

# Wellbeing in the workplace when working with victims and survivors of child sexual abuse



Supporting children, young people and adults who have experienced child sexual abuse can be challenging and fulfilling for practitioners. Once focusing on the capabilities of practitioners to manage their self-care, we now understand the critical roles of organisational management and peer relationships in minimising secondary stress and enabling vicarious resilience. The National Centre for Action on Child Sexual Abuse (the National Centre) Learning and Development Survey identified seven themes of organisational supports currently offered to practitioners. However, many identified they wanted organisations to do more to support them in maintaining wellbeing while working with people who had experienced child sexual abuse.

In this Knowledge Summary, we explore the organisational and interpersonal conditions that support wellbeing and vicarious resilience for people in the workforce. This summary is not about organisational trauma-informed clinical care or service delivery, which is comprehensively covered in Organisational Guidelines for Trauma-Informed Service Delivery.<sup>1</sup>

## Mental health and social and emotional wellbeing

*Mental health* is not just the absence of mental illness. [World Health Organization](#) has recognised the social determinants of health and wellbeing, including wealth, education, employment and working conditions, food security, housing, non-discrimination and access to healthcare. Our access to these determinants affects our mental health and how we experience and recover from trauma.

*Social and emotional wellbeing* depends on family and community wellbeing, connection to culture, spirituality and Country.<sup>2</sup> First Nations peoples have identified protective factors for social and emotional wellbeing for children and young people that can include cultural knowledge, extended family and kinship networks of support, and environmental and social justice at the community level.<sup>3,4</sup> Similarly, the intergenerational trauma, colonisation, social exclusion and inequality experienced by many First Nations peoples can present additional risk factors. Using this frame of *social and emotional wellbeing* helps us understand and respond to the impacts of trauma in more relational, holistic and inclusive ways.

## Trauma and resilience

Despite its history as a story of individual achievement, *resilience* is now understood to be a process in which individual, family, organisational, cultural and community conditions can protect a person (team or organisation) from the negative impacts of trauma and adversity. For some, the word *resilience* is contested as it has been experienced as individualising and pathologising rather than as taking responsibility for vulnerability. Just as each organisation, family, community and culture is different, so are the conditions that support or thwart the growth of resilience. Resilience and wellbeing are closely linked.



Researchers<sup>5</sup> have found that continual exposure to trauma, personally and or via a work role, can impact:

- our sense of meaning and purpose or disillusionment
- our sense of personal achievement, or feeling thwarted
- our sense of being capable, or a sense of emotional exhaustion.

Each of these affect our mental health, wellbeing and resilience. Ongoing exposure to trauma over time can result in *secondary traumatic stress*, which is “distress related to helping or wishing to help individuals who have undergone trauma or victimization”.<sup>6</sup> A person’s exposure to other conditions that help or hinder wellbeing will directly affect their likelihood of experiencing secondary traumatic stress.<sup>7</sup> Some impacts of exposure to people’s childhood trauma are negative and can occur on physical, psychological, and neurological levels, but growth and development are also possible.<sup>8,9</sup> This term has also been interchangeably used with *vicarious trauma*, which has been defined as arising through exposure to others’ trauma.<sup>10</sup>

People of colour, First Nations peoples, people living with a disability, culturally and linguistically diverse people and people within LGBTQIA+ communities may experience racism, ableism, sexism, homo-and trans-phobia every day, alongside the impacts of being exposed to other people’s trauma. Awareness of these intersections help us understand the individual, family, community, environmental, cultural and systemic factors that contribute to our sense of wellbeing and the wellbeing of whole communities.<sup>11</sup>

Finally, *vicarious resilience* is a concept that highlights the relational and organisational context in which trauma work is done. The likelihood of trauma exposure in working with people who have experienced child sexual abuse is expected. Vicarious resilience<sup>12</sup> acknowledges the occupational stress and hazard of working with trauma, the positive effects that people may derive from trauma work, and the resilience gained vicariously from an attuned workplace culture.

## The role of the workplace

Research has shown correlations between regular workplace exposure to trauma and secondary traumatic stress for practitioners, and first responders, including police, counsellors, child protection workers and medical doctors.<sup>13,14</sup> Workplace conditions can influence your resilience or ability to adapt and do well despite this exposure. This evidence points to the need to raise awareness about the impacts of trauma work on practitioners. Workplaces can minimise vicarious trauma and develop culturally informed and trauma-responsive approaches to prevention, management (of vicarious trauma) and healing.<sup>15</sup>

**Workplace conditions** that can support resilience:

- a manageable workload
- a secure sense of professional identity, accomplishment, and self-efficacy
- being equitably recognised and rewarded
- professional experience and practice wisdom
- training, education and professional development
- supportive relationships: including reflective practice and supervision, a good mentor or role model, and supportive co-workers
- an organisational culture of trust, respect and accountability
- witnessing healing, resilience and dignity in the people we support.<sup>16</sup>

Importantly, organisations must consciously set out to create the workplace conditions of organisational resilience – they do not ‘just happen’.<sup>17</sup> Building understanding and skills for exercising and experiencing compassion – including



compassion for self and receiving compassion – are critical steps in ensuring the wellbeing and resilience of practitioners. Staff wellbeing is suggested to “...foster empathy, make destabilising interactions with clients less likely and reduces the risk of vicarious trauma.”<sup>18</sup>

Minimising workplace related trauma and stress can be considered in terms of multiple interconnected domains: individual domain, family and social network domain, organisational, cultural domain and broader social strategies that prevent traumatic stress and support people’s recovery. Organisations can assess their readiness and preparedness to manage vicarious trauma and its impacts on staff using scales like the Vicarious Trauma Organizational Readiness Guide (VT-ORG).<sup>19</sup> This scale highlights the areas where improvement is needed, such as management, leadership, employee empowerment, staff health and wellbeing, and training and development.<sup>20</sup>

Findings from the National Centre’s Learning and Development Survey show that 31% of practitioners have a lived and living experience of child sexual abuse. This means that many people working in the child sexual abuse field identify as both practitioner and victim survivor. As such, organisations should recognise and integrate these needs in their overall response and strategies to support a worker’s wellbeing.

#### Managers in organisations and teams can practice:

- appreciating staff and demonstrating their value
- adopting a service model of leadership
- non-hierarchic or distributed leadership
- challenging the stigma of help seeking and needing help
- helping staff find and adapt wellbeing and care strategies that work for them (culturally, personally, spiritually)
- allowing staff time, flexibility and autonomy.

#### Colleagues and teammates can practice:

- call out and address abuses of power and challenge ableism, racism, ethnocentrism, and homo/transphobia
- have each other’s backs, practice solidarity, camaraderie and share challenges
- embracing humour
- implementing self-care, not just paying lip service
- supporting each other with informal and formal debriefing
- demonstrating compassion and empathy in your everyday interactions.<sup>21</sup>



## What practitioners and first responders can do

Practitioners use a range of strategies for coping with workplace stress, from drawing on social support networks to distraction and physical exercise.<sup>22</sup> Personal and family conditions<sup>23</sup> that can support resilience amongst people who are regularly exposed to trauma like stories of interpersonal violence include:

- self-care
- self-control
- setting and respecting boundaries
- emotional regulation, and
- exercising a sense of humour.

Family cohesion and adaptability to stress also factor in building and maintaining better resilience.

Four main approaches to managing *vicarious trauma* on a personal level were found in a review of research. These were: psychoeducation, mindfulness intervention, art and recreational programs, and alternative medicine therapy.<sup>24</sup> A study of police investigating child sexual exploitation online found that a number of strategies can help manage the inevitable impacts of prolonged trauma work.<sup>25</sup> These included: mentally preparing, dissociating or disconnecting, focusing on evidence and self-care. Practitioners with lived and living experience of child sexual abuse are encouraged to make use of supports and strategies that acknowledge their additional exposure and expertise.

## National Centre Insight

The National Centre recognises that for healing to be experienced and sustained by victims and survivors of child sexual abuse, we need to see active efforts in prevention and healing within our workforce. Building resilience to manage workplace vicarious trauma has undergone a paradigm shift in recent years, and workplaces must continue to develop appropriate supports, led by trauma-informed leadership.

## Help us understand your learning needs

The National Centre's Learning and Professional Development Plan aims to build and strengthen the capability of workers and organisations in how they respond to and support victims and survivors of child sexual abuse through training, learning, development and knowledge exchange resources and activities. Please help us to understand your learning needs by emailing us at: [practice@nationalcentre.org.au](mailto:practice@nationalcentre.org.au).

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