BEHIND THE FRONTLINE:

VICARIOUS TRAUMA AMONGST SUPPORT STAFF IN VICTORIA'S EMERGENCY MANAGEMENT SECTOR

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Behind the Frontline:

Vicarious Trauma Amongst Support Staff in Victoria's Emergency Management Sector

An Interactive Qualifying Project submitted to the Faculty of Worcester Polytechnic Institute in partial fulfilment of the requirements for the degree of Bachelor of Science.

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We acknowledge the Traditional Owners of the land on which we have conducted our research. We pay our respects to their Elders, past, present, and future, and the Aboriginal Elders of other communities in Victoria, Australia.

CONTRIBUTIONS

Hunter Daris

Hunter was the primary author of "Vicarious Trauma Risk for Support Workers" and "What are the Support Roles in Each Agency?" She designed the methods, majority of the graphics and contributed to the editing process. Additionally, she carried out notetaking for the manager and subject matter expert interviews. Her confidence grew as she conducted interviews with support staff. Her optimistic mindset positively influenced the team's collaborative spirit throughout the project.

Ella Devault

Ella was the primary booklet designer and editor, well as the primary author of "What Organizations Can Do To Mitigate Risk" in the Background, and "What Stressors do Support Staff Face at Work?" in the Results. She also facilitated several manager and support staff interviews. Ella also helped to revise many other booklet sections ensuring flow throughout. Throughout the study, Ella brought empathy and passion for mental health, and could not be more proud the final products of the study.

Gavin George

As project manager, Gavin set up the majority of phone calls and zoom meetings with all of the support staff. In doing this, Gavin conducted a majority of interviews, usually accompanied by members of the team, with managers, subject matter experts, and support staff. In the report, Gavin helped write in depth about self-care, debriefing, and the mental health continuum. In addition, Gavin took take care of all consent forms, most of the quotes within the report, and provided daily humor and breaks from work to focus on well-being and mental health.

Fredy Lenson

Fredy authored the section on how vicarious trauma impacts support staff, and also conducted interviews with support staff and subject matter experts. He took a large amount of notes whenever other team members conducted interviews, and reviewed recording audio to ensure details weren't missed. Additionally, Fredy helped the team analyze collected data, develop podcast questions, and always brought innovative ideas to the table.

ABSTRACT

Our project scanned the Victorian emergency management sector to identify the risk of vicarious trauma in support staff and the ways agencies are addressing it. We interviewed wellbeing managers from fifteen emergency management agencies, to gather information on current measures and initiatives addressing vicarious trauma. Additionally, we identified support roles in the sector that may be vicariously exposed to traumatic incidents through reports, interviews, or other secondary communication. We conducted eighteen interviews with support staff from twelve different agencies to gain insights into their lived experiences of vicarious trauma, focusing on the impacts, their personal coping mechanisms, and their thoughts on current agency initiatives. Furthermore, we interviewed six subject matter experts and attended two industry workshops to gather information on available resources for understanding, preventing, and treating vicarious trauma. In order to foster ongoing conversation about vicarious trauma amongst support staff, our team also presented a webinar and recorded a podcast episode featuring individual stories and lived experiences of support staff from Victoria's emergency management sector.

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INTRODUCTION

Emergency service workers (ESWs) often experience traumatic events that can deeply affect their mental health. In fact, they experience psychological distress at a much higher rate than the general public in Australia (Figure 1).

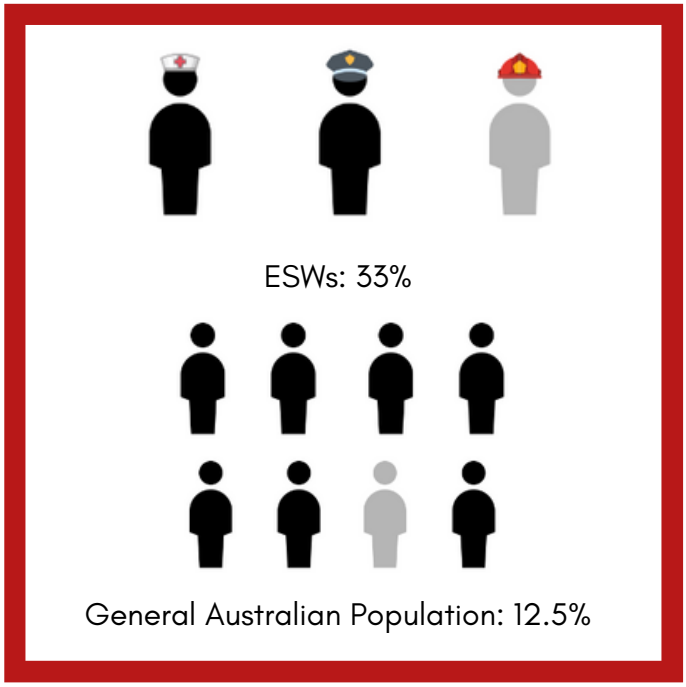

Figure 1: Rates of Psychological Distress in Australia

While mental injury risk to these frontline workers has received some public attention, what may be less widely discussed is the mental health risks present for emergency sector support staff. Support staff, such as dispatchers, interpreters, public relations personnel, and counselors, are exposed to the stories of these traumatic experiences from their colleagues or affected community members in the course of their work. This indirect exposure to other people's traumatic experiences can result in these workers experiencing **vicarious trauma, a reaction onset by individual or cumulative indirect exposure to other people's traumatic experiences.**

In Victoria, Australia, the non-profit organization Emergency Services Foundation (ESF) has historically focused more on workers who have experienced first-hand trauma and the impacts this trauma has on their families. Now, the organization is seeking to understand how trauma goes beyond frontline workers, and how it impacts their support staff colleagues vicariously. While normal amounts of stress are expected in any workplace, it is important to monitor the emergency management sector for vicarious trauma in addition to direct trauma, as it can result in similarly high levels of stress, in other physiological and possibly physical breakdowns, and can have long term effects on the afflicted person and the quality of their work (Bontempo, K., & Malcomb, K. 2012).

Since they were founded, ESF has conducted research, helped circulate mental health resources, and is working on initiatives aimed at equipping emergency workers with tools to protect their own and their co-workers' wellbeing.

ESF supports fifteen emergency management agencies through mental health workshops and learning networks, among other sector-wide initiatives. Through these initiatives, ESF works to promote mental health and wellbeing among emergency service workers and to share preventative measures from agency to agency. In order to understand mental health risks to workers in support roles, ESF needs to better understand the nature of vicarious trauma and if and how workers in the sector have experienced it. This information will help ESF tailor appropriate support initiatives to the specific needs of support workers in order to effectively work with any present and future cases of vicarious trauma that may exist.

The goal of our project was to discover how vicarious trauma may be impacting support staff working in Victoria's emergency management sector and to recommend best practices for supporting them. To do so, we developed four main objectives. By achieving our objectives, we hoped to enhance the conversation about the mental health of support staff in the emergency management sector and to bring their stories out from **behind the frontline**.

OBJECTIVES

1. **Identify** support staff roles potentially impacted by vicarious trauma across the 15 member agencies of the Emergency Services Foundation
2. **Determine** whether and how support staff have experienced symptoms associated with vicarious trauma
3. **Identify** existing resources, if any, for vicarious trauma in each agency
4. **Raise Awareness** about vicarious trauma in the emergency sector through a webinar and ESF podcast episode

Figure 2: Red Cross Victoria Recovery Worker
(Red Cross, 2023)

BACKGROUND

In the following chapter, we start by introducing our project's community partner organization, Emergency Service Foundation (ESF) and their interest in vicarious trauma. We then define vicarious trauma, its causes, and effects. We end with how vicarious trauma may impact support workers in particular, noting strategies found in our literature review for treating or preventing support staff mental injury, and what gaps still remain in those measures.

EMERGENCY SERVICES FOUNDATION

The Emergency Services Foundation (ESF) is a nonprofit organization that links together and serves fifteen different emergency management organizations in Victoria, Australia. ESF has three main goals: to research ideas around mental wellbeing, reveal how emergency service workers might be at risk for mental injury, and put preventative measures in place. ESF's impact reaches an approximate 139,000 emergency service workers throughout Victoria (ESF, 2023). The ESF mission is paramount to the safety of the Victoria population because citizens rely on healthy and capable emergency service workers in times of distress. These devoted individuals need to be at peak mental performance to be able to operate effectively in the dangerous situations that routinely confront them at work.

With a focus on prevention and early intervention of mental injury for these workers, ESF provides several different programs and resources. One of ESF's current initiatives is the "Learning Network," which connects managers from each Victorian emergency agency and mental health experts in monthly meetings to share knowledge, ideas, and effective ways to support mental health in the emergency sector. Recently, mental health experts have begun to explore a new area of concern for those in support roles in the emergency service sector, vicarious trauma. ESF would like to understand more about this challenge and potential prevention and support that could be offered in order to incorporate it into these learning network sessions.

ESF's two other major programs are "Mental Health Matters," a program aimed at helping emergency workers help themselves and others when they are struggling with their mental health, and "Leading for Better Mental Health," which aims to develop leadership skills with its participants in order to "nurture mentally healthy workplaces." Within these programs, ESF prides itself on an "integrated learning model," which includes "reducing work-related and other risk-factors for mental health problems," "developing the positive aspects of work as well as workers' strengths and positive capacities," and responding "to mental health problems as they manifest at work regardless of cause." (ESF 2023).

Figure 3: ESF Member Agencies (ESF, 2023)

In addition to these initiatives, ESF acts as a resource hub for emergency workers. The ESF website links to many different mental health related resources including crisis support hotlines, mindfulness podcasts, retirement planning tools, and more. Worcester Polytechnic Institute (WPI) student research teams have partnered with ESF to explore mental health concerns amongst Victoria's frontline emergency workers as well as the children and families of emergency workers (Caten, et al. 2023; Homsy, et al. 2021). ESF now has an interest in learning more about the impact of vicarious trauma on Victoria's emergency sector support staff. Support workers such as dispatchers, interpreters and communication staff may not directly experience the primary traumatic events that frontline workers experience, however, in the process of supporting their colleagues on the frontline, they regularly hear, read about, or view materials that can expose them to vicarious trauma.

VICARIOUS TRAUMA AND ITS EFFECTS

Vicarious trauma is a subset of experiences that fall under the umbrella term of trauma. According to the DSM-5, trauma is defined as the condition that follows after exposure to a highly distressing event, oftentimes an event that puts the individual at risk of injury or even death. Primary trauma may occur when a person is directly involved in violent, dangerous, or threatening situations where they have little control. An example of this would be a firefighter getting trapped in a burning building. Exposure to multiple cases of primary trauma over time, such as being physically abused throughout childhood, is referred to as complex trauma. Secondary trauma may result in people who are not directly involved in the event but witness its effects or its aftermath on others during relief or search-and-rescue work. Vicarious trauma can affect those who hear about, read about, or see media relating to trauma incidents that other individuals have experienced. When support staff engage with those traumatized individuals, they may also experience some of the common trauma effects and related conditions depicted in Figure 4.

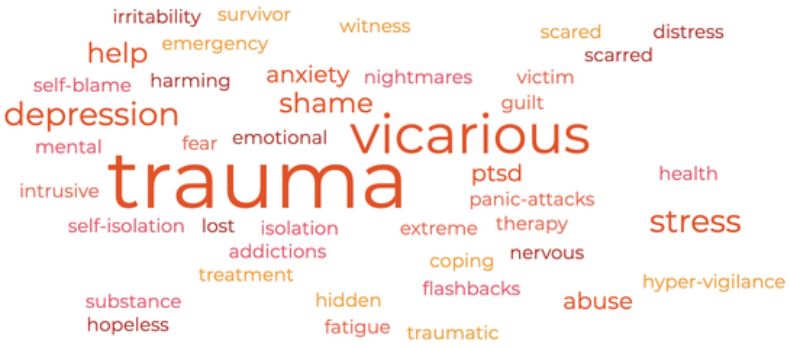

Figure 4: Common Effects and Related Conditions of Vicarious Trauma (Self-Adapted)

Vicarious trauma is oftentimes associated with conditions such as compassion fatigue and burnout, and while vicarious trauma can lead to these conditions, or vice versa, these conditions can arise for other reasons as well. Compassion fatigue manifests as emotional exhaustion characterized by the diminishing capacity for support workers to empathize with the suffering individuals they work with (Louth, J. 2019). Burnout is characterized as detachment, depersonalization, and decreased commitment and satisfaction with a job (Louth, J. 2019). Burnout can be found in any field or occupation and can be caused by a variety of stressors aside from trauma, such as working too many hours or dealing with difficult clients (Marschall, A. 2023).

Experiencing burnout and compassion fatigue does not necessarily mean that an individual has been vicariously traumatized; it is simply a condition in which a person becomes desensitized to the point that they experience difficulty empathizing with others.

Individuals affected by vicarious trauma will display the same type of symptoms as those experiencing primary trauma.

Some of these symptoms can include feelings of **hopelessness** and **helplessness** in regards to their work or clients. These feelings can trickle into work and personal life, leading to job performance issues, such as low motivation, increased errors, avoidance of job responsibilities, and lack of flexibility (American Counseling Association, 2021).

Hypervigilance, another common symptom of vicarious trauma, is a state of mind in which an individual over-assesses their environment for threats to their wellbeing, leading to unwarranted fearfulness. Hypervigilance is often seen in individuals suffering from PTSD, commonly veterans who spent an extensive amount of time in hostile environments where this situational awareness was actually necessary. Hypervigilance can have many negative cognitive effects, such as difficulty regulating emotions and the worsening of existing mental conditions like anxiety (Smith N.A., 2019).

Individuals suffering from vicarious trauma may resort to **social isolation** to protect themselves or experience intrusive thoughts in the form of nightmares or flashbacks related to the incident they learned about. Flashbacks and nightmares are also commonly seen in people with PTSD, further emphasizing the similarity between vicarious trauma and primary trauma. It's also not uncommon for those suffering from vicarious trauma to develop addictions to substances like alcohol in an attempt to alleviate their suffering.

Two years after the Oklahoma City bombing, a study was conducted in which survivors and emergency staff involved with aftermath support were surveyed regarding their posttraumatic stress experiences. Among the surveyed support staff and civilians, they found higher rates of alcohol-use disorders among body-handlers transporting the deceased to coroners after their experience, even more so than those who were directly traumatized by the bombing (Tucker, 2002). Those who are exposed indirectly to others' trauma through words or pictures can also experience similar impacts.

People who have experienced vicarious trauma have also reported experiencing **bystander guilt** or shame, over-identification with those who experienced the primary trauma, difficulty maintaining professional boundaries, or, conversely, feeling **a loss of sense of meaning** in one's career (British Medical Association, 2022). Bystander guilt can have its own impacts, and those experiencing bystander guilt may find themselves having savior fantasies about the person they're over-empathizing with, wishing that they could've done something to help even if they weren't capable of doing so in the moment.

Individuals who help others through trauma and who have high levels of empathy, or overidentifying with a subject, may be most at risk . When an individual over identifies with the individual they are helping, they are personally involved in the subject to an extent that negatively affects their mental health. Therefore, it is important for each individual potentially at risk of vicarious trauma to find an ideal balance of empathy and support without getting overly involved in the particular situation (Bontempo & Malcomb, 2012).

It is worth noting that while we have identified numerous common symptoms of vicarious trauma and the symptoms can be experienced in different manners. Certain factors can impact how susceptible an individual might be to developing vicarious trauma, as well as

what symptoms might affect them. A study from the University of Wollongong said that "having a trauma history, has been reported as an indicator of posttraumatic stress after a person has vicariously experienced a traumatic event" (Lerias, 2003). This same study also claimed that age impacts severity of vicarious traumatization, as younger people with less life experience may find a given event more traumatizing than older and more experienced individuals. Level of educational attainment also has an impact on vicarious traumatization risk, as the article notes that those with a higher education were more likely to make good use of their support networks, as well as understand what they were feeling and subsequently seek out assistance in the form of therapy.

VICARIOUS TRAUMA RISK FOR SUPPORT WORKERS

Vicarious trauma is experienced in a wide range of professions, but professionals who work with people in crisis can be especially vulnerable. One study found that "all workers who engage in empathic communication with trauma survivors are potentially vulnerable to cumulative changes in their own thinking, behavior and emotions'' (Bontempo, Malcomb, 2012). In the context of the emergency management sector, including emergency service support workers such as dispatchers, recovery workers, communication staff, human resources staff, interpreters, and counselors (Shakespeare-Finch, J., Rees, A., & Armstrong, D., 2015).

Although to an outsider they may seem less exposed than frontline workers who witness trauma directly, they still may be affected due to the significant amount of stress they endure on the job and empathetic engagement and communication with the trauma viewers. **The fact that the impacts of this work on support staff often go unrecognized can pose even greater risk for these workers.** These support staff who experience vicarious trauma might not get the mental health assistance they need to function at their workplace properly due to a larger focus on the frontline. Due to these jobs requiring some level of empathy and identification with emotional and vulnerable people in need, they must have a strong mental wellbeing, or else they will be at risk of vicarious trauma.

There have been multiple studies done on vicarious trauma of those who work behind the frontline. The Impact of Traumatic Stressors in Civilian Occupational Settings (Shakespeare-Finch, J., Rees, A., & Armstrong, D., 2015), explains the negative effect of being a trauma-exposed emergency medical dispatcher (EMD).

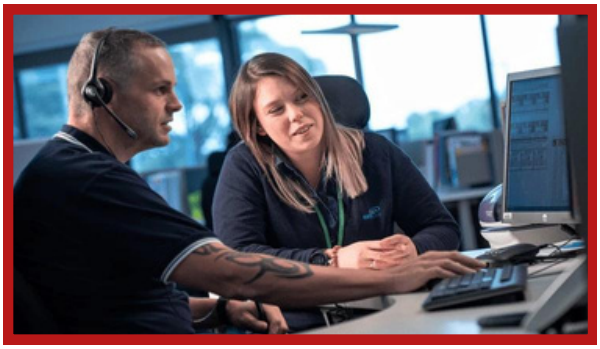

Figure 5: Emergency Services Telecommunications Authority Call-Takers (ESTA, 2023)

These dispatchers' priorities are taking emergency calls, dispatching frontline workers, and assisting the caller until the workers arrive. While there is no physical danger, these workers must make fast, life-threatening decisions as they provide assistance and dispatch the paramedics.

Most importantly, they have to remain calm and suppress their own emotional reactions (Pierce, H., & Lilly, M. M., 2012). The Impact of Traumatic Stressors study surveyed sixty emergency service workers in Queensland, Australia, about their wellbeing. The survey was an online, 15-minute questionnaire that asked their gender, relationship status, age, and explanations on if and how heavily a traumatic event influenced their work. 44 out of 60 workers reported experiencing PTSD, depression, and anxiety due to their stressful workplace and secondary exposure to traumatic events. Another study done examined the stress levels of emergency workers on call versus on their break, and it was found that workers had significantly higher cortisol levels when on shift (Shakespeare-Finch 2003, Cited in Shakespeare-Finch, J., Rees, A., & Armstrong, D. 2015).

Another study by Pierce and Lilly (2012) articulated the difficulty of struggling with PTSD as a dispatcher. They surveyed 171 911-dispatchers about their most memorable experiences. Covering dispatchers in over 24 American states, the survey asked them to identify an upsetting incident they handled while on duty at a communications center; one they remembered as the worst or hardest to forget. Their study found a significant connection between their reported feelings of fear, helplessness or horror when on this memorable call, with later cases of burnout and secondary traumatic stress. In fact, 32% of respondents reported calls that brought up these negative emotions even years later (Pierce, Lilly, 2012).

Figure 6 shows how many dispatchers reported receiving certain types of calls, if they reacted with feelings of fear, hopelessness or horror, and if this was the worst call they had experienced. This was one of the first studies of the risk of PTSD for 911 telecommunicators.

	Received		Reacted		Worst	
Type of 911 call	*n*	%	*n*	%	*n*	%
Suicide	165	96.5	64	37.4	22	12.9
Domestic violence	163	95.3	66	38.6	3	1.8
MVA with severe injury or fatality	161	94.1	58	33.9	16	9.4
Armed robbery	147	86.0	37	21.6	1	0.01
Child sexual assault	136	79.5	66	38.6	0	0
Homicide	133	77.8	40	23.4	16	9.4
Natural disaster	133	77.8	46	26.9	3	1.8
Unexpected death or injury of a child	133	77.8	94	55.0	28	16.4
Other disaster or disturbing event	130	76.0	74	43.3	6	3.5
Calls involving friends and/or family	94	55.0	52	30.4	11	6.4
Officer involved shooting	54	31.6	44	25.7	17	9.9
Unexpected death of an adult	–	–	–	–	17	9.9
Battery and assault[a]	–	–	–	–	8	4.7
Adult sexual assault[a]	–		–		4	2.3

Figure 6: Results of Trauma Exposure of 911 Dispatchers Study (Pierce, H., & Lilly, M. M., 2012)

Shift work is very common among emergency workers, as their services need to operate day and night. Shift work has been proven to negatively impact the mental health of dispatchers, reducing quality of sleep, decreasing family and social time, and having a negative impact on overall wellbeing (Shakespeare-Finch, J., Rees, A., & Armstrong, D. 2015). Shift work and on-call duties are only one example of a potential source of vicarious trauma for emergency service workers.

Another study looked at the mental health of interpreters working in the healthcare field. Being an interpreter is extremely stressful as they have to

balance an individual's exact wording while transferring a complex message to medical professionals (Bontempo, K., & Malcomb, K. 2012). Talking to a healthcare provider in the same language when in distress is already a challenge, but when a language barrier is added onto the situation, the tension is heightened. Interpreters who work in healthcare hear traumatic stories that tend to linger with them after the event has concluded. They must listen and decipher first person accounts of abuse, loss, pain, trauma, death, and grief. It is no surprise that these individuals are experiencing high amounts of stress due to the important work that they do, and it is important to inform these workers on how they can approach these situations to best protect themselves. The study recommends that interpreters should be educated on vicarious trauma or mentored to help them grasp these difficult scenarios and help them deal with their exposure to vicarious trauma (Bontempo, K., & Malcomb, K. 2012).

Wellbeing counselors often support clients who share their traumatic experiences. One study of 259 therapists in Canada explained how "the cognitive schemas or core beliefs of the therapist …may change as a result of empathic engagement with the client and exposure to the traumatic imagery" (Bober, Regher, 2005).

According to the study, counselors who had witnessed stories of abuse, assault, violence, and torture from their clients had a higher levels vicarious trauma compared to counselors not dealing with these traumatic situations. In addition, the study found that their vicarious trauma was intensified over time. Bober and Regher explained that the "degree of exposure has an impact on intrusion and avoidance symptoms but that altered beliefs do not appear to occur in the short run" (2005). Therefore, the more these therapists interact with trauma-impacted individuals, the more strongly they are likely to feel the impact of vicarious trauma, as they are worn down and more susceptible to their clients' trauma. In addition, their change in core beliefs are usually negative, which indicates that it is another damaging side effect of vicarious trauma and can have a severe impact on their quality of work. This can greatly affect the wellbeing counselors, clinical psychologists, and other mental health professionals that work within several of the agencies in the emergency management sector in Victoria.

Figure 7: Victorian Council of Churches Emergencies Ministry Volunteer Providing Personal Support (VCCEM, 2023)

PREVENTING AND TREATING VICARIOUS TRAUMA

Prevention of vicarious trauma can be undertaken on an individual level. In 2007, the Australian Institute of Family Studies and Australian Center for the Studies of Sexual Assault released a study entitled *Feeling Heavy*, which outlined five different self-care methods to prevent vicarious trauma (Morrison, Z., 2007):

1. Changing how individuals think about things, using an optimistic versus pessimistic lens to interpret difficult life events and situations.

2. Relying on religious or spiritual beliefs, if that is something that they find solace or comfort in.

3. Using friends, family, or recreational activities, to vent to, as a distraction, and as an overall support system.

4. Putting into words the details and intense feelings they have about the traumatic event so that they are not internalizing and pushing down emotions.

5. Using the body and senses, being mindful of how their body reacts to specific stressors and triggers, and taking the necessary steps to calm their nervous system.

Additionally, clinical psychologist Amy Marschall provides some lifestyle suggestions to help mitigate the effects of vicarious trauma. She urges individuals at risk of vicarious trauma to pay close attention to their personal needs and set strong boundaries that align with those needs, to find and stick to an appropriate sleep schedule, to have a self-care routine, and to seek professional support.

These self-care methods and lifestyle habits, though they can be effective, place all of the burden of dealing with these experiences on the individual. When it comes to the prevention and treatment of vicarious trauma, a major focus has become what organizations, agencies, and companies can do at an organizational level. ESF, among other organizations, has developed programs and frameworks for workers and leadership to strive to implement in their own workplaces. These are described in detail in the Existing Vicarious Trauma Risk Mitigation section below.

WHAT ORGANIZATIONS CAN DO TO MITIGATE RISK

There are many different strategies that organizations use to mitigate the risks of vicarious trauma for their workers. However, it is critical for organizations to firstly become aware of the issues, and secondly understand the current impacts of vicarious trauma before addressing mechanisms to mitigate risk, shown in Figure 8.

Figure 8: Visual Process of Organizational Risk Mitigation (Adapted from Safety Culture)

Aspect 1 in the organizational risk mitigation process can be achieved through assessments and surveys within the workplace to become aware of employees' current mental health statuses. One specific resource is a set of self-evaluation questions for individual employees, as well as for managers and others in agency leadership roles, about their own workplace environment and, subsequently, the mental health effects it has had on them. The National Alliance of State & Territorial AIDS Directors (NASTAD) has also developed a similar self-assessment survey that individuals can use to assess their risk for burnout or vicarious trauma. Some of the examples of questions on this survey, which employees are meant to respond to with a score of 1 (never) through 5 (very often), are:

- I feel overwhelmed by the thought of going to work each day.
- I no longer find joy in my work.
- I am "super alert" or watchful/on guard.

These resources were developed with no particular occupation in mind, so they can be adapted to support work in the emergency management sector.

Aspect 2 in the organizational risk mitigation process entails identifying psychosocial hazards in the workplace that may put workers at risk. One of these factors is workplace culture. Workplace environment and culture has been directly correlated to employee and staff mental health in many mental health studies. For this reason, ESF's "Leading for Better Mental Health" workshop teaches leadership skills that will help managers to "nurture mentally healthy workplaces." The BeyondBlue *Answering the Call* study claimed that "poor workplace practices and culture were found to be as damaging to mental health as occupational trauma." Poor workplace practice and culture includes, for example, bullying and discrimination, workplace gossip, unhealthy work boundaries, disorganization, low morale, and more.

Before management can address a potential issue with workplace culture, they must first understand what a respectful and resilient workplace looks and operates like. At the most basic level, a workplace should be inclusive and fair in all respects. If a worker does not feel included or accepted by their colleagues and managers, they are not going to feel emotionally supported

by them either, impacting their capacity to work together effectively. BeyondBlue found that "resilience was not strongly associated with the type and amount of work personnel undertook," but that instead it was the ability to maintain a healthy work-life balance that was found to be associated with increased "resilience" and decreased psychological distress (Beyond Blue, 2018). This ties into the idea of designating time for recovery, whether that be physical or emotional. Oftentimes people of all professions are not allowed the flexibility by their company or organization to take ample time to recover from significant events or burnt out, and this can build up a sense of resentment towards their employer and work in general. A resilient workplace is a workplace that acknowledges and honors the limits of their workers.

The Hierarchy of Controls, developed by The National Institute for Occupational Safety and Health (NIOSH), is a common tool used in different types of workplaces to illustrate different workplace risk mitigation strategies and their relative effectiveness (CDC, 2023). The original hierarchy focuses mainly on physical risk and includes the following tiers: personal protective equipment (PPE), administrative controls, engineering controls, substitution, and elimination. These tiers, however, are not entirely applicable to mental health related risks in the workplace. In a webinar discussing vicarious trauma in the workplace presented by the Australian Services Union, modifications to this framework were discussed to better address the risks of vicarious trauma, and poor mental health in general, in the workplace, as adapted in Figure 9.

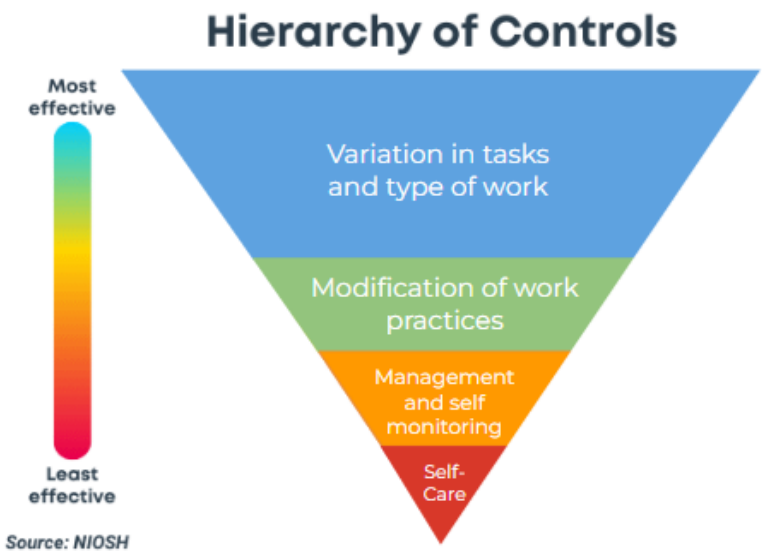

Figure 9: Modified Hierarchy of Controls to Address Mental Health Risks. Adapted from NIOSH (Safety Culture, 2023)

At the bottom point of the triangle is "self-care", which can entail simple behaviors such as maintaining personal hygiene to more complex practices such as developing an exercise or meditation practice, taking time for a hobby, or setting a difficult boundary with a co-worker. Self-care of any capacity is of utmost importance to an individual's start in supporting their own mental health.

A step up is "management and self-evaluation," meaning that organization management should regularly assess their workers' well-being and workers should regularly do the same with their own mental health. These evaluations can include a rating of how supported employees feel by their management and colleagues, a general assessment of employee mental health and well-

being, or an inquiry of what additional support employees think they are missing or would benefit from. The evaluations may mimic the surveys discussed previously from Workplace Strategies for Mental Health or NASTAD. If done effectively, these evaluations can not only identify strengths and weaknesses of existing support systems in the organization, but also identify individual employees who may need more support or resources from management. In 2018, the Australian Education and Employment References completed an inquiry by recommendation of the Australian Senate entitled *The People Behind 000: Mental Health of Our First Responders*. The report largely discusses mental health of frontline workers, leaving support staff out of the main picture. However, a testimony from one support staff member is included. Former ESTA dispatcher, Jeannie Van Den Boogaard shares her own experience with her mental health on the job. She candidly shares her story about being diagnosed with PTSD and severe depression after 15 years on the job as an emergency dispatcher, as well as her experiences being a dispatcher on a 12 hour shift during the devastating bushfire event in Australia in 2009, known as *Black Saturday*. For five years following Black Saturday, she tried to express her concerns to agency leadership about current procedures not providing enough support for workers, but no changes were made. This illustrates the need for agencies to regularly and intentionally monitor and listen to the needs of their employees so that they can better support their mental health and wellbeing, particularly if they are suffering with symptoms of vicarious trauma. Management and leadership have to be willing to monitor the mental health of their workers and be open to listening to their stories and concerns on a regular basis.

Up a step in the hierarchy is "modification of work practices," including task delegation, and working with recovering clients and emergency service workers. Modification of work practices could mean changing how the workday is scheduled, including more breaks, or shortening hours. It could also mean delegating tasks differently to support better work-life balance, easing the emotional load that certain tasks can entail. Delegating tasks for a single project to several different people can also foster a sense of joint responsibility and purpose in the workplace. Another modification could be to have support workers not just interact with those in crisis but to work with recovering clients and other emergency service workers, entailing activities such as following up with previous victims of accidents or traumatic events whose cases are known to these support staff. Taking these sorts of actions can provide a sense of hope, and reinforce that both physical and emotional recovery are possible.

In the field of emergency service work, there is no way to completely eliminate or substitute the threat of emotional impacts because the work is inherently connected to crisis. Humans are empathetic and likely to be affected by witnessing the pain and distress of other humans. However, at the top of the triangle is "variation in work tasks". The work that emergency service

support staff do can be consistently and sufficiently varied throughout their career, week, or even day in order to limit unhealthy rumination and identification with specific tasks, stories, or projects. Obviously, this can only be done to a certain extent because of the expertise and designated set of responsibilities an individual has in their role, but implementing this throughout the agency in collaboration with agency management can decrease the risk of vicarious trauma. The key idea of this hierarchy is that there are many different strategies that can be implemented by workers and management at many different levels to prevent and mitigate risk in the workplace. The modified hierarchy emphasizes the fact that workplace risk is not always physical, and that risk mitigation strategies also must be taken to address emotional risk.

All of these prevention and response measures that organizations can put in place to address workplace culture issues are most effectively implemented using an integrated approach. In 2018, BeyondBlue developed a "Good Practice Framework" for mental health and wellbeing in emergency management agencies. Here, they recognize the need for a comprehensive mental health and wellbeing strategy for all workers including the support staff, or "non-operational workers" as they call them, in each agency. They recommend an integrated approach to addressing mental health and wellbeing in the workplace. The main ideas of this approach are illustrated in Figure 10.

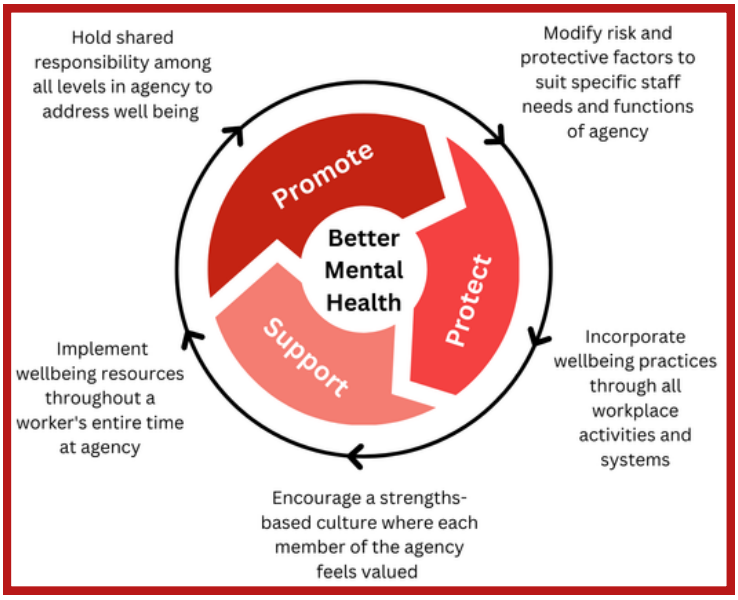

Figure 10: An Integrated Approach to Foster Better Mental Health and Wellbeing, adapted from (Beyond Blue, 2022)

In this integrated approach, BeyondBlue presents three main ideas: **protect** mental health through mitigating work-related risk, **promote** good mental health and wellbeing by nurturing workers' strengths, capabilities, and workplace culture, and **support** workers with their mental health challenges regardless of their contributing factors. Each of these can be implemented differently depending on the function and structure of the workplace; however, a combined approach is essential to building a culture of better mental health and wellbeing among staff.

This chapter defined various trauma and what potentially makes emergency sector support workers susceptible to it. We reviewed the causes of vicarious trauma, its symptoms and effects, who it impacts, and suggested treatments and prevention measures. In what follows we describe the methodology we will utilize to complete each of our objectives and ultimately fulfill our project goal.

METHODS

Objective	Methods
Identify support staff roles in Victoria's emergency sector	• Conducted preliminary research on emergency agency websites and identified potential support roles. • Identified of support staff roles at risk of vicarious trauma through interviews with agency managers. • Pin-pointed agency support staff for further research.
Determine whether and how support staff have experienced symptoms associated with VT	• Conducted interviews with managers, former and current support staff, journalists, public sector union representatives, EAP providers, and more (Interview Questions in Supplemental Materials A, B, and C, and Consent Forms in Supp. Materials D, E and F).[1] • Utilized purposeful sampling and flyers distributed to agency managers to recruit support staff interviewees (Recruitment Flyer in Supplemental Materials G and Study Participant Interest Form in Supplemental Materials H) • Emphasized focus on wellbeing and coping strategies in support staff interviews to minimize re-traumatization risk. • Prioritized consent and maintained confidentiality for interviews.
Identify existing resources, if any, for VT in each agency	• Conducted interviews with agency managers and subject matter experts. • Inquired about existing policies and tools for addressing vicarious trauma. • Explored insights into the success and challenges of these measures, and identified gaps in agency approaches. • Sought suggestions to enhance mental health support. • Gathered first-hand narratives from support workers.
Raise awareness about VT in emergency sector through media and webinar	• Integrated interview data and research to develop refined support strategies. • Presented final recommendations through written report and webinar with ESF to subject matter experts, agency management, and support staff throughout the emergency sector. • Selected 5 participants we previously interviewed to participate in an hour-long podcast destigmatizing vicarious trauma (Podcast Questions and Participants in Supplemental Materials I). • Included individuals in podcast on a voluntary basis with written consent (ESF Podcast Consent Form in Supplemental Materials J).

[1] Supplemental Materials for this Project may be found at https://digital.wpi.edu/ by typing the title of this project into the searchbar.

RESULTS

We obtained valuable data about vicarious trauma's effects on support staff and the current state of mental health initiatives in Victoria's emergency management sector through the following inputs:

7 weeks of background research and literature review

Interviews with wellbeing or general managers from 15 agencies

Interviews with 6 subject matter experts

Interviews with 18 individuals in support roles from 12 agencies

Figure 11: Our Study Inputs (A full list of the emergency sector agencies and other organizations we interviewed representatives of can be found in Supplemental Materials K, and Support Staff interviewees separated by agency in Supplemental L).

The following quote illustrates the main findings of our study. In the emergency management sector, everyone has the potential to be impacted by emergency events. It is not just the frontline workers that are impacted, it is also the support staff working behind the frontline.

"VICARIOUS TRAUMA; PERSONALLY, WHAT I HAVE SEEN AND EXPERIENCED, IT DOESN'T STOP AT THE FRONT LINE."

-EMERGENCY MANAGEMENT SECTOR CHAPLAIN

WHAT ARE THE SUPPORT ROLES IN EACH AGENCY?

In our preliminary research, we identified a list of six support roles where workers might be indirectly exposed to traumatic incidents: dispatchers, human resources staff, counselors, interpreters, recovery workers, and communication staff. Our discussions with managers greatly expanded our initial perception of what qualified as a support staff role. The number of support roles we found increased to roughly 73 different positions, some of which we listed in Figure 12. We found that **these roles were oftentimes occupied by people who didn't realize that they were considered as support staff**, further emphasizing the importance of raising awareness regarding their needs.

Figure 12: Some Support Roles in Victoria's Emergency Management Sector

We defined a support worker as those who do not work on the frontline, but support frontline workers and people affected by emergencies. Managers indicated that most of these people are potentially exposed to traumatic material occurring in the emergency field. This exposure includes reading, seeing, watching, or hearing any type of graphic material from an event that can cause heightened emotions in the support individual.

WHAT STRESSORS DO SUPPORT STAFF FACE AT WORK?

Agency managers identified potential **psychosocial hazards** that support staff may be exposed to. According to Safety Culture, there are 14 psychosocial hazards at work that can cause stress, which in turn can affect a person physically, psychologically, or both (2023). These psychosocial hazards don't inherently cause vicarious trauma, but their presence in the workplace can greatly increase the risk of support staff developing vicarious trauma symptoms. In our research, the hazards listed in Figure 13 were the most commonly reported by the managers and individuals in support roles that we spoke to.

Figure 13: Common Psychosocial Hazards in the Emergency Sector Agencies

Through interviews with managers and individuals in support roles, we found the most common psychosocial hazard support staff are exposed to is listening to, reading about, or watching videos of potentially traumatic events and material. For many support roles such as call-taking, dispatching, counseling, incident investigation, legal services, and many others, processing this material is simply part of their everyday tasks.

It is well understood in the sector that call-takers and dispatchers are exposed to disturbing content; however, individuals in many other roles have exposure to the same material. For example, incident and adverse-outcome investigators have to look into the details of emergency events to determine how they occurred or to monitor the performance of the emergency services that responded. An investigation manager we spoke to admitted to listening to a potentially traumatic phone call 50-60 times, while turning the volume up and down, trying to get as much information as possible to identify potential telecommunication errors. Individuals in investigative or legal roles often will work on the same events for extended periods of time, sometimes for years.

> **"I think I listened to that call during the investigation 50-60 times, and we are doing things like speeding it up and speeding it down, turning the volume up and volume down to get anything out of it we can."**
>
> ***-Senior Investigation Officer***

The most difficult stories to hear can involve families or children being affected in some way. Many people reported that the cases that have stuck with them the most are those that involved a person similar to someone in their own life. They then imagine the victim being their own child or family member. Five managers explained how it is hard to fight off the human urge to recreate a graphic story in their head, as the brain's creativity starts to work overtime. Not being at the event means the imagination of the support staff can run wild, leading to a portrayal in their mind that can be significantly more damaging compared to the actual situation. Additionally, this causes them to develop an unhealthy fixation on the incident, and possibly place themselves into the incident itself.

Another common psychosocial hazard is job demand. Eight managers and five support staff mentioned high job demands including the number of assigned tasks, strict due dates, and repetition in their work. Due to the nature of emergency management work, there is a constant, but unpredictable stream of work that flows into each of the agencies, though the workload is variable between agencies and their departments. For example, one individual shared with us that with their small number of staff, there are sometimes simply not enough employees to be able to delegate tasks to others or take breaks. This can lead to the same support staff being overexposed to the same stressors and potentially traumatic materials with no coworkers available to relieve them. One support staff member recommended that agencies increase staffing, so overwhelmed personnel have the option to step away from a task and another individual can take over.

Low job control was another significant psychosocial hazard within the emergency management sector. With urgent, time-sensitive cases, and unpredictable emergency events, support staff find it

difficult to tailor their work priorities in favor of their mental wellbeing. Due to the unpredictability of emergency work, it is very common for shifts to last longer than usual, or for a person to be called-in for back-to-back shifts. In one agency, an individual shared an anecdote of **workers enduring shifts of 16 to 20 hours for up to 10 consecutive days.** In the height of an emergency, these workers cannot simply step away when they begin to feel overwhelmed. As many support staff are very compassionate and empathetic people with a desire to help, they may hesitate to take a step back when necessary.

There were also a number of other job related stressors, unique to every manager and support staff we spoke with. First, support staff feel compelled to help and yet may feel frustrated and hampered since they are not physically at the events that they are working with. One support worker said, **"sometimes when you can't see or touch either the incident or the person, that's a really hard thing."** This quote illustrates how they operate behind the scenes, with substantial pressure to correctly assess the situation and find the best approaches, while being kilometers away. Additionally, this often causes the support staff to imagine the events in the worst way possible, as previously discussed, or in a way that is very personal to them.

We found also that some support staff who are not physically present at the initial emergency event may still go out into the field after the fact for recovery and community work. This could include chaplaincy work, collecting evidence, assessing the scene, transporting the deceased, or other tasks. When they see the scene, the emergency event is often over; the fire has been put out, the flood has subsided, or the injured have been taken to the hospital. By viewing the aftermath of these situations, support staff shared they have felt as though there is nothing else they can do to truly help the people that have been affected. Support staff who work in the recovery space are largely volunteers and interact with community members who survived, or were witnesses, to an emergency event. As one might expect, these community members have been deeply affected and the recovery workers may not be able to help all of them to the extent needed for proper recovery, or may not be there at some later date to see that people can heal. When recovery workers are not able to help everyone, or if their agency is not deployed to an event at which they know there are people who need support, managers shared with us that their workers have come to them with feelings of guilt or **moral injury**. Moral injury can lead to an assumption that they're neglecting their primary job function, when in reality they have done everything possible.

Figure 14: Victoria State Control Center (ESF 2023)

Amplifying the effects of all of these stressors, we found that support staff tend to put others' needs before their own, and this is understandable to some degree, since their careers are fundamentally based on helping the community. When speaking with support staff about barriers that may stop them from seeking mental health support, the phrase, **"there's always someone else who needs it more than me,"** was repeated by several people. In addition, we've heard explicitly from four managers managers and three support staff, yet also alluded to by 65% of other interviewees, that support staff often feel that they're less worthy of receiving support since they're not the workers on the frontline or wearing the official uniforms. However, the work they do is significant to the emergency sector, and the frontline could not operate without their valuable contribution. If these individuals believe that they are less "deserving of support," they may be apprehensive to seek support and their mental health may suffer as a result.

"A LOT OF OUR SUPPORT STAFF, BECAUSE THEY ARE VOLUNTEERS, I DON'T THINK THEY FEEL THEY ARE WORTHY OF TREATMENT SINCE THEY AREN'T FIREFIGHTERS"

-WELLBEING MANAGER

HOW ARE SUPPORT STAFF IMPACTED BY VICARIOUS TRAUMA?

During our conversations, twelve support staff described how their exposure to disturbing stories and materials from emergency events impacted their ability to work. In one case, an incident to which an individual we spoke to was indirectly exposed caused them to be on high alert about the mental wellbeing of the workers they were managing. This hypervigilance and worry went on for an extended period of time. They noted that their work had suffered, commenting that while they looked after others, **"no one was looking after me, making sure my work was done."**

Support staff mitigate the negative effects of vicarious trauma in various ways. One worker we spoke to describes the impact of a hectic fire season. They'd been staring at graphs and other metric devices in order to track the fires in Mallacoota, and since they weren't on the ground to actually see the damage, their imagination went into overdrive: **"There was a video reel playing in my head."** Something that was particularly helpful in their vicarious trauma recovery was going back to the fire location and observing what had happened to the land that they had been monitoring from afar. Seeing the area that they'd originally associated with the fire from a more normal perspective helped overwrite the video reel in their head. The disaster scene in their head faded away as they were able to enjoy the beaches and camp with their family, and they admitted to obtaining an increased resilience after that experience.

This concept of developed resilience is a component of post-traumatic growth, which describes the potential benefits that come from experiencing a traumatizing event and being able to recover. In many cases, this enables an individual to handle trauma much better than they were capable of previously and to grow in other ways as well. According to Phoenix Australia's learning module on vicarious trauma, post-traumatic growth can manifest in people as an enhanced sense of self, acknowledgement of personal strengths, an increased sense of connection with others, enhanced spiritual development, and other beneficial outcomes (Phoenix Australia).

> **"Just because I suffered from VT doesn't mean I'm not ok and can't go through it again, I know how to do better now. I know a lot of people avoid going back to an incident, but it was a gamechanger for me."**
>
> ***-Regional Team Leader***

WHAT INDIVIDUAL COPING STRATEGIES DO SUPPORT STAFF CURRENTLY USE TO REDUCE THE IMPACT OF VT?

In addition to initiatives put in place by the agencies, every single support staff we spoke to shared personal coping strategies that they utilize to prevent vicarious trauma or reduce the impacts it has on them. Some of the strategies we commonly came across are depicted in Figure 15. Many of these coping strategies can fall under the category of self-care.

Figure 15: Common Strategies Used By Interviewees for Coping with Vicarious Trauma

A commonly mentioned coping strategy is intentionally developing a healthy mindset. Six managers shared that it is essential for support workers to realize their own limits in helping others to not feel like they've failed in their role. One support staff individual we spoke to revealed that it helps to view themselves as a **"cog in the machine."** They go into each workday with the mentality that their job is essential but all they can do is their best. They candidly shared, **"People will always die. You cannot save everyone,"** a realistic perspective which helped them reframe negative views of their own competency. They further explained their exposure to confronting material is inherent in their role and does not

change the fact that countless others' lives are being saved. One manager explained that a large part of their agency's training was to instill in recovery work volunteers that **"You'll never get around to everyone, so even if you only get to one person, then you've done your job."** This mindset strives to ease moral injury and the risk of internalizing the impacts of large scale events. Another topic discussed was the distinction between quantity and quality. When the quantity of aid provided becomes more important than the quality, it can detract from the support being given in the moment.

Another healthy mindset is the idea that it is okay to seek help. We found that historically there has been an overall culture throughout the emergency sector of **"forget it and move on."** This culture is detrimental to mental health and leads to a systematic issue of brushing mental health claims under the rug. One manager shared with us, **"We used to wait until people were damaged before we did anything...we waited until someone was so damaged, gave them bandages, and then would get them out of the organization."** Agencies are now starting to reject this culture and promote discussion of mental health; however, this transformation takes time (Figure 16).

One way to promote increased conversion around mental health is the practice of informal debriefing (Figure 16). We commonly heard from individuals in support roles that informal debriefing was incredibly beneficial after being indirectly exposed to potentially traumatic material at work. Many people expressed to us that simply being able to talk about the event with colleagues, therapists, or spouses was beneficial for flushing negative emotions out of their system.

Another common coping mechanism shared with us was physical activity. In nine support staff interviews and three tours of agency buildings, we heard about and saw individuals using physical activity to decompress. This can include going to the gym or taking a walk outside the office.

Religion and faith were also reported to be extremely useful avenues for coping. Six individuals specifically mentioned the helpful realization that they can pull strength and guidance from their faith at the end of a traumatic event or shift, rather than dealing with it on their own. They also mentioned the opportunity to confide in other members of their religious or spiritual community.

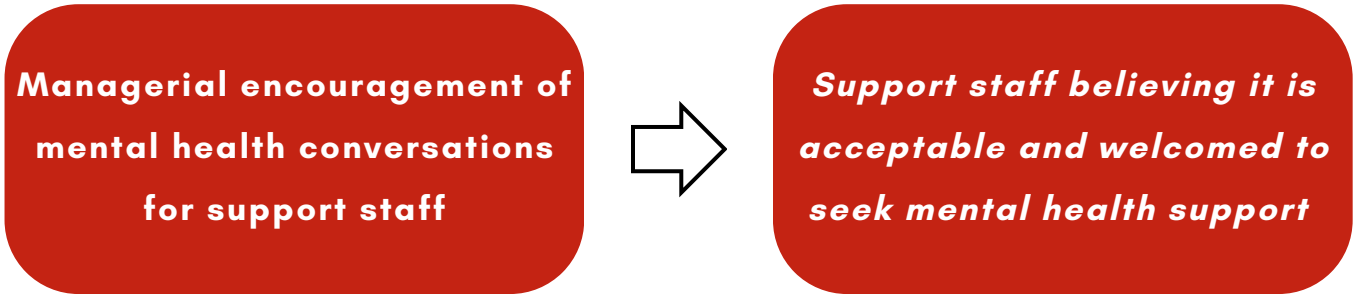

Figure 16: Simplified Process of Creating a Mental Health Focused Workplace and Breaking Stigma Around Seeking Help (self-adapted from interviews with managers)

Three individuals mentioned that maintaining strong social connections helped them cope with negative feelings around work. Whether it's friends, family, teammates, colleagues, or another loved-ones, support workers emphasized the importance of staying connected outside of work and building up their support network for when they need it.

Four individuals shared with us that they, or their agency, have developed a detailed self-care plan for them to use. Seven managers who were familiar with self care plans identified three important steps. They are: identifying high risk situations and warning signs, identifying individual self care strategies, and implementing their self care plan. Although this seems easily implemented, common barriers include the lack of time, funding, or lack of motivation to prioritize wellbeing. To be effective, different types of self-care practices should be implemented before, during, and after an emergency or potentially traumatizing event, as summarized in Figure 17.

Firstly, there is the portion of self-care that comes before an emergency to ensure that an individual is emotionally equipped to handle any potentially traumatic material they may encounter. Methods to facilitate this mentality were touched upon previously, such as having a trusted family and social network, exercise, strong connections with the community, and hobbies outside of work. Knowing one's limitations is also incredibly important, meaning that an individual should recognize if they mentally prepared to take on certain tasks. If these limitations are not realized and a

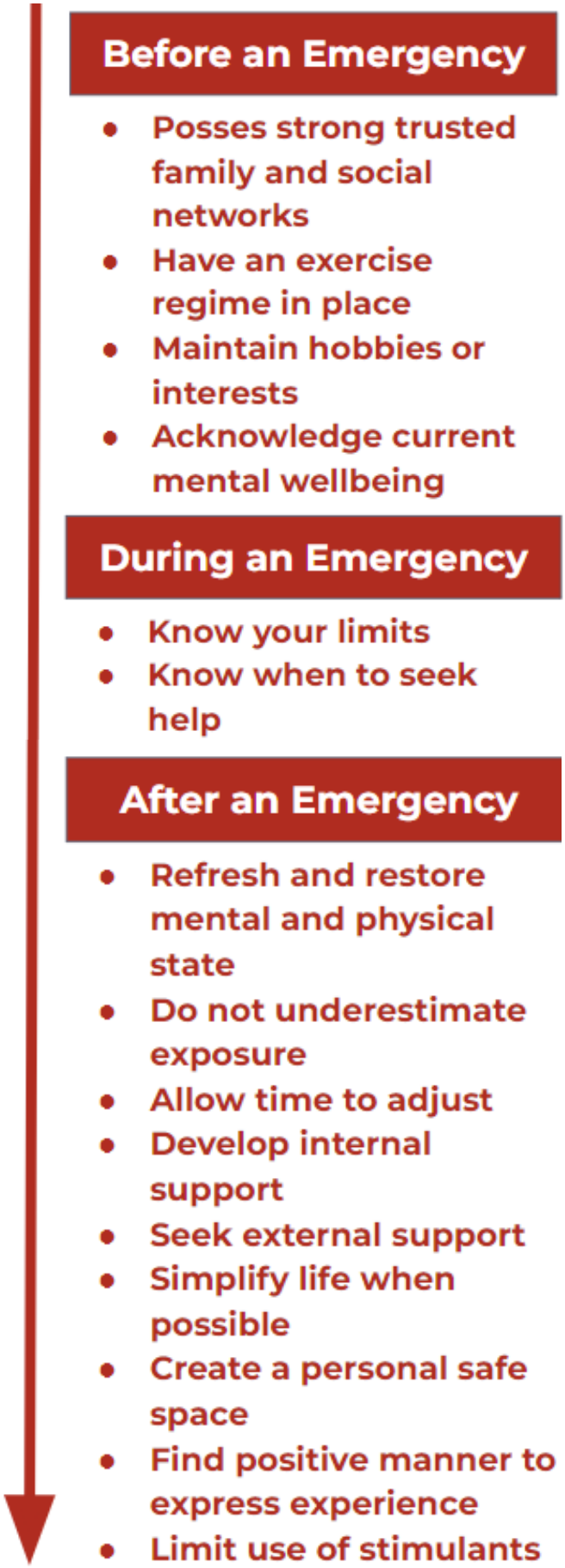

Figure 17: Self-Care Examples for Before, During, and After an Emergency (adapted from one agency's training manual)

threshold is accidentally crossed, it can significantly impact their quality of work. An example of this came from a chaplain who shared, **"There was a call out to a fatality where I knew the person and from my training I knew to dis-include myself."** If this individual never used their training to understand their limits, attending this scene could've been particularly difficult and confronting for them. Preparation is critical, and practicing self-care before an emergency can reduce the risk of being vicariously traumatized.

The second phase is self-care during an emergency, or while actively working with material relating to an emergency event. It is natural to be overwhelmed when surrounded by traumatic material and, as we heard from subject matter experts, the symptoms of vicarious trauma are normal and **"only human"**. That being said, some individuals shared with us that they have greatly benefited from knowing when to, and feeling comfortable to, take a step back. Because of the nature of their work, support staff are often in more of a position to limit their exposure to potentially traumatic material. One individual in a support role we spoke to explained, **"Unlike a new policeman or ambulance officer [where] you get a call you have to go. We are in a position because we are not responding to events we are reviewing them after the fact so we can moderate people's exposure."** This quote demonstrates an individual being aware of their limitations and taking care of their well-being, while working with traumatic material. On an individual's self-care plan, they may also include an outline of their limitations and when to seek help after they have had to take a step back from their work.

Figure 18: Victoria Police Emotional Support Dog, Pepper (photo taken by team)

Lastly, there are several different practices that can be employed after an emergency event happens to help individuals cope with any negative emotions that arise. Creating a personal safe space was a common coping strategy employed by individuals in support roles that we spoke to. After experiencing someone else's trauma and relieving their trauma through associated work, it leads the **"imagination to work overtime."** One individual we spoke to created a safe space, or **"sacred space",** while others wore a figurative **"space suit"** to combat the unfavorable images in their head. They used these mindsets to **"wash your hands of what you saw that day,"** and to mentally and physically decompress.

Although there is a wide variety of

coping mechanisms, each individual needs to find the coping mechanisms that work for them specifically. In our research, we found countless examples of individuals who have the same titles, tasks, workloads, and exposure to vicarious trauma, yet they all use different coping mechanisms. At an individual level, support staff in the emergency sector need to understand that before helping others, they need to help themselves.

WHAT ARE AGENCIES CURRENTLY DOING TO HELP REDUCE RISK OF EXPOSURE TO VICARIOUS TRAUMA?

We interviewed wellbeing managers or general agency managers from each of the 15 member agencies of ESF about the initiatives and programs their agencies currently have in place addressing vicarious trauma amongst their support staff. Based on their responses, we then categorized their approaches as red, yellow, or green (Figure 19).

Red signifies that the agency recognizes that vicarious trauma is a problem for their workers, but does not have proactive or reactive measures in place specifically addressing vicarious trauma. Yellow signifies that the agency recognizes that vicarious trauma is an issue and also has implemented reactive measures to help workers recover from vicarious trauma after it has affected them. Green signifies that the agency recognizes that vicarious trauma is an issue, has implemented reactive measures, as well as has implemented proactive measures to mitigate the risk of the workers developing vicarious trauma in the first place. The results of this environmental scan are depicted in Figure 20.

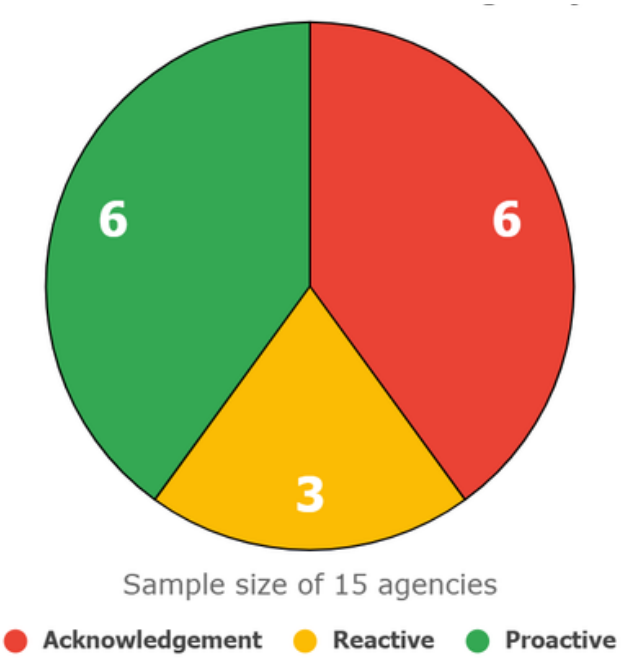

Figure 20: Results of Our Environmental Scan Depicting the Level at Which Agencies are Implementing Measures Addressing Vicarious Trauma Amongst Their Support Staff

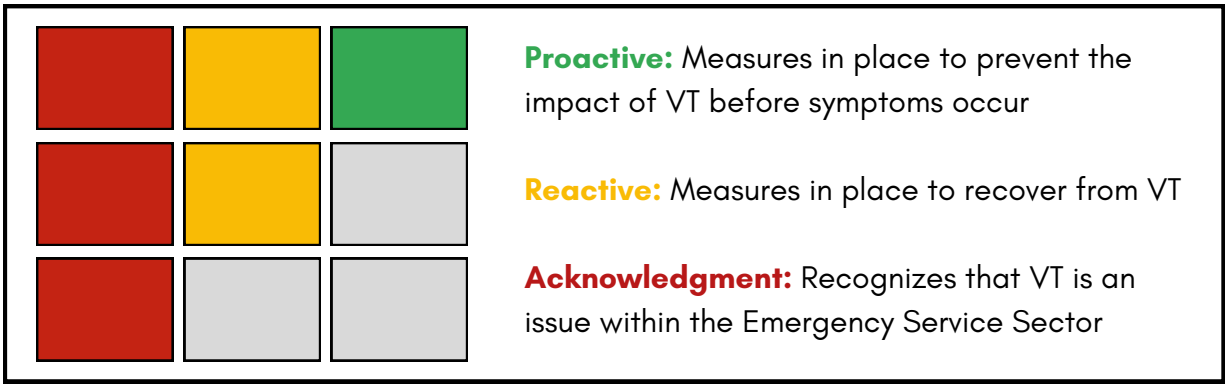

Figure 19: Legend for environmental scan results

From this data, we determined that there are some good things happening in isolation, but there is plenty of room for improvement throughout the sector

Through our interviews with managers and support staff, we found that there are some measures that are currently in place to address vicarious trauma and mental health in general throughout the sector. The five measures that we most commonly came across are summarized in Figure 21.

Figure 21: Common Measures Specifically Addressing Vicarious Trauma Throughout the Agencies

Each of these five measures can fall under the categories of **support**, **reflection**, **education**, or **environment**.

Support

Across the sector, the most commonly implemented mental health resource is an Employee Assistance Program (EAP). Based solely on what was shared with us in interviews with managers, seven agencies offer EAP services to their employees to some extent, though others may also have them and just did not explicitly mention it to us. EAPs are contracted organizations that an agency hires, and therefore are an expense for the agencies. One of the common EAP providers in Victoria is Converge International (2023). Converge offers free and confidential mental health services to the employees of the agencies they work with, as well as their families. Converge, and other similar EAP providers, offer a range of six to twelve sessions with a psychologist a year for employees to utilize as needed. Although EAPs cover a wide range of personal challenges, there are varying views on how effective EAP is. When speaking with support staff about EAPs, we have been told that it can be difficult for them to talk on the phone to a faceless individual who doesn't have the lived experience of working in the emergency sector.

Another measure that is implemented in ten different agencies throughout the sector, with varying degrees of robustness, are peer support programs. These programs entail current employees of an agency signing up and being trained to help support their colleagues emotionally. These programs have been largely well received due to the fact that individuals are generally more comfortable talking to a colleague that they know well, as opposed to an external counselor or psychologist that they have never met before. These programs also offer a level of comradery where individuals know that the peer supporters are aware of the type of work they are exposed to and can empathize directly with their experiences. Many of these peer supporters are also required to go through some level of training

beforehand so that they are equipped with the correct tools and knowledge to effectively support their colleagues. In one agency, peer supporters complete a two-day professional development training program. This includes reflective practice sessions where peers are encouraged to learn from their own real life experiences through work to help them empathize with and support their colleagues.

Reflection

Based on what managers shared with us, seven different agencies also implement a type of debriefing or check-in system. These systems have been implemented in varying degrees of robustness and maturity at different agencies. In three agencies, the debriefing system is very informal and isn't necessarily performed on a consistent basis or with proper training. This often leaves management without the correct skills and strategies to effectively check-in with their employees. This model where managers are checking in only with the employees also often leaves the managers and leaders without anyone to check in with them themselves.

> **"I was a team leader. I was there to support them. I wasn't going to ask them to support me. It can be difficult maintaining our own mental wellbeing."**
>
> ***-VPS Team Leader***

The most highly regarded check-in systems during interviews with managers are those that are integrated into the structure and functioning of the agency. One agency has mandatory debriefings following any major event that occurs when a particularly confronting task was assigned to an individual. This assures during an emergency that no one is ever alone. Throughout our environmental scan, we saw it is critical to avoid isolation during a time of crisis and this is exactly what debriefing avoids as you have support every step of the way. Also, for support staff in particular, this provides someone the knowledge to know how to discover their own internal skills to combat vicarious trauma. In addition, someone who is more removed from the confronting material checks-in with the manager following their debrief. A positive method of minimizing these potential negative impacts that was found was through a debriefing process, broken down into three stages (Figure 22).

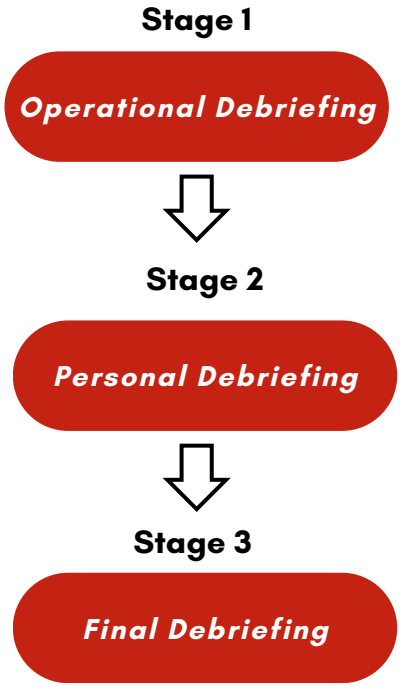

Figure 22: Debriefing Process Stages (adapted from process of one agency)

Operational debriefing is done from a more logistical standpoint, where all team members are asked to collaboratively identify major issues that were encountered during an event, order them by priority, and then identify any major referrals needed to resolve encountered issues. These include the number of conversations had, data gathered, and any final pressing issues.

Personal debriefs may ask workers about challenges faced, what went well during the day, any remaining feelings, and what could be done in the moment to ensure that a worker goes home feeling good about the work they did. Also, this stage focuses on helping individuals identify signs and symptoms in themselves that could lead to vicarious trauma.

> **"THE NEXT ELEMENT IS WHAT ARE THE THINGS, THE PERSONAL SIDE, THAT YOU WILL REMEMBER AS BEING A POSITIVE AND WHAT IS SOMETHING YOU MIGHT REMEMBER IN THE MIDDLE OF THE NIGHT"**
>
> ***-VOLUNTEER***

Final debriefing is the concluding send-off before workers leave. Equipment is collected, and team members are reminded to call the team leader when they get home. Additionally, the team leader must also call IAC (Incident Activity Coordinator) when all team members and the team leader are home, during which time IAC will debrief the leader. If the team leader deems an individual needs extra attention, there will be a follow-up process in the following days; however, from speaking to managerial and support staff, this hasn't seemed to be a pressing issue as the three stages normally suffice.

> **"PEOPLE DON'T COME FORWARD UNTIL USUALLY IT IS TOO LATE. ONE OF THE BENEFITS WE HAVE IS COMPULSORY DEBRIEFING AT THE END OF EACH SHIFT"**
>
> **-VOLUNTEER**

For these debriefing processes to be successful, it is important that they are implemented strategically so as to not retrigger anyone. A former support staff individual shared with us a story where they saw agencies **"throw a group of traumatized people together,"** in an attempt to debrief. This ended up being ultimately detrimental as they were competing with each others' trauma. This emphasizes the need for implementing proper training for anyone holding or moderating a formal debrief.

An additional tool used throughout the sector addressing mental health is the mental health continuum. Although agencies can and have modified it to fit their needs, there is a common baseline. The color scheme, green, yellow, orange, and red, indicates the mental state an individual is currently experiencing. An example continuum used in one agency can be seen in Figure 23. This continuum recommends specific mental health solutions depending on the category that the individual falls within at the time.

	Healthy	Reacting	Injured	Ill
Signs & Indicators	Normal fluctuations in mood	Nervousness, irritability, and sadness	Anxiety, anger, pervasive sadness, and hopelessness	Excessive anxiety, easily enraged, and depressed
Actions to Take	Identify and nurture systems	Engage in healthy coping strategies	Identify and understand own signs of distress	Seek consultant as needed
Suggested Support Options	Wellbeing Hub Online Resources	Peer Support & Chaplaincy	Targeted Psychosocial Intervention	Targeted Psychosocial Intervention

Figure 23: Example Mental Health Continuum Used Throughout the Sector

Each individual is unique and won't require the same intervention. Personalization allows for different needs to be met. Therefore, there are also several different variations of the mental health continuum that are used in different agencies throughout the sector. Each continuum includes different headings and criteria for each color, as well as different scenarios or support options depending on the functions of the agency. More example continuums currently being used in the sector can be found in Supplemental Materials M. The concept of a mental health continuum has been shared throughout the sector before through the ESF learning network and other wellbeing forums; however, not every agency has adapted it to their workers or is using it at all.

Education

Similarly, all agencies at different times have struggled to differentiate education between mental health and vicarious trauma. As the topic of vicarious trauma is brought more to the forefront, agencies are starting to notice a need for additional mental health training that is vicarious trauma focused. One organization that has developed training of this nature is Phoenix Australia. Their vicarious trauma training promotes internal education through a modular learning approach (Figure 24).

Module 1	Trauma and its Impacts
Module 2	Signs of Vicarious Trauma
Module 3	Resilience
Module 4:	Strategies to Address Vicarious Trauma
Module 5	Prepare, Response, and Recover Framework
Module 6	Developing a Self-Care Plan

Figure 24: Outline of Modules Included in Phoenix Australia's Vicarious Trauma Training

In the development of these online training modules, Phoenix worked with individuals in different fields of work

that may potentially be exposed to vicarious trauma and used their experiences to identify common needs and gaps in knowledge. They work to make sure the scenarios they include in their training are representative of the work of the staff in the organization they are creating it for. Phoenix refrains from telling different sectors and agencies exactly what they should be doing in regards to mental health education and support, but instead tries to help them develop knowledge and understand certain principles in order for them to come up with their own individualized policies and initiatives.

Environment

The environment in which an individual works plays a large role in their mental health in the workplace. Part of creating a positive working environment is prioritizing employee mental health and self-care. With regards to fostering a healthy workplace culture, different agencies had different ways of ensuring that mental health awareness was a big part of office culture.

One agency we visited had a mental health calendar, with each month being dedicated to raising awareness of a different mental health issue that workers might face on the job. Several agencies also have in-office gyms for the purpose of allowing workers to relieve their stress, and quiet relaxation rooms with leisurely activities like coloring books or puzzles in order to provide additional spaces for workers to take their breaks (Figures 25 & 26). Two agencies we visited also had office-wide practices like "pet walls," where workers could post pictures of their pets in high visibility areas (Figure 27).

Figure 25: Activity & Recreation Room in One Agency Building

Figure 26: Quiet Relaxation Room in One Agency Building

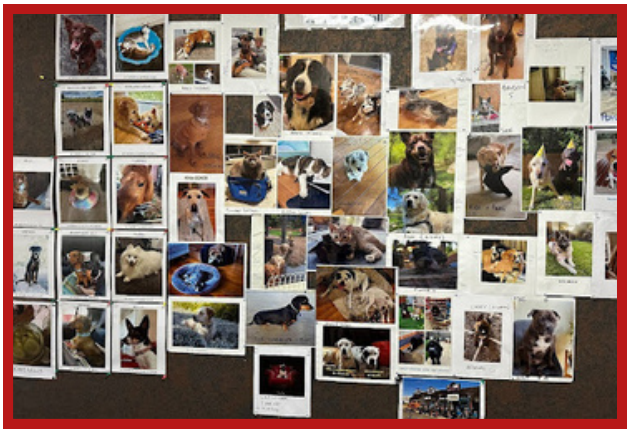

Figure 27: Office Pet Wall in One Agency Building

DO SUPPORT STAFF FEEL SUPPORTED BY CURRENT MEASURES PUT IN PLACE TO PREVENT VT?

Another conclusion we made by speaking with the support staff is that there is a wide range of how support staff feel supported by their agency regarding vicarious trauma. On one end, we talked to one support staff who's agencies have no mental health initiatives in place, and do not feel supported by their agency whatsoever. They said: **"We are not addressing it [mental health] at all."** Meanwhile, other agencies have a diverse amount of initiatives available for all the staff and their needs. One individual explained that **"It is a constant support. It doesn't come and go. It is there all the time."** And there were five support staff who saw the initiatives in place, but still wish there was additional support. One said: **"We don't have enough on VT...focuses are on the physical impacts."** We acknowledge the fact that we couldn't have gotten every perspective in the sector, but from what we did see, there is a widespread range of support depending on which agency support staff belong too.

In every interview with managers and individuals in support roles, we found that there are numerous barriers that support staff may face in seeking out mental health support for themselves. In speaking with the individuals, we found that how agencies strive to address these barriers is a large proponent in how supported they feel by their agency. The barriers shared with us fell into three categories: **logistics**, **stigma**, and **lack of awareness**.

Logistics

In speaking with every manager, we found that logistical barriers are very prevalent with the sector. Many workers indicated workload difficulties, with individuals from certain agencies documenting working 16-18 hour days, some on shift-work schedules. Additionally, individuals in multiple agencies shared that in times when certain resources were vital to either prevention or recovery, they were unavailable to them. Finally, a lack of funding for training and other education programs was one of the more common barriers faced, especially by smaller, or less funded agencies.

> **"The reason they [agencies] might step away is the money. It is not that they are rejecting the validity, it is more about [agencies] presenting what they know."**
>
> ***-Associate Professor***

Stigma

Stigma barriers were raised in thirteen interviews with managers we conducted. A sentiment that we heard over and over again in our interviews with managers and support staff was the idea of **"there's always someone who needs it more than me."** We found that many support workers experience these emotions since they are not out in the field fighting fires. This leads them to internally minimize the impact of the work they do relative

to frontline workers, and subsequently neglect their own needs for mental health support. Their low self-recognition of the work that they do results in a cycle of support staff feeling these heightened emotions and early symptoms of vicarious trauma, not feeling like they deserve to validate those feelings, and not accessing the support they need.

Another stigma related topic consistently mentioned is the prevalence of a **"macho mentality"**, which is the stereotypical toughness that is exaggerated to the point that mental health and being vulnerable are frowned upon. This mentality, particularly prevalent among older male emergency service workers, is extremely harmful, and we found it to be a major barrier for individuals in the sector reaching out for help when they are struggling.

> **"I think one of the problems is that, and you see this in emergencies, you put other people before yourself. It is a trade off."**
>
> ***-Chief Operating Officer***

Lack of Awareness

Barriers relating to a gap of knowledge were also brought up in eleven interviews with managers. Managers noticed an unawareness within their staff regarding what vicarious trauma is and how it can present itself in individuals. There is a general misunderstanding in the sector that vicarious trauma symptoms are not normal. As many wellbeing experts we interviewed explained, being vicariously traumatized and struggling with its symptoms is a completely human and normal response. We found that those who fully understood and accepted this showed greater rates of utilization of effective coping and prevention mechanisms for vicarious trauma.

An additional aspect of this lack of awareness is support workers not knowing about mental health resources that are available within their agency. In a few examples, both managers and support staff were surprised when we presented their own resources to them during interviews. Even for the people working in the agency, mental health resources, especially those targeting vicarious trauma, are not always known.

Figure 28: Supply Officers at Work (DEECA 2020)

RECOMMENDATIONS

After eighteen emergency support staff interviews, fifteen wellbeing manager interviews, six subject matter expert interviews, seven weeks of background research, and two ESF workshops, we determined some measures, initiatives, and general mindsets that were particularly helpful in mitigating vicarious trauma risk. With our findings, we developed five recommendations for agencies to think about when addressing vicarious trauma amongst their support staff. These recommendations are summarized in Figure 29.

Summary

Provide honest and transparent recruitment that paints a true picture of the potential exposure to vicarious trauma.

Raise awareness that support staff are as eligible for mental health support as frontline workers.

Educate managers on vicarious trauma, so they can understand how vicarious trauma affects them, as well as their employees.

Have a forum to share what agencies are doing to mitigate vicarious trauma risk.

A mental health continuum can be applied to support roles at risk to vicarious trauma.

Figure 29: Summary of Recommendations

1 Provide honest and transparent recruitment that paints a true picture of the potential exposure to vicarious trauma.

While there are currently a few agencies that have a focus on this honest and transparent recruitment process, many brought it up to us as an area for improvement. Honest recruiting entails making sure posted job descriptions are transparent regarding exposure to potentially traumatic material to ensure that candidates are mentally prepared and educated before starting work or even taking the role in the first place. An individual in a support role that we spoke to shared, **"If you are prepared, that can reduce the shock."** If someone knows what they are getting themselves into, they likely will not be as taken off guard by potentially distressing material because they know that it is part of their job. A common theme in our interviews with managers was that sometimes support staff step into a role without a clue of the material they may be exposed to. One manager shared with us, **"Staff said 'I didn't know I was going to be exposed to this, I didn't know this was part of the job."** It is more widely known what the work of a firefighter or police officer entails, for example, than the work of many support roles in the emergency management sector. This emphasizes the need for job descriptions to be honest and explicit with the risks of the work so that the individual can deem themselves fit or not fit for the role in the first place. One agency we spoke to even shared that they have implemented psychological screening for new hires before they begin working in a role at risk for vicarious trauma to make sure that candidates are fit for the high-risk role.

2 Raise awareness that support staff are as eligible for mental health support as frontline workers.

This recommendation specifically focuses on addressing the self-stigma that many support staff place on themselves; the idea that they do not deserve to seek the same mental health support as frontline workers. Part of implementing this recommendation is to create a shared understanding among all workers, both frontline and support staff, that they are all part of a larger team that cannot be fulfilled without all of their input. If support staff view themselves as having the same value as frontline workers, they are more likely to perceive themselves as worthy of support. This can look like specifically tailoring messages and certain mental health resources to support staff. In our research, part of the reason why this stigma exists is because historically all mental health resources were either targeting directly to frontline workers, or are more general and "for everyone." It may take explicitly targeting and addressing these support staff in some mental health messages to break the mindset that their mental health is not as important compared to frontline workers. This demonstrates to them that their agency is cognizant of the self-stigma they may face and care about their wellbeing. Each time this stigma is specifically and explicitly addressed, it can begin to be chipped away at until eventually all support staff feel deserving enough to seek support

whenever they need it. To help start this conversation of further awareness and as an extension of our study, we recorded a podcast episode with ESF and a few individuals in support roles that we spoke to throughout our research to give them a space to share their stories and to normalize the conversation around vicarious trauma in support staff. This podcast episode is available on the ESF website. The questions we asked each individual during the podcast can be found in Supplemental Materials I.

3 Educate managers on vicarious trauma, so they can understand how vicarious trauma affects them, as well as their employees.

The sector as a whole lacks in education about vicarious trauma. For this reason, there is an enormous gap that needs to be filled; however, there are possible improvements. After speaking with subject matter experts from Phoenix and Converge and completing training courses, their specific expertise in the emergency management sector regarding vicarious trauma is something that needs to be utilized and highly recommended across all of ESF's agencies. In doing this, emergency support staff can develop a better sense of identifying vicarious trauma common symptoms, preventative measures, and self-care initiatives; something that has been either missing or minimally impactful.

4 Have a forum to share what agencies are doing to mitigate vicarious trauma.

From our environmental scan of the emergency management sector, ESF's learning network has primarily been utilized as a platform for the member agencies to express approaches to mental health initiatives. However, there is an enormous gap with a lack of specific emphasis on vicarious trauma. In sharing information, it is critical to not reinvent the wheel of current mental health initiatives. Instead, ponder how existing methods of coping, treating, and preventing mental health negative impacts can be altered to address the vicarious trauma in support staff. By sharing all ideas and actions on this platform for agencies to compare and gain new insights, they can learn from each other. However, it's important to note that methods that work for one agency may not succeed in the other. Lastly, these vicarious trauma mitigation methods are only as effective as the individuals using them think. For this reason, it is critical to allow a space where support staff can leave honest feedback regarding what is being done. In doing this, support staff should be able to address specific concerns and work in harmony with wellbeing managers to construct an approach that is diverse and covers all needs.

5 A mental health continuum can be applied to support roles at risk of vicarious trauma.

Mental Health Continuums are a tool used by individuals in the workplace to gauge their mental health on a scale based on what feelings or other psychological phenomena they may be experiencing at the moment. The criteria used by these continuums are primarily focused on mental health, with very little attention given to vicarious trauma specifically. This allows for everyone to relate to these continuums, but it also means that there isn't a targeted way for support staff in particular to gauge their current standing of how vicarious trauma is influencing them. In interviews with numerous support staff, we heard the suggestion of creating a new continuum, specifically focused on vicarious trauma, or alternatively adding to existing models to account for vicarious trauma hazards and risks. This would be beneficial to allow support staff to see scenarios on the continuum that they can relate to from their own work. Not only does this provide more targeted mental health support for their roles, but it sheds a light on vicarious trauma as an important issue.

With all of these recommendations, it is important to think about the concept of scalability, or how feasible it is to implement each recommendation and any other initiatives at all levels of the agency. It is critical to consider if the same initiatives will be effective in addressing the needs of CEOs, managers, team leaders, subordinates, volunteers, and so on. Initiatives should be thoughtfully adapted and tailored to the functions and procedures of each individual agency to best meet their workers' needs.

CONCLUSION

The impact of vicarious trauma amongst support staff in Victoria's emergency management sector is profound and deeply significant. Support staff are exposed indirectly to potentially traumatic events at work in the form of hearing, reading, or watching stories and events that occur on the frontline. We conducted an environmental scan of what the sector currently has in place to mitigate vicarious trauma. Through interviews with individuals in support roles, wellbeing and general managers, and subject matter experts, we gathered an abundance of lived experience that has never been compiled before in this sector. Through this environmental scan, we found that there are some good things happening in isolation, but there is plenty of room for improvement throughout the sector regarding vicarious trauma risk mitigation. With this information, we were able to make a few recommendations to agency managers to think about for their own support staff. The study of vicarious trauma is rapidly-evolving and agencies need to continuously evaluate and adapt their processes to reflect these changes. With further research and careful consideration given to this topic, the experiences of being a support staff in Victoria's emergency management sector can be brought out from **behind the frontline.**

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