. And we do have peers across the states and territories at our sister coalitions. Using the RSP calls, listservs, in-person events, and other TA Providers’ events can help us feel bonded to and supported by one another. None of us is in this work alone.

Is vicarious trauma different for coalitions than it is for local programs?

Classically, vicarious trauma is defined by the practitioner’s direct exposure to traumatic experiences of victims, and is thus experienced only by those working directly with survivors. Though coalition work perhaps doesn’t fit neatly in that definition, it is clear that our daily work to support survivors and local programs, change the systems’ response, and ultimately end sexual violence takes a toll on us. While the causes and expressions of vicarious trauma may be different for coalitions, as one survey respondent said, “Trauma is trauma.”

In our survey of coalitions, several themes developed regarding how coalitions experience vicarious trauma differently than local programs do. First, some coalition staff felt that their vicarious trauma was less than that of local programs, though still in need of attention. Second, others found the macro-level work overwhelming and disheartening, as they did not see systems change quickly or at all. Some missed the concrete actions available to local programs and the direct gratification of seeing individual survivors grow and thrive. Third, many coalition staff noted that when they do become involved with direct support to survivors, it is typically in the most complex and difficult cases in the state or territory, which exposes them to a particular vein of traumatic experiences. Fourth, several said that their vicarious trauma and burnout was unacknowledged and unaddressed in

the workplace, often because it was seen as less important than the vicarious trauma of local programs.

Some coalition employees miss the benefits of working directly with survivors. For all the stress of working in direct service, there are many gifts.

- “We don’t get the benefits of a survivor’s contact with us...and the therapeutic alliance that affects both the client and the provider in positive ways.”
- “I have less direct contact with individuals so I never get to see the good that comes from my work to sort of even out the frustrating parts.”
- “You can’t help a survivor the way you are used to helping someone so you struggle with feeling inadequate.”

Several survey respondents described the struggle of owning their vicarious trauma, and feeling guilty about being overwhelmed. As one person said, “I think coalition staff don’t feel like they ‘should’ feel affected, and feel guilty since they are not working directly with survivors.” Others talked about the distance or buffer they have from crisis work and direct interaction with survivors, though they are still affected by vicarious trauma.

- “Coalition staff may have the luxury of buffering themselves from the information and situations that would add to their vicarious trauma. Staff in local programs cannot step away as easily because they are on the front lines of the crisis work.”
- “It’s less first-hand for the most part. I think we are less aware of the need to attend at the coalition level.”
- “Our primary concern is being a support for our local programs. We are not direct service providers but we’re advocates for our advocates in terms of money, support, and other resources. We do not have to endure the hours of intakes and listening to horror stories, so there is a huge difference in how vicarious trauma is going to affect us. They are enduring hard information all the time with little to no room to step back and debrief or practice self-care. We don’t really have to worry about that as much. Sure, there are some days that we may take a call from a victim and they are

upset, but I'm immediately removed because of the simple fact that I'm on a phone and I'm not doing that hour after hour."

- "Coalition staff has the benefit of not being on call or in emergency mode (with the exception of our media responses) so our day to day work is not done in a crisis mode."

While we may not have daily contact with survivors, we do spend our days talking and thinking about sexual violence. Our exposure to vicarious trauma is certainly different than it is for our member programs, and thus needs a different response, but it is plain from this survey that vicarious trauma is an issue for coalitions.

On coalitions who are direct service providers

Some coalitions are also the local program, experiencing all the joys and challenges of *both* coalition and direct service work. We did not get any data specific to the needs of coalitions that are direct service providers, but we can postulate a few things based on what we know about vicarious trauma and the work of coalitions. While there is the stress of balancing coalition and direct service work, these two halves of the organization can feed each other. In our direct service work as a local program, we gain tools and resources in coping with vicarious trauma and inspiration from service to survivors. This can inform our policy and systems change work and give us opportunities to see individual success and growth. In our systems change and policy work of the coalition, we get to step back and look at the whole system and stretch our critical thinking. There are several excellent resources on vicarious trauma for direct service providers listed at the end of the publication.

Is vicarious trauma different if you previously did direct service?

There was a wide range of opinions and experiences in how vicarious trauma varied for coalition staff who had previously done direct service and those who had not. Some felt those of us who did direct service feel vicarious trauma more. For example, one person said, "staff who have worked direct services tend to feel vicarious trauma a little more, because they have the historical stories in their

memory banks.” On the other hand, some observed vicarious trauma to be harder for those of us who had not done direct service, as this person explained: “Staff members that have not worked in direct service have a harder time with vicarious trauma because they haven’t built up their capacity to hear traumatic stories all day.”

Several expressed appreciation for the fact that “those who have worked in direct services are more aware of the possibility of vicarious trauma” and were concerned that “we don’t always teach coalition staff who come from the outside the same thing.” Some also noted that direct service experience could minimize the vicarious trauma we face at the coalition: “for me, coalition work is easier than direct service, but that doesn’t mean it’s easy. I don’t always recognize when I’m having a hard time.”

A few noted that coalition staff with a background in direct service “have a depth of understanding what direct services program staff go through” and local programs’ “needs in terms of materials, brevity, clarity, and...reluctance to complete surveys, go to long meetings.” However, this knowledge of and identification with local programs led some to observe, “There is not a lot of validation for folks who haven’t done direct service.” When most staff come from direct service, “it can be a little isolating for people who are first exposed at the coalition level because other staff have already ‘been there, done that.’ Even though it is a supportive environment, there are few intentional opportunities to process trauma...this is problematic in general but probably more problematic for staff who have not worked in direct services.”

One thing is clear: vicarious trauma is complex and cannot be reduced to simple factors such as past work experience. As one person observed, “while there are differences in vicarious trauma among coalition staff, I don’t see a correlation between that and whether they have worked in direct services.” We all bring different life and work experiences to our roles in the coalition, and what matters most is supporting staff to do their work well now.

Organizational Culture

Some survey respondents felt that the culture and environment of their coalitions were not as supportive as that of local programs: “Local programs provide an environment where it is considered essential to debrief with one another and provide support to one another through challenging situations.” Vicarious trauma “is minimized at the coalition level, intentionally and unintentionally. There is a false sense of immunity.” Others spoke about expectations that “we shouldn’t have issues with vicarious trauma because we don’t work with victims. The impact on coalition staff is often overlooked.”

Acknowledging the reality of vicarious trauma for coalition staff is the first step to engage in trauma-informed supervision and alter the coalition’s culture.

Oppression affects all aspects of our lives, so thinking about cultural relevance and anti-oppression is important to trauma-informed supervision and the organizational culture. Do your policies support all staff members’ faiths and cultures? How do you provide additional support to staff who must interact with various forms of oppression in their work?

Diversify supervision style for workers’ caseloads; at times, some workers may need extra supervisory support or extra down time. For example, after a particularly difficult legal case, a supervisor might strongly encourage the coalition attorney to take a vacation. When working on a difficult situation with a member program or systems partner, a TA specialist may need more frequent check-ins with their supervisor, or a peer with whom to debrief regularly. Focusing on simple, if boring, administrative tasks might be a relief after facilitating new advocate training. But most importantly, check in with staff often about what they need to feel supported and do their best work. Staff with a direct service role especially need additional or different support. It may be helpful to provide clinical supervision or case consultation, at the coalition or through a contractor.

It’s essential to treat each staff member as an individual and respond to their unique needs related to vicarious trauma. Younger or less experienced staff members are more likely to experience vicarious trauma (Adams & Riggs, 2008; Bell et al., 2003). This is especially important to note for supervisors with years of

experience in the field, as we may forget that the content of our work is jarring for employees new to the field. Staff who are survivors may need different supports. However, studies are unclear on whether being a survivor makes you more or less vulnerable to vicarious trauma; it only adds dimension to your work and emotional experience of the work (Jenkins et al., 2010, Bober & Regehr, 2006).

A safe and comfortable work environment supports employees and can enhance productivity (Bell, et al., 2003). Many of us at coalitions spend our days sitting at desks, looking at computers. Ensuring that staff have good equipment and ergonomic desks and chairs shows that the organization cares about their health and wellbeing. One survey respondent shared, “I get up from my desk every hour and walk around the office.” Simple things like this to encourage staff to take breaks throughout the day is good for productivity (Schwartz et al., 2011), personal wellbeing, and loyalty.

On a practical level, coalition work involves a lot of travel for many of us, as we go out to meet with member programs or others around the state/territory. It can be difficult to maintain self-care and wellness routines and regular connections with loved ones when we’re on the road. Additionally, many of us tend to work long hours when we travel: “After a day of training, I feel pressured to check email and catch up on office work.” Supervisors can support staff who travel by helping them manage their schedule and even setting some limits on travel that make (e.g. no travel when grant reports are due, or two months per year with no travel). We can also encourage use of leave time to rejuvenate after travel and check in with staff about their self-care on the road.

Feeling connected to our team can alleviate some vicarious trauma (Wasco, et al., 2002), as well as give us new perspectives and fresh energy for our individual projects. It can be difficult to sustain our connectedness, however, when we’re all working on different projects or out of the office frequently. It’s often more of a challenge for coalitions with satellite offices or several off-site employees. It can be hard for remote staff to know when people in the main office are available or busy. This often leads them to not ask questions for fear of interrupting. Putting

energy into the team connections is so important, and yet so easy to let fall by the wayside. But there are a few simple things that can enhance the organizational culture and support team bonding. Regular supervision is the best way to make all staff feel connected to your program and its mission. To encourage communication among the whole team, you can use instant messaging, such as Google Chat, Yahoo Messenger, or Yammer. Have agency celebrations and include all remote staff. These celebrations bond staff together and encourage teamwork. Not all celebrations and connections need to happen in person. For example, try having staff email “selfies” of themselves in their office every Tuesday. For coalitions that have staff all in one location, eating lunch together is a great way to achieve connectedness *and* self-care. It fosters casual conversation, a break from work all while nourishing your body with delicious foods. One person said, “Sometimes we have a grilled cheese lunch party where we bring in griddles from home and a variety of cheese options.”

Providing support for personal self-care is critical to building an organizational culture committed to alleviating vicarious trauma. Organizational leaders are a primary influence on the organizational culture. For their own sake and their employees, coalition directors must practice and model good self-care and compassionate supervision. All too often, staff do not take care of themselves because they feel they can’t walk away from their desks even for a lunch break. There are many ways to support self-care practices, starting with setting expectations and engaging in trauma-informed supervision.

Coalition leadership can set expectations and provide good role modeling by taking personal leave time, not checking email after hours, and creating other boundaries between work and home to help staff manage their own self-care better and feel safe and supported at work. Encourage usage of outside support like counseling, stress management, and health and wellness services, (Bell, et al., 2003) and consider investing in an Employee Assistance Program. Supervisors may find it helpful to evaluate staff usage of leave time a few times a year, to make sure staff are regularly taking breaks. Likewise, pay attention to the timestamps on emails and other patterns you might pick up. If a staff member is regularly checking email at midnight, ask about it in supervision. Many supervisors

have a standard list of check-in questions, often related to progress on projects. It's helpful to add questions about leave time, self-care, and work boundaries to encourage staff to work on self-care and to enhance the organizational culture of care.

Attempt to diversify staff members' caseloads and provide opportunities to take part in social change activities, as these can provide a sense of hope and efficacy (Bell, et al., 2003). When an employee works on PREA implementation every day, for example, that singular focus can increase their vicarious trauma and distort their worldview. They may find some respite and hope by helping with the annual statewide conference or SAAM campaign. Switching between big tasks and little ones can help too: though paperwork is sometimes stressful, it can also be a good mental break after creating a state/territorial strategy on human trafficking.

Personal management of vicarious trauma should address our physical, mental, emotional, spiritual, and social needs. There are a number of vicarious trauma assessment tools that we can use in supervision or team discussions as well as tools to help us create individual care plans (see the resources). In this survey, many described the ways they take care of themselves physically or engage the body and all the senses in self-care; this was the most common theme in the responses.

- "Get a massage or a pedicure...eat chocolate."
- "Exercise, eat healthy (mostly), time outdoors."
- "Walk my dog at the park each day."
- "Buying a nice bouquet of flowers."

Others described the importance of setting boundaries between work and home, though several noted what a struggle this can be.

- "Time with family and friends, not checking email outside work hours."
- "I have rape-free personal time when I am unavailable, no matter how pressured things get at work."
- "I make it a point to keep my work at work and set good boundaries around overtime and extended work hours. This presents challenges and conflicts at times, but it maintains my sanity."

A small number also mentioned doing “reading on trauma, trauma stewardship, and vicarious trauma to help me get a better sense of how to help myself and others.” It should be noted that while research indicates learning about vicarious trauma as a strategy to ameliorate vicarious trauma (Bell, et al., 2003), this survey indicates it does not happen as often as other self-care strategies. Coalitions can support staff by providing time and space for learning about vicarious trauma.

Vicarious Resilience

Just as coalition staff can be adversely affected by the content of our work, so too can we garner hope and strength from it. Resilience is not an innate gift, but a pattern of behaviors that we can learn. We learn resilience from various experiences in our personal and professional lives, and we can learn resilience from the survivors and advocates we serve. Vicarious resilience “is characterized by a unique and positive effect...in response to client trauma survivors’ own resiliency. In other words, it refers to the transformations in the therapists’ inner experience resulting from empathetic engagement with the client’s trauma material” (Hernandez, et al., 2007, p. 237). Through the interactions we have with survivors and our member programs, we witness strength, tenacity, and “human beings’ immense capacity to heal” (Hernandez, et al., 2007, p. 239).

We learn resilience from paying attention to strategies that have worked and by retelling the stories we tell ourselves. Do we tell ourselves, “That was a hard call and I feel terrible because I didn’t have any answers” or “That was a hard call, but the survivor was so brave for calling and I’m glad I was able to listen and connect him with local resources”? In the first, we’re dwelling on our inadequacy and reinforcing a narrative of powerlessness. But in the second, we’re gaining strength from the survivor, the local program, and from honoring the active listening we gave. As part of our debriefing of hotline calls, coworkers can reinforce the strengths and reframe the messages we tell ourselves when we’re stuck in negative narratives. At the coalition, we can also foster resilience by developing a shared vision of hope and healing, talking about our dedication to and strategies for ending violence as a team, and connecting to our communities in positive ways.

The risk of vicarious trauma is a reality for coalitions, though it affects us differently than it does direct service providers. Providing support to local programs, the macro-level nature of our work, and the direct contact we have with survivors all affect the emotional experience of individual staff members and the coalition as a whole. We spend our days thinking about sexual violence and working towards safer communities. This work exposes us to both ugliness and beauty in the world: the ugliness and horror of sexual violence, and the beauty that lies in the strength of survivors and advocates. Learning to cope with the ugliness can strengthen us and enhance our power to end sexual violence.

Resources & Recommended Readings

Building Cultures of Care: A Guide for Sexual Assault Services Programs by the National Sexual Violence Resource Center and the Resource Sharing Project (2013).

Trauma Stewardship: An Everyday Guide to Caring for Self while Caring for Others by Laura van Dernoot Lipsky (2007)

Organizational Trauma and Healing by Pat Vivian and Shana Hormann (2013).

Treating Compassion Fatigue by Charles Figley, Editor (2002).

Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers by Jan Richardson (2001).

Schwartz, T., Gomes, J., and McCarthy, C. (2011). *The way we're working isn't working: The four forgotten needs that energize great performance*. New York: Free Press.

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