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'If I'm not real, I'm Not Having an Impact': Relationality and Vicarious Resistance in Complex Trauma Care

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Abstract

There is growing commitment to trauma-informed practice and increased recognition of risks associated with this work. However, the benefits of working with trauma-affected clients are under-studied. Drawing on interviews with sixty-three welfare, health and legal professionals in Australia, we consider the salutogenic dynamics of work with women with experiences of complex trauma. Participants articulated an ethics of care in which professionals ally with clients against abuse and violence as well as transactional neoliberal service models. We identify this approach to trauma work as a form of vicarious resistance that challenges dichotomies of vicarious trauma and resilience.

Keywords: complex trauma, neoliberalism, resistance, vicarious trauma, vicarious resilience

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Introduction

Amidst accumulating evidence of the prevalence of psychological trauma in people accessing health and community services, professionals from a range of disciplines are increasingly expected to engage in trauma-informed

practice. Trauma-informed practice aims to acknowledge the effects of trauma and adapt ways of working to better meet client needs (Cox, 2015). The trauma-informed practice paradigm grew out of long-term advocacy by social justice movements advocating feminism, support for veterans and mental health consumer rights (Figley, 2002). However, the push for trauma-informed practice is contemporaneous with decades of neoliberal social service reforms. Neoliberal social service structures are in conflict with relationally oriented trauma-informed frameworks.

This article draws on interviews with sixty-three welfare, health and legal professionals in Australia to understand the benefits and challenges of complex trauma work. We found that for experienced complex trauma workers, effective practice is often underpinned by an ethics of care that counters resource-constrained and transactional neoliberal service models. Participants described a relational model of trauma practice that facilitates personal growth for themselves and their clients. They situated the negative effects of trauma work within a posture of authenticity and compassion connected to the meaningfulness of their work with trauma-affected people. The rewards of trauma work have been documented in the vicarious resilience literature, which explains how trauma workers are inspired by and learn from their clients (Hernández *et al.*, 2007). Many participants in our study experienced such benefits. However, they also described what we term vicarious resistance. Resistance is a key concept in radical social work tradition (Feldman, 2021). In this article, we frame trauma professionals' revaluing of the care labour rendered invisible in transactional service environments as vicarious resistance. Vicarious resistance counters the dichotomisation of vicarious trauma and vicarious resilience to bring the structural aspects of trauma work into view.

Complex trauma care and neoliberalism

From the 1970s, feminist practitioners adopted the vocabulary of trauma to describe the significant impacts of men's violence on women and children in the socio-political context of gender inequality (Herman, 1997). Professional responses to child abuse, domestic violence and sexual assault emerged in the 1970s and 1980s alongside the ideologies and structures of neoliberalism (Bumiller, 2008). Neoliberalism is a social and economic theory that asserts that the well-being of society is maximised through a framework of free trade that incentivises individual entrepreneurialism (Harvey, 2010). Social understandings and policy responses to gendered violence have evolved in dialectic relation to neoliberal policy paradigms that involve the marketisation of social welfare. This process has taken place through several vectors, including social welfare organisations' dependence on government funding, compromising their

freedom to advocate for social change (Pollack, 2010). These shifts have been attended by an appropriation of trauma language in which recovery from abuse is individualised, requiring personalised care rather than social change (Bumiller, 2008).

Since the mid-1990s, trauma-informed care paradigms have emerged across multiple sectors to assist professionals working with people who have lived experience of trauma. Much of this has been driven by service providers with inconsistent support from governments (Salter *et al.*, 2020). Trauma-informed care has been championed as depathologising and victim-orientated, shifting professional modes of inquiry from 'What's wrong with you?' to 'What happened to you?' (Bloom, 1994, p. 476). However, Hendrix *et al.* (2021) argue that under neoliberal conditions, professional understandings of trauma are reverting to more stigmatising conceptualisations, wherein symptoms are individualised and decontextualised within a managerialist push for diagnosis and treatment. Whilst key developments in trauma care were driven by the women's movement, McKenzie-Mohr *et al.* (2012) observe that much of the trauma-informed care literature fails to recognise the social contexts that give rise to trauma or advocate social change. Tseris (2016) argues that individualised trauma-informed responses can undermine feminist framings of abuse as occurring within the context of gender inequality. Indeed, in some jurisdictions, neoliberal approaches to gendered violence have been characterised by pronounced efforts to decontextualise it, demanding gender-blind services in response to deeply gendered forms of violence (e.g. Dragiewicz and Lindgren, 2009; Ishkanian, 2014). However, a less visible but pernicious impact of neoliberalism has been the rationalisation of models of service in which relationships of care and support can become transactional rather than relational (Trevithick, 2014).

Risk and resilience in complex trauma care

Vicarious trauma refers to a set of symptoms that are developed through indirect exposure to trauma. Pearlman and Saakvitne (1995) characterise vicarious trauma as an interaction between practitioners' personal histories, clients' traumatic experiences and the contexts in which they occur. In this formulation, explanations for vicarious trauma go beyond the individuals involved to include consideration of social and cultural settings as key factors in indirect traumatisation. These contexts are important as studies show the development of vicarious trauma can be minimised for individuals in supportive organisations (Coles *et al.*, 2013). However, as trauma-informed paradigms have evolved, critics have argued that vicarious trauma has been increasingly constructed in ways that individualise the impact of trauma work and places the onus upon professionals to

manage their reactions to what are ultimately social issues: child abuse, domestic violence and sexual assault (Reynolds, 2011).

Similar concerns attend the construct of vicarious resilience. The concept of vicarious resilience was developed in 2007 to describe the positive dimensions of trauma work, wherein therapists benefit from exposure to clients' resilience (Hernández *et al.*, 2007). Engstrom *et al.* (2008) identified three main characteristics of vicarious resilience: (1) benefits to professionals through the re-evaluation of their lives; (2) recognition of the human capacity to thrive; and (3) reaffirmation of the value of their work. Key outcomes of vicarious resilience include increased hopefulness and self-care and positive changes in life priorities (Hernandez-Wolfe *et al.*, 2015). Vicarious resilience is an important reminder of the many benefits of trauma work, serving as a counterweight to characterisations of this work as fraught with risk and sacrifice (Salter *et al.*, 2020). However, the notion of resilience is not without baggage.

The concept of resilience has been co-opted as part of the 'feeling rules' characterising neoliberal societies that have deconstructed social safety nets (Gill and Orgad, 2018). As responsibility is devolved to individuals to secure their well-being, they are expected to actively monitor their mental state and cultivate skills to 'bounce back' from setbacks. Negative experiences are consequently reframed as opportunities for growth. These neoliberal feeling rules have circulated through social welfare sectors, with the empowerment and resiliency of professionals and clients seen as measurable outcomes (Bumiller, 2008). However, the concepts of self-management and resilience under these conditions can be counter-therapeutic. For instance, a study examining understandings of resilience amongst social workers found some sought to protect themselves from emotional harm and burnout at work by emotionally distancing themselves from their clients (Galpin *et al.*, 2019). Professional responses to traumatised clients are framed by social and service settings that impact capacity and practices of resiliency in important ways.

Neoliberalism is often conceptualised as hegemonic; however, Harris and White (2009) argue there is space for resistance. Resistant action does not have to be grand-scale protest. It can be rebellious acts where workers challenge managerial discourses by 'reweaving the social fabric through care and relationship' (Baines *et al.*, 2020, p. 14). In fact, trauma professionals are seen by Sapey (2013) as uniquely positioned to challenge the depoliticisation of care work, which Baines *et al.* (2020) suggest is due to the ethics of solidarity that care work is often situated within. Within neoliberalism, much of this care work has now been standardised to reduce costs, and workloads, waiting times and performance targets have all increased. However, in a study of care work under neoliberal reforms, Baines *et al.* (2020) found that rather than leave clients' needs unmet, social workers would participate in forms of resistance against employers and governments, including performing unpaid

work and enacting care and kindness. Baines *et al.* (2020) argue that such practices are critical to the labour of social reproduction typically undertaken by women, and systemically undervalued and unpaid under patriarchal capitalism. Whilst recognising the costs of such resistance to workers, including the potential for burn-out, Baines *et al.* (2020) argue that these 'everyday acts of rebellion against uncaring may sustain much needed social bonds until larger social transformation comes about' (p. 14).

We draw on the critiques of neoliberalism expounded above to argue that vicarious resilience reflects commitment to an ethos of care and vulnerability that may be simultaneously protective for workers, therapeutic for the client and challenging to the dominant logics of neoliberalism. Furthermore, we link the admiration that workers expressed for their clients to the ways in which traumatised clients persevered through and resisted structural inequality. We propose vicarious resistance as a complement to vicarious trauma and resilience, arguing that effective complex trauma care requires a shift to a relational, intersubjective ethos that challenges neoliberal hegemony.

Method

We conducted interviews with professionals who work with women with experiences of complex trauma as part of a larger multi-method study on the construction of complex trauma in public policy and professional practice. This article is based on semi-structured interviews with sixty-three professionals in Queensland and New South Wales Australia. From June to November 2018, we approached services including alcohol and other drugs, mental health, sexual assault and domestic violence, legal support, refugee and migrant support, homelessness, Aboriginal and Torres Strait Islander community-controlled services and law enforcement, with an invitation to participate in our research. Sixty-one participants were women and two were men. Thirty-nine workers were based in the sexual assault, domestic violence or women's health sector as social workers, support workers and counsellors. The sample also included seven lawyers working as part of the Royal Commission into Institutional Responses to Child Sexual Abuse, who had specific experience in providing legal support to people with complex trauma. There were two support/social workers from alcohol and other drugs sector, two support/social workers from the homelessness sector, six support/social workers from migrant and refugee organisations, three support/social workers from the mental health sector and four participants who provided private mental health support (three were psychologists and one a social worker). Ten of the participants were managers of their service. There was no incentive provided for participation.

Participants were sent an informed consent form to complete prior to the interview. Members of the research team conducted the interviews via telephone or in person, according to participant preferences. Participants were asked about definitions of complex trauma and their experiences working with people with complex trauma. We also asked about strengths and weaknesses of current service responses. Interviews averaged one hour. Interviews were audio-recorded using a digital recording device with the consent of participants and professionally transcribed.

Analysis

We used Template Analysis, a form of thematic analysis that involves developing a coding template which can include themes that have been identified before the coding, as well as themes that evolve through the process of coding (King and Horrocks, 2010). This method was suited to this project as we had previously identified themes during initial comprehensive coding for the project. Coding was performed by two research officers, with an auditing process including group consultation with the research team on the first order codes. The research question guiding re-coding for this article was 'How do Australian trauma professionals develop vicarious resilience?' We re-coded the transcripts looking for discussion of resilience, meaning and connection in participants' work. Our analysis was shaped by our diverse academic and professional backgrounds. The research team comprised social work and criminology researchers, psychologists and social workers who specialise in trauma and social inequality. Our analysis is informed by our shared expertise in trauma-informed practice as well as the service and system barriers to recovery and wellbeing for women impacted by trauma and dissociation.

Ethical approval

Ethical review of the project was provided by Western Sydney University Human Research Ethics Committee (H12501) and the Queensland University of Technology (1800000678). Ethics applications were also submitted for institutional review for several participating services and agencies.

Findings

When asked about their experiences providing complex trauma care, many participants contextualised their reflections within policy and

budgetary constraints. They counterposed these constraints to 'what works' in complex trauma care and feelings of uplift, joy and admiration for their clients. The following sections present these themes in more depth: (1) The neoliberal context of complex trauma work; (2) Relationality and vicarious trauma, in which being an effective trauma practitioner included the risk of harm via exposure to upsetting knowledge of violence; (3) Vicarious resilience; and (4) Vicarious resistance. We theorised the moral and intellectual commitments of complex trauma workers as a form of vicarious resistance to the individualising logics of neoliberalism.

The neoliberal context of complex trauma work

Many participants discussed how neoliberalism shaped their workplaces and approaches to complex trauma work. They described rigid funding arrangements and unrealistic key performance indicators that cannot accommodate the complex needs of traumatised women, siloing of services due to funding regulations and risk management processes. Workers recognised that trauma had unpredictable impacts and required flexible and collaborative responses. One social worker explained:

> Funding dictates the model often but I think we've not got very inventive practices within organisations; [organisations] that are too rigid is problematic. So rigidity is a problem for trauma. Trauma does not follow a path, trauma bursts out of all kinds of places and so the – I mean, it's a cliché, but organisations collaborating, working together, is what works. (Participant ID 12)

This practitioner linked the lack of flexibility and collaboration to the neoliberal paradigm. She blamed the shift to competitive tendering which pits services against each other, saying: 'Everybody is—it's competitive tendering. It's a change of governments too quickly, no long-term planning or limited long-term views, a lurch to individualism and the need for people to just be accountable and responsible for themselves.'

The impact of short-term funding and rigid or imposed service models were also noted by a trauma counsellor as meaning that they could not respond with flexibility to clients' needs. One social worker explained: 'So I think as we said flexibility, needs-based, having different kinds of groups available because not every model is going to suit every person. I think what could help more is more long-term funding rather than short-term funding grants' (Participant ID 14).

One specialised trauma counselling service was able to offer long-term counselling. A participant from this service explained that their current funding arrangement had been signed in a 'tiny, tiny window' of opportunity that opened briefly in the early 1990s, in which concern about the

long-term impacts of child abuse prompted the government to fund them for ongoing trauma care. A social worker from the service explained:

> We have a very old contract. It's 24 years old. It was a tiny, tiny window that opened and closed. One of the things about a service like us is because we work from a trauma-informed care space and a feminist philosophy that we, number one, wouldn't cut the client off. We wouldn't cut a client off if they were in a precarious space nor would we cut a client off if they're actually in that space where they are just about to make a quantum leap. So I understand that this service is privileged in that respect, we can still get away with it but a lot of the other services, especially the newer funded services have got really strict criteria. (Participant ID 23)

The insights from this participant detail the changes in the social services sector in Australia over the past three decades and the way that managerial processes have transformed service delivery. These funding changes not only shaped service delivery but also professional workloads and security.

Participants were overwhelmed with the numbers of people they were seeing, and they did not feel they could always do the work they wanted with such limited time: 'There's simply is not enough people to do what we do...clients with trauma are going up and the services are going down in staff. I think it's not enough' (Participant ID 45). Practitioners voiced their concerns that low levels of funding made adequate staffing impossible, putting them at increased risk of burnout. As one social worker from a rape crisis agency noted 'there's no government funding... we haven't had any change in funding since 2008. It's too much. I think there's a lot of burned out, overworked, unhappy people' (Participant 22). It is notable that, when asked about their professional practice, participants so often contextualised their roles within funding constraints. They evinced considerable understanding of how government frameworks for resource allocation, structured to minimise cost and maximise efficiency, directly affected their practice in ways that were not conducive to their wellbeing or that of their clients.

Relationality and vicarious trauma

We begin this section with a quote from a rape crisis worker, which typifies the commitment to working with complex trauma clients that was common in our sample. She said:

> I have to be real in sessions. If I'm not real, I'm not having an impact. That prep stuff beforehand is really kind of going 'okay, how am I feeling today? Am I sick? Am I tired? Have I just got cranky pants on today?' Where I am sitting, because I know this person is going to be on

> to me. I need to make sure I'm this, this, and this and this in the session. (Participant ID 5)

Similarly, for this domestic violence worker, accepting her client's history and being able to take time to process her feelings was critical preparing for her work:

> At the start, there has got to be a sense of acceptance that this is what has occurred, this is what I am hearing, this is real and to be able to navigate that in your own space and take time to do that, just to really centre yourself every day I think is huge. (Participant ID 25)

These professionals articulated a relational rather than transactional approach to client work. Being real, touching base with their feelings and knowing that their clients need them to be fully present for them to have an impact, grounds their work in an ethos of care in contrast to the feeling rules of neoliberalism. This relational ethic evidenced a parallel process, where being in touch with their feelings meant that professionals were able to connect with client's feelings and honestly appraise the impact that this had on them professionally.

Some of this impact was detrimental. Professionals acknowledged that trauma work did change their lives in negative ways. Simply knowing what their clients had been through could be challenging, since it revealed harmful aspects of human behaviour. As one social worker said: 'You have to carry that horror that they have been through somewhere in your world and find a way to make it fit so that doesn't make you not want to ever leave the house again' (Participant 45). Several participants felt that it was natural and healthy to be affected by complex trauma work. Indeed, scholarship on vicarious trauma frames it as a normal and expected consequence of working with traumatised people (Pearlman and Saakvitne, 1995). In the excerpt below, a social worker argued that a supportive professional would, by definition be affected by work with complex trauma clients; being changed by the work was a sign of being open to this particular group of clients. She said:

> I think to have an altered arousal state within yourself is the healthy response, because if you're not responding either physically or psychologically to the trauma you're hearing then either you are so cut off from your own responses - how can you then be providing an emphatic and supporting and believing intervention for someone? Or you are just so numb that at that point you need a supportive intervention yourself. (Participant ID 13)

The inevitability of vicarious trauma as part of authentic approaches to trauma care unfolded within service arrangements governed by neoliberal risk minimisation. The risk of vicarious trauma was frequently mentioned in connection with supervision, which was mandatory for some professionals. Supervision was mostly experienced as positive. However, the routinisation of supervision as part of an occupational

health and safety agenda could lend it an obligatory, depersonalised quality. A social worker who was the clinical coordinator in a rape crisis service framed supervision as follows:

> People are required to debrief before they go home at the end of their day. That doesn't matter at what time of the day or when you finish. You have clinical supervision, everyone. It's seen as a worker health and safety issue here, it's not self-care, it's not a personal thing. It's actually worker health and safety. (Participant ID 2)

The incorporation of supervision into standard workplace practice can signal that the employer has prioritised and taken responsibility for the health and well-being of trauma-exposed staff. However, mandatory supervision led to some workers feeling it was overprescribed. A community legal worker said, 'Sometimes it's a bit over the top for me—I really don't need to talk about my feelings with every single client, I just don't need to do it' (Participant ID 7). Another participant felt that there was no productive outcome from talking about how overwhelming the work was when there was no actual change in her work. She said:

> They tried to bring in a mandatory supervision thing, we spoke to a psych, but just going to speak with the psych and going, "I feel shit 'cause this has happened and this has happened," and them just listening, it doesn't really change anything. (Participant ID 18)

This quote illustrates the ways in which neoliberal policies can appropriate care practices such as supervision. The ameliorative potential of supervision is lost within a bureaucratic milieu in which relational interactions are deindividualised. This backdrop forms an important context for the next section of our findings, where we describe the personal and political ways trauma professionals keep their work rooted in care ethics.

Vicarious resilience

It was common for participants to remark on the emotional satisfaction that comes with trauma work. For instance, this social worker in a women's service commented on the affirmation she receives from her clients who emphasise the difference she has made for them. She said:

> So I've seen little kids arrive [at the service] and then they come for another reason, and they'll say, 'Remember you saw me? Remember you gave me this? Look, I still have it, and it helps me every time I go from one place to another. I take it with me,' so you see some impact that is a positive… you can see the effect… and that's what keeps you going… they'll show you that what we do is positive. (Participant ID 14)

The strength and tenacity of complex trauma clients often evoked expressions of amazement and awe from workers. References to the

resilience of clients were common in interviews. The entanglement of trauma with persistence and hopefulness lent an extra-ordinary dimension to trauma work. A trauma therapist pointed out the duality of her role, in which she is exposed to the ugliness of abuse and violence, counterbalanced by witnessing clients' recovery.

> I spend all day at work hearing about what's not beautiful. But I also see lots of the other side of that, right? Incredible stories of resilience... I also see people get better, and that's beautiful. It's wonderful. It's what fills you up, I think. (Participant ID 40)

Participants were astute witnesses to the hardships in the lives of their clients, which included direct trauma and the compounding and accumulating traumas of punitive welfare policies and fragmented service systems. The ability to see the joy in their work, despite the trauma that they witnessed and the constraints imposed by the systems within which they worked, exemplifies what Rose (1999, p. 280) labels as resistance within neoliberalism—'a small reworking of their own spaces of action'. As the following section illustrates, these spaces of action extended to political consciousness about their complex trauma work which resists the invasive tendencies of neoliberal prerogatives.

Vicarious resistance

Whilst trauma work has been criticised as depoliticised, many participants in our research were deeply committed to social change. Their work was a vital part of their politics. Being a feminist and working in a feminist organisation was commonly mentioned as a reason professionals were drawn to this work, which is reflective of the majority of participants working in the domestic abuse and sexual assault sector. A social worker commented:

> I started working with refugees ... then very quickly I went into working with women health centres and then I went straight to sexual assault, so I don't know any other kind of work that I've done as a social worker...I don't know of any other work I would have done. I'm quite into it and I love it ... I stayed because I've always been passionate about social justice and women's rights. (Participant ID 8)

Workers described their organisations' feminist politics. A social worker indicated that this meant that they situated their clients' experiences within their social context:

> We use a feminist philosophy, but also we have formed a trauma-informed practice. About 60% of the women that we see are survivors of child sexual abuse. And so it is trauma-informed, but we always do that with a feminist context or social justice perspective. We think that's truly

> important to situate the experience of that within that context so that gives them an explanation for why it's not their fault. (Participant ID 12)

Feminist politics also informed how workers related to each other within their organisations, enabling them to work collaboratively in the service. A social worker explained how this made the trauma work they did easier:

> One of the things that makes it a little bit easier is that we actually do feminist values here, that it's not lip service – but it's in how we work with each other, it's in the language that we use towards each other, it's our attitudes to the expertise of the other, and working collaboratively on things, is really the only way to follow those feminist values and that feminist philosophy instead of competing against them. (Participant ID 23)

Organisational culture also shaped how practitioners felt about their work. A sense of the social value and importance of the work it could suffuse the entire organisation in a beneficial way. This social worker in a sexual assault organisation commented:

> I think everyone that you speak to in this organization, and I'm sure across the board, is here because there's something about doing the work that feels fundamentally valued...that's very sustaining...I think it's sort of [a] very privileged position and it's a very enriching kind of thing to do, actually. (Participant 27)

A desire for social change was part of many participants' motivations for doing complex trauma work. A social worker explained:

> What drew me to the work? I want to make the world a better place. So idealistic, but I, just really right from the get-go of beginning work in this area I just want things to be better for people who are abused, particularly from the perspective of either preventing it or...if people do experience abuse I want the response to their trauma and their experience to be better than what is currently offered. (Participant ID 9)

Whilst some workers had political reasons for their work in social services, others became politicised through their professional endeavours. For instance, one lawyer discussed the effect of working with sexually abused clients on her, emphasising the historical and personal insights she has gained from Aboriginal clients who were forcibly removed from their families and institutionalised, only to be sexually abused. She said:

> I've learnt so much about our history as a country, and how shameful so much of it is. Not just the treatment of our Aboriginal people, which is woeful, but just some of our historical attitudes in our parent's generation, our grandparents' generation. So it's been very meaningful in that way too...a bit of a step in my own personal maturity. (Participant ID 10)

In this section, we have drawn together examples of statements about political commitment that were common in our interviews. Whilst the language of trauma-informed care has been criticised for stripping conceptual frameworks of their politics, we did not find this. Instead, professionals articulated considerable sensitivity to the neoliberal pressures and expectations that pervade the social welfare sector. As the previous section explained, participants articulated a framework of ethical practice steeped in commitments to relationality and mutuality. For some practitioners, this framework was built on political education or activism. For others, critical political and historical consciousness emerged from doing trauma work.

Discussion

It has been long observed that liberal political philosophy presumes an idealised rational and hedonic agent whose relations with society and other agents are mediated primarily by contract (Pateman, 1988). This idealised subject has been criticised for 'failing to attend appropriately to human vulnerability' (Dodds, 2014, p. 181); that is, the primary dependency of all human beings upon others, and how subjectivity is constituted developmentally, relationally and socially. If '[v]ulnerability is a disposition of embodied, social, and relational beings for whom the meeting of needs and the development of capabilities and autonomy involve complex interpersonal and social interactions over time' (Dodds, 2014, p. 182), then complex trauma can be understood as a disruption of these interpersonal and social interactions with negative implications for the development of human capabilities and autonomy. The ethos of care recounted by participants was accompanied by an ethos of 'vulnerability'; an acknowledgement of innate human capacity to hurt and be hurt, and a preparedness to experience pain as an aspect of working with trauma. Professionals in our study mobilised their own vulnerability in response to their clients. Vulnerability is not merely a vector for injury but also an opportunity and resource for healing. The goal of complex trauma care was framed as the creation of a relational environment in which the injuries of trauma can be healed and individuals can flourish.

Neoliberalism represents the contemporary reassertion of laissez-faire liberal economics in reaction against to the welfarism and Keynesianism of the post-World War II period (Harvey, 2010). As our participants indicated, the evolution of complex trauma care under neoliberalism has circumscribed service responses, with a focus on contractual, time-limited health care that promotes individualised risk and resilience in clients and workers. Conceptualisations of vicarious trauma and resilience could inform ethics of care, but they were also available for appropriation within neoliberal models of personal responsibility. For example,

supervision was seen mostly as a form of workplace safety for the participants, but as Beddoe (2010) argues, the obligatory requirement to participate in supervision dovetails with the 'audit culture' of neoliberalism, where risks are managed through compulsory checks and balances.

Participants described resisting the transactional requirements of neoliberal care work, instead centring relational care ethics. They identified a range of benefits from trauma work, attributing resilience to themselves and their clients. They described learning from the resilience of people with complex trauma and the personally transformative, politically invigorating and morally satisfying characteristics of their work. These characteristics exceeded the narrow parameters of neoliberal resilience and countered feeling rules that prescribe discrete, bounded, atomised subjects.

In our study, vicarious resistance took two forms. First, professionals mirrored their clients' resistance to the isolating dimensions of abuse and trauma. As traumatised people reached out for help in ways that exceeded the time-limited constraints of service systems, professionals responded in kind. Guided by the needs of their clients, they committed themselves to 'being real' in complex trauma work; that is, being vulnerable rather than impermeable, relational rather than individualistic and compassionate rather than disinterested. This form of resistance can be understood as vicarious and mutual between client and worker. Those coming to services for support and empathy were in themselves resisting the way that trauma destroys bonds and isolates people. At the most basic level, they were hoping for a connection with another and seeking to speak out about experiences that are often silenced (Herman, 1997). The professionals in our study characterised themselves as honoured to be on the receiving end of this hope and aimed to be worthy of it in their practice.

Secondly, professionals resisted the individualising and alienating neoliberal order. Their ethic of care was connected to political awareness of the direct and symbolic violence of gender inequality, racism, colonialism and other forms of oppression. A practice of care was mobilised to ameliorate individual and socially situated forms of trauma, including the re-traumatisation within bureaucratic and bewildering service systems. Power and Bergan (2019) argue that maintaining relational connection as the core of care work is a form of radical social work practice for resisting neoliberal care work structures. Baines *et al.* (2020) identified social worker commitments to care and kindness key forms of resistance to neoliberal constraints imposed by funders, employers and governments. Vicarious resistance can provide practitioners with a framework to move beyond the dichotomisation and individualisation of vicarious trauma and resilience to enact political commitments to care for themselves and service users.

However, there are significant limits to the resistance that we documented here. A possible reason for the increased salience of frameworks of trauma-informed care, and associated notions of vicarious trauma and resilience, is their ambiguity. They are legible and compelling within feminist ethics of care, but also able to be subsumed into neoliberal frameworks of individual risk and responsibilisation. Professionals in our study mobilised these practices and concepts against the structures of patriarchal neoliberalism finding satisfaction in this approach to endemic violence and abuse. However, much of this work is invisible and unrecognised, mirroring the taken-for-granted and unpaid 'reproductive labour' (Fraser, 2013) that sustains life and thus facilitates the reproduction of society and social bonds outside of the market.

Conclusion

This study provides insight into the ways that relational care ethics can facilitate the development of vicarious resistance to transactional work in the context of neoliberal care systems. Vicarious resistance complements the concepts of vicarious trauma and resilience by reintroducing the political contexts that engender trauma. Our findings have some key limitations. First, our sample was self-selecting. Participants were highly trauma-literate, with many having worked in the specialised trauma the field for many years. This cohort is not representative of all trauma professionals. Still, participants' orientation to the rewards of trauma work may provide clues to their longevity in a field marked by high levels of burnout. Secondly, participants were drawn from two Australian states. Future research could compare trauma workers' experiences of vicarious resistance in more locations to assess jurisdictional and cultural differences.

The vicarious resistance documented here 'may sustain much needed social bonds until larger social transformation comes about' (Baines *et al.*, 2020 p. 14) but it is no substitute for that transformation. Indeed, it may be easily incorporated back into systems that depend on the expropriation of undervalued care labour. However, our findings point to internal fracture points where trauma-informed care meets neoliberal service systems. Trauma-informed work may be most impactful and sustainable (and efficient in neoliberal terms) in terms of meeting clients' and care workers' needs when it is guided by relational ethical principles at odds with the abstract metrics imposed by policy and funding requirements.

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