

BEHIND THE FRONT LINE:

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

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The impact of vicarious trauma in the emergency sector is profound and deeply significant



Mallacoota Fires (2019-2020)

“I had no time to settle in... emergency warnings were being issued left, right and centre.... Parks were being closed and evacuated of campers between Bemm River and Mallacoota. It just kept coming at us!”

“I'm not on the ground, but I know my workplace is on the ground, and communities are on the ground.”

Our objectives:

- ❑ Understand how **vicarious trauma** (VT) impacts **support staff** working in Victoria's Emergency Management sector
- ❑ Understand how it's being addressed in the sector with an **environmental scan**
- ❑ Understand **leading practice**

Agenda:

- 1 What we learned from desktop research
- 2 What we learned from support staff individuals
- 3 What we learned from agency managers
- 4 What we learned from people with specialist knowledge
- 5 Study conclusions and recommendations

What we learned from background research and literature review



**Any traumatic
event has a
ripple effect**



Our original understanding of vicarious trauma:

A trauma-based condition onset by cumulative secondary exposure to other people's traumatic experiences

We determined a short list of support roles who might be impacted by VT

Dispatchers

Recovery Workers

Human Resources Staff

Communication Staff

Counselors

Interpreters

Poor management of **psychosocial hazards** increases risk of VT in support staff



Aspects of work that have the potential to cause psychological or physical harm



**Traumatic
Material**



**Work
Demands**

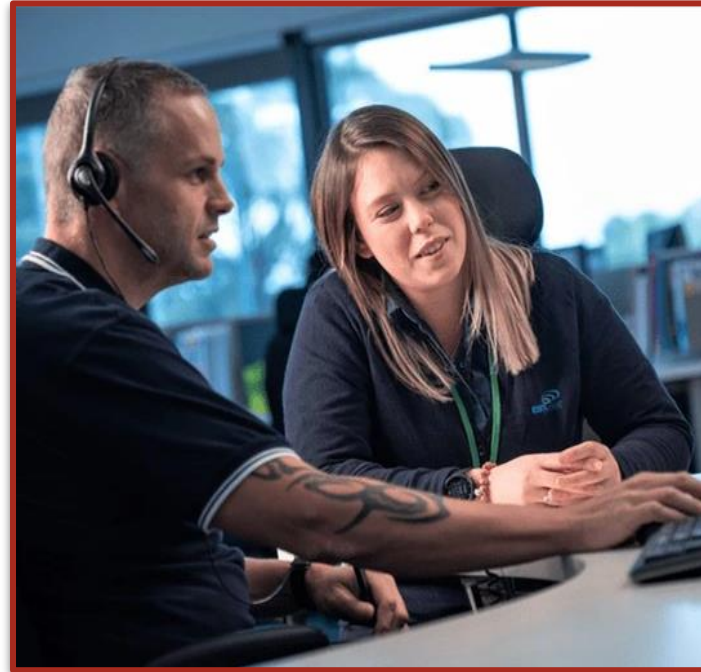


**Low Job
Control**



**Work
Relations**

What we learned from individuals in support roles



The range of support staff roles at potential risk of VT is much larger than expected

Dispatchers

Recovery Workers

Human Resources Staff

Communication Staff

Counselors

Interpreters

Every individual we spoke with
said they **have experienced VT**
in some way

Each individual is impacted differently

Personal

“Each day I had this video reel playing in my head.”

“She was starting to have flashbacks about jobs she’s dispatched on.”

“I started having nightmares.”

Organizational

“No one was looking after me, making sure my work was done.”

“We see it in the form of people just withdrawing.”

“We see it in staff turn over.”

**Support staff
feel like they
don't deserve
the same
support as
frontline
workers**



There are divergent views in terms of how supported individuals feel by their agency

“We are not addressing it [mental health] at all.”

“We don't have enough on VT...focuses are on the physical impacts.”

“It is a constant support. It doesn't come and go. It is there all the time.”

**Support staff
are using
their own
coping
mechanisms**



What we learned from agency managers



We categorized each agency's focus on VT for support staff on a cumulative scale



Proactive

Measures in place to prevent the impact of VT before symptoms occur



Reactive

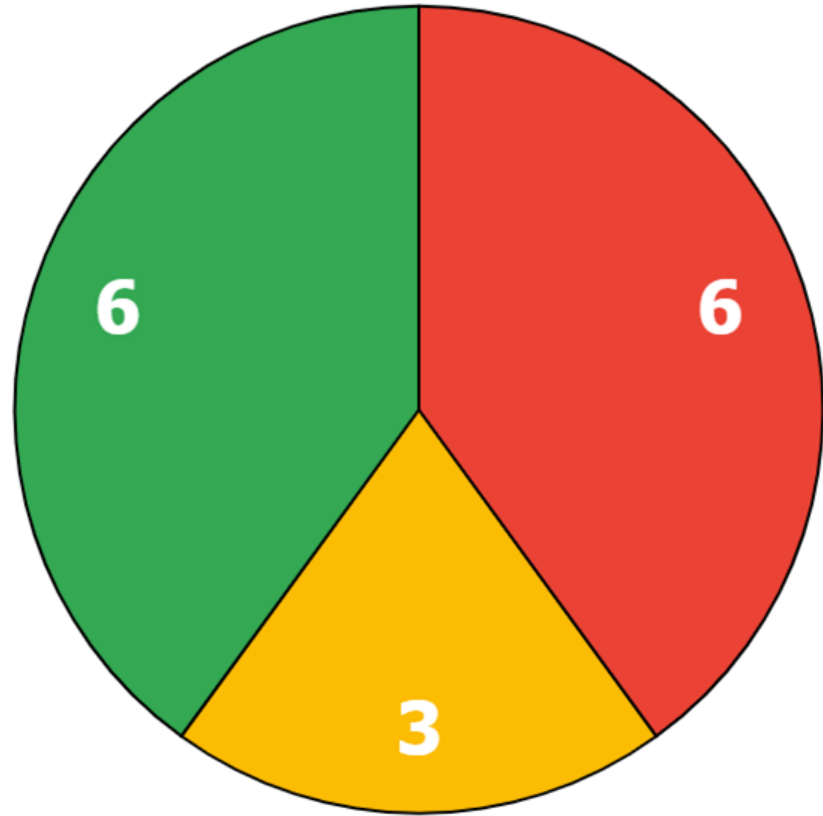
Measures in place to recover from VT



Acknowledgement

Recognizes that VT is an issue within the emergency management sector

**There are some
good things
happening in
isolation, but
there is plenty
of room for
improvement
throughout the
sector**



Sample size of 15 agencies

● Acknowledgement ● Reactive ● Proactive

**Some
agencies
are taking
steps to
address VT**

Awareness

Recruitment

**Education
for support
staff**

**Training
for
managers**

The sector and agencies need more **awareness** about Vicarious Trauma

Awareness

"Just having this conversation brings VT to the forefront and brings awareness."

Mitigation of VT can begin in agency **recruitment** processes

“Staff said ‘I didn’t know I was going to be exposed to this, I didn’t know this was part of the job.’”

Recruitment

“If you are prepared, that can reduce the shock.”

Education is important for understanding the effects VT

**“People not even being
aware of the symptoms is a
barrier and when you are
aware of the symptoms, not
realizing you need help.”**

**Education
for support
staff**

Managers need to be trained to know how to help themselves and address the specific needs of their teams

**Training
for
managers**

“If you think about the problem at the core, managers understanding their people’s exposure to VT and the impact and the managers actually changing the job design of the people is probably the best way to mitigate risk.”

Main initiatives used to mitigate VT:

**Access to
EAP**

**Access to
Peer
Support**

**Making it okay
to be
vulnerable and
seek help**

**Regular
check-ins or
debriefs**

**Mental health
training**

Even with initiatives in place, barriers to seeking support for VT remain

Logistics

Heavy workload
Timing of support availability
Training budgets

Stigma

Support staff feeling undeserving of support
Macho culture

Lack of Awareness

Lacking knowledge about VT signs and resources
Compartmentalizing emotions

Planned future improvements within the sector:

**Risk factor
assessment**

**Extensions of peer
support programs**

**Improved
awareness of VT**

**VT trainings for
managers and staff**

**Not unnecessarily
exposing staff to
traumatic material**

What we learned from people with specialist knowledge



Phoenix
AUSTRALIA



MONASH
University



DART CENTRE
ASIA PACIFIC



Converge
INTERNATIONAL



Maddocks



**EMERGENCY
SERVICES
FOUNDATION**



CPSU



**We adjusted our VT definition with feedback
from different people with specialist knowledge**

A trauma-based **psychological response**
onset by **individual or cumulative indirect**
exposure to other people's traumatic
experiences.

Education on VT is available



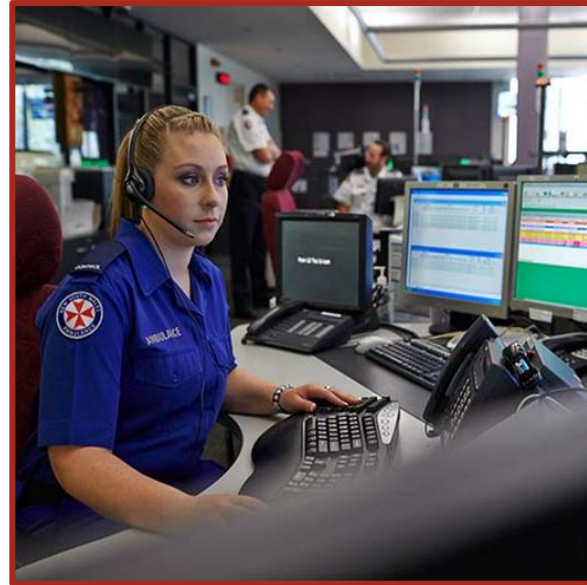
“The reason they [agencies] might step away is the money. It is not they are rejecting the validity, it is more about presenting what they know.”

The impact of VT within the emergency sector is profound and deeply significant

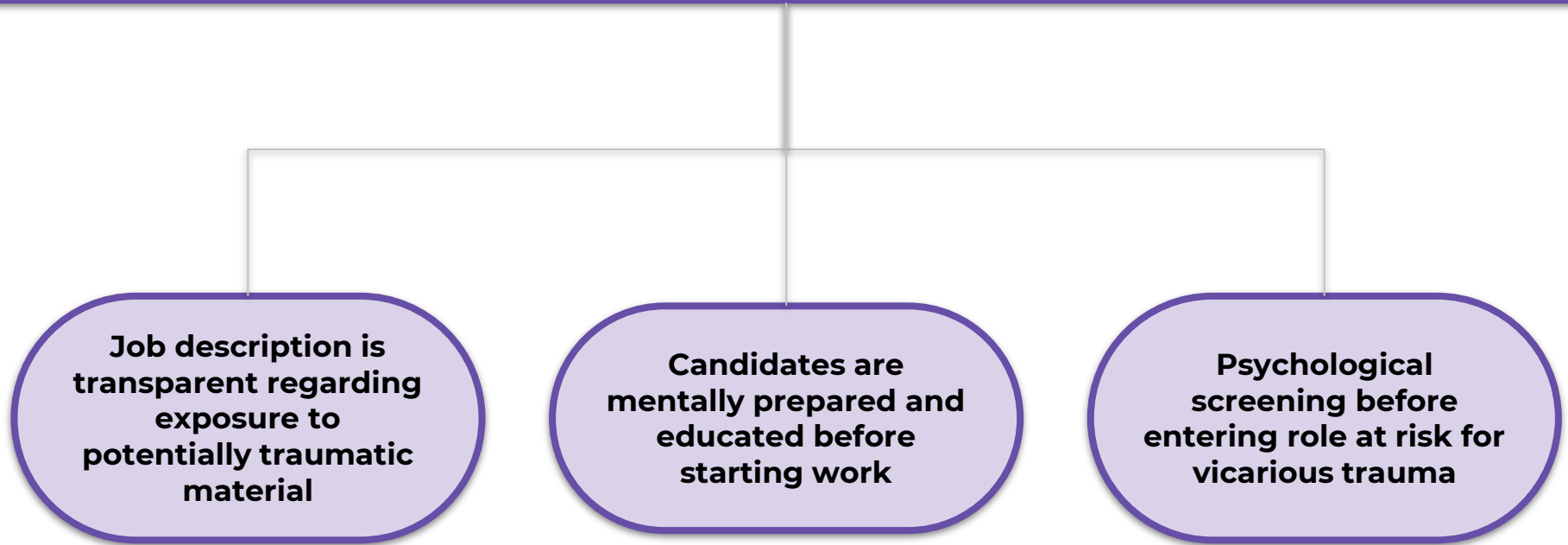
**This study provided
an environmental
scan and lived
experience that
hasn't been done
before**

**There is a need to
increase VT
awareness and
education, and to
normalize the
conversation**

Recommendations



Provide honest and transparent recruitment that paints a true picture of the potential exposure to VT



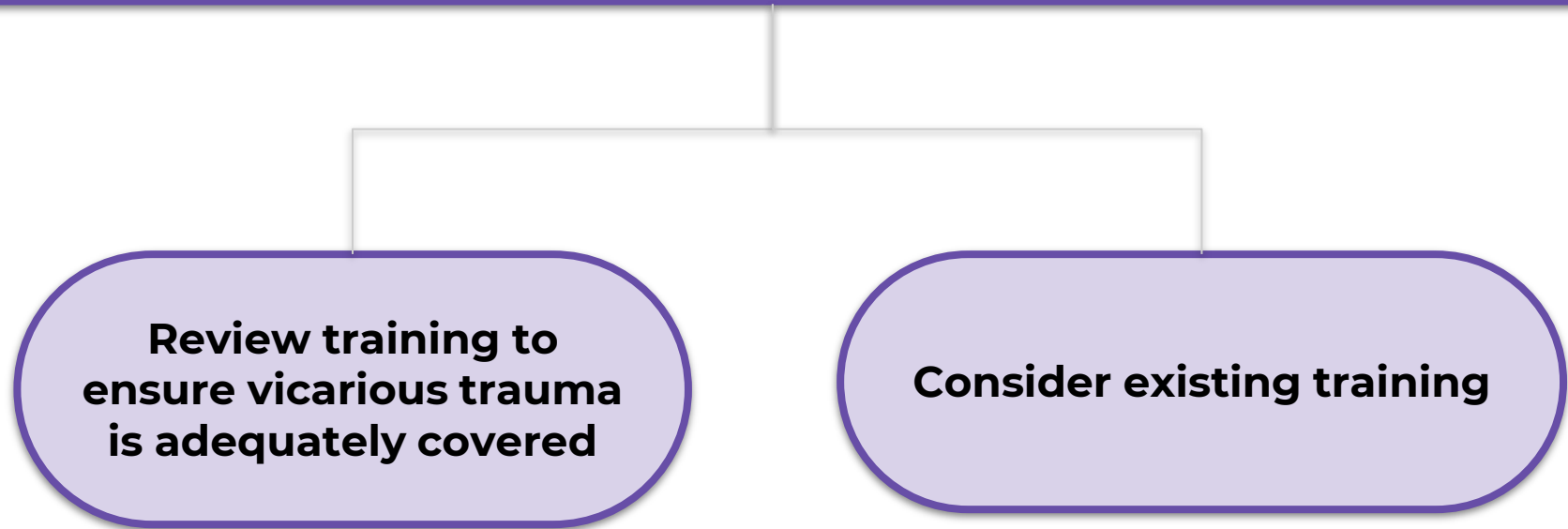
Raise awareness that support staff are as eligible for mental health support as frontline workers

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graph TD; A["Raise awareness that support staff are as eligible for mental health support as frontline workers"] --> B["Tailor messages specifically for support staff"]; A --> C["Be cognizant of self-stigma that exists amongst support staff"]
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Tailor messages specifically for support staff

Be cognizant of self-stigma that exists amongst support staff

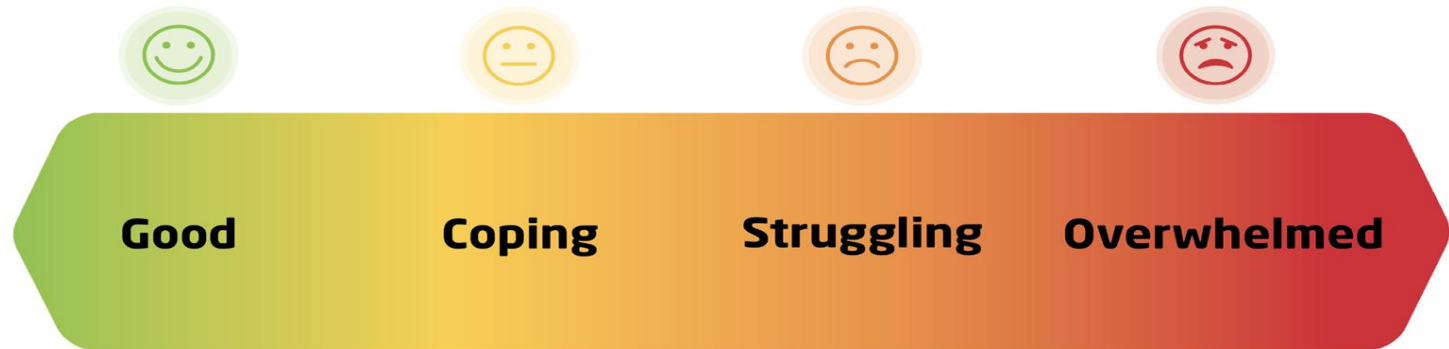
Use education and train managers to better understand the potential risk of VT



Have a forum to share what agencies are doing to mitigate VT



Mental health continuum can be applied to support roles at risk of VT



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Questions?



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