Mitigating Vicarious Trauma: Synthesised Annotations of Literature

Anderson and Overby, (2020). Barriers in seeking support: Perspectives of service providers who are survivors of sexual violence.

This qualitative study interviewed 19 female, trans, and nonbinary survivors of sexual violence, who are in different service provider roles supporting survivors of domestic violence or sexual violence, to address the help-seeking experiences of these service providers. The results found a theme of "increased sensitivity to structural barriers in accessing services in the community" (p. 1577) amongst participants. The structural barriers included, transportation, distance and location of support services, the availability and financial accessibility of services, and the need to deliberately take time off work to get support for their trauma (Anderson and Overby, 2020). The second theme that emerged from the input of the helping professional participants was the "reciprocal impact" their work had on their own experiences of trauma, including "internalized barriers to seeking formal support for themselves and impact on practice" (p. 1573).

On an organizational level, service providers who are also survivors of sexual violence require "access to consistent and quality supervision…, maintaining reasonable caseloads and cutting back when needed" (p. 1580). Further research that identifies the needs of this specific population can help support training and interventions in the workplace to mitigate trauma. Organizations can build accessible tools and resources, such as "an anonymous online tool guiding the survivor through questions and resources may help provide validation, support, and information should they choose to seek additional supportive services" (p. 1580). In addition, policy changes around taking time off work, such as implementing "Earned Sick and Safe Time" allows employees to "request time off for any reason, including seeking support for sexual assault and domestic violence" (St. Paul, Minn., CODE § 233, 2016, in Anderson and Overby, 2020, p. 1579).

Ashley-Binge and Cousins, (2020). Individual and organisational practices addressing social workers' experiences of vicarious trauma.

The study uses a "narrative literature review of studies and articles over the last 10 years...that identified individual and organisational strategies to reduce the risk of vicarious trauma" (p. 191). In almost all the literature, it found that supportive supervision on an individual and organisational level is needed, in which "agency provided supervision is not sufficient to mediate the vicarious trauma and is too simplistic a solution" (p. 198). Organizations should encourage the "use of tools like ProQol" (Stamm, 2010 in Ashley-Binge and Cousins, 2020, p. 199) to support social workers' work life balance. In assistance with social worker self-care, organizations can provide "reasonable income [so that this] may allow someone to undertake more activities that they rate as self-care" (p. 199). The study found that two research initiatives "highlight that workers need to be educated about vicarious trauma as a concept before they can address it," while it is equally important to inform social workers of the positive aspect of their work, including training on "vicarious resilience" (p. 200). Themes of "professional development... adequate physical space and resources at work... [and] workplace culture and climate" were also identified within the remainder of the studies as organizational level strategies that need improvement, but once implemented can help mitigate VT for social workers. The

authors note that the studies reviewed recommended organizational strategies of "supervision... workload... resources... professional development... [and] attention to workplace culture," but these recommendations were found to be "less about self-care and more about systemic issues," that are "understood at senior levels, [but have] not yet surfaced as an issue requiring organizational attention" (p. 203-204) and responsibility.

Babin et al., (2012). Communication Skills, Social Support, and Burnout among Advocates in a Domestic Violence Agency.

"This study examined the relationships between communication anxiety, communication competence, perceived social support, and feelings of burnout among domestic violence advocates" (p. 147). It found that "the more anxiety people feel toward their communicative interactions in a counseling or advocacy setting, the more likely they are to feel uncertain about how well they are able to complete their job, and that these feelings of reduced personal accomplishment and self-confidence also relate to occupational burnout" (p.159). "[I]nformational support, rather than emotional support, emerged as a significant predictor of unique variance in emotional exhaustion" (p. 159). The authors recommend to the domestic violence agency that it "develop scenario-based communication skills training programs to reduce communication anxiety and increase communication competence, hold regular debriefing meetings to help advocates process their experiences and to receive peer support, and develop formalized mentoring programs that can provide social support for new workers" (p. 147).

Backe, (2018). A crisis of care: The politics and therapeutics of a rape crisis hotline.

The study researches a rape crisis hotline and finds that approaches to support survivors "represents a crisis of care," creating a tension between "the survivor-centered model" advocates provide and "the mental health needs of clients" (p. 463) calling the hotline, further resulting in an increase of VT for advocates. Self-care has been identified as a value of the agency, while for those advocates that need therapists due to their role in rape crisis hotline work, self-care becomes insufficient. Reflexivity and self-work are outlined as techniques in recognizing an advocate's own biases and using survivor-centered approaches to set boundaries in providing care. Formalized care structures must be in place for care providers to mitigate vicarious trauma and in turn reduce employee/volunteer turnover, wait times for mental health services, and increasing the sustainability of workers. Organizations can use training to focus on "building critical consciousness of the power dynamics and forms of violence that foster opportunities for harm, the neurological complications of trauma, and the institutional barriers in the victim services sector" (p. 467).

Bell et al., (2003). Organizational prevention of vicarious trauma.

This study completes a literature review researching organizational concepts relative to vicarious trauma and finds that recognizing vicarious trauma in the workplace can help agencies make organizational level changes to mitigate VT. These suggested changes have been identified as "both prevention and intervention strategies in the areas of organizational culture, workload, work environment, education, group support, supervision, and resources for self-care" (p. 465).

Organizations can support employees' access to resources for self-care by making counselling and stress management workshops available for all staff, encouraging peer support, offering in-house meditation groups, and providing adequate mental health coverage. Organizations encouraging group supports can boost the social and emotional support readily available for trauma workers, while peer support groups can "clarify colleagues' insights, listen for and correct cognitive distortions, offer/perspective/reframing, and relate to the emotional state of the social worker" (p. 467). Organization's hold a responsibility to educate and inform their employees about trauma-specific approaches and impacts of doing trauma-related work, beginning with the hiring process and as an ongoing process to learn about VT and new ways of mitigating VT impacts.

Social workers' workloads can be diversified through an organizational structural change, such as developing "intake procedures that attempt to distribute clients among staff in a way that pays attention to the risk of vicarious trauma certain client might present to workers" (p. 466). The study also suggests that organizations' work environment should reflect a "safe, comfortable, and private work environment," where workers feel safe in the area inside and outside their work space and have the ability to display "meaningful items in their workplace" (p. 466-467) to find comfort and inspiration.

Lastly, the study suggests "effective supervision is an essential component of the prevention and healing of vicarious trauma," which could be carried out through weekly group supervision check-ins and, if possible, a clear separation of supervision and evaluation functions to allow workers to feel comfortable sharing, but if not possible then outsourcing for "trauma-specific supervision on either an individual or group basis" (p. 468). However, there is lack of knowledge around how agency policies and agency-specific leadership structures (ie. manager, assistant manager, coordinator, team lead, etc.) impact support in mitigating vicarious trauma.

Bemiller and Williams, (2011). The Role of Adaptation in Advocate Burnout: A Case of Good Soldiering.

This study finds that "despite the effect of job demands on burnout, adaptations to the position matter most" (p. 104). The 'adaptation to the position' refers in part to a phenomena called 'good soldiering'. The authors describe good soldiering as "more than motivation; it involves staying in the job, doing the dirty work (so to speak) that others will not do, and dealing with a population (and other agencies) that may be difficult, confrontational, and, at times, unappreciative...The worthiness of such work makes the job meaningful" (p. 94). Incidentally, "the perception of coworkers' stress (coworkers stressed) increases burnout...whereas one's own adjustment to the work (rewards decrease stress and positives) decreases burnout" (p. 102). The researchers recommend a number of ways to alleviate coworker stress. One way is communication, the researchers state that "If advocates are encouraged to speak to one another—and to their supervisors—about their work experiences (both positive and negative experiences), the perception of a stressed-out workforce may diminish, resulting in a healthier work environment" (p. 105). The researchers also recommend that flex-time be provided to advocates (p. 105) to allow them to take time away from the shelters that they work at.

Ben-Porat et al., (2019). Vicarious growth among social work students: What makes the difference?

The study examined 259 social work students in their field practicum from 3 different schools in Israel working with trauma victims, focusing on personal and environmental factors associated with the "role of secondary traumatization in the growth process" (p. 662). The findings indicate that the role of supervisors plays a significant factor in helping students grow and in supporting their emotional experiences while working with trauma victims. The findings also revealed that compared to first year students, "students in their third year of social work school showed more growth" (p. 662). Lastly, the findings indicated that secondary trauma symptoms are associated with and contribute towards growth within the helping process. An individual strategy employed to mitigate vicarious trauma was to raise students' self-awareness and collective awareness around the negative and positive implications of working with trauma victims. An organizational strategy is effective supervisor training that focuses on teaching the positive and negative implications of work with trauma victims by helping students identify their feelings and modeling supportive behavior.

Benuto et al., (2019). Supporting Those Who Provide Support: Work-Related Resources and Secondary Traumatic Stress Among Victim Advocates.

This study "examined how organizational factors may act as protective (or risk) factors against the development of STS among primarily female victim advocates" (p. 337). It "investigated the relationship between victim status, years of experience, hours of direct contact with victims, and availability of workplace supports in the development of STS… [and found that] the only significant predictor of STS was the number of direct hours of victim services provided" (p. 336). "The findings do suggest that organizations should be mindful of the number of hours that victim advocates work directly with victims" (p. 339).

Bishop and Schmidt, (2011). Vicarious traumatization and transition house workers in remote, northern British Columbia communities.

"This research explores the issue of vicarious traumatization as it affects the support workers in a remote, northern area of British Columbia, Canada. The workers' knowledge of vicarious traumatization was found to be somewhat limited and training and support were minimal. Debriefing, better training, and more education are needed to address this issue" (p. 65). A key insight from the support workers finds that previous trauma serves as a risk factor for VT (p. 69). The prevention strategies identified include: formal training for workers to "learn more about recognizing and understanding vicarious traumatization, as well as strategies to prevent its occurrence" (p. 71), "[f]ormalized debriefing and counseling for support workers… Not only did workers identify the need for debriefing, counseling, and clinical supervision, some workers felt developing debriefing practices for the group would also be beneficial" (p. 71), and "for management to encourage self-care practices including, sending emails or memos with self-care ideas, encouraging and supporting workers to take breaks, providing books on self-care, setting up a corporate rate for group membership at the local gym, supporting staff when they need to take time off, sharing success stories, and providing positive reinforcement to staff" (p. 71).

Bober and Regehr, (2006). Strategies for reducing secondary or vicarious trauma: Do they work?

The authors completed a qualitative research study of 259 therapists in southern Ontario to assess if therapists "believed and engaged in commonly recommended forms of prevention for secondary and vicarious trauma and whether engaging in these activities resulted in lower levels of distress" (p. 1). The study found that though therapists believed in recommended coping strategies, some intervention strategies were found to "unduly individualize the problem," and "these beliefs did not translate into time devoted to engaging in the activities,… [moreover] there was no association between time devoted to coping strategies and traumatic stress scores" (p. 1). Moreover, no evidence supports commonly recommended intervention strategies, such as self-care, leisure activities, and other coping strategies, as "protective against symptoms of acute distress" (p. 7). The study suggests that "the solution seems more structural than individual…[as] organizations must determine ways of distributing workload in order to limit the traumatic exposure of any one worker" (p. 8). The authors argue that efforts to mitigate VT must "shift from education to advocacy for improved and safer working conditions" (p. 8).

Butler et al., (2019). Six domains of self-care: Attending to the whole person.

The authors proposed six domains of self-care that reflect on "Abraham Maslow's (1943) hierarchy of needs" (p. 109). Beginning at the bottom of the pyramid with the physical domain of self-care, then professional/workplace, relationship, emotional, and psychological self-care, and lastly spiritual self-care. Physical self-care involves "tending to the needs of the physical body in order to achieve or support optimal functioning and to avoid breakdowns or deterioration within systems," including adequate sleep, nutrition, exercise, and "health maintenance and adherence" (p. 110). The goal of the professional domain is to "manage or prevent work-related stress and stressors, reduce the risk or mitigate the effects of burnout and other workplace hazards, and increase work performance and satisfaction" (p. 111) by utilizing social support and improving time management and prioritization. The relational domain suggests improving the "efforts we make to maintain and enhance our interpersonal connections to others" (p. 112), which extends to family, friends, pets, professional or recreational acquaintances and making a commitment to strengthening the available social support network by being altruistic and considering virtual social networks.

The authors define the emotional self-care domain as "practices that are engaged in to safeguard against or address negative emotional experience as well as those intended to create or enhance positive emotional experience and wellbeing…[including] identifying and replacing destructive ways of coping,...reducing negative emotional experience,...[and] increasing well-being and happiness" (p. 114-115). Next, the psychological self-care domain focuses on "pursuing and satisfying intellectual needs and purposeful and reflective efforts to understand and attend to the overall needs of the organism," which includes pursuing intellectually fruitful activities, such as "political debate, humor, solving puzzles, playing games," and more, and "self-awareness and mindful reflection on self" (p. 116) to enhance experiences of resilience. Lastly, the spiritual self-care domain "creates space to reflect on our own inner needs and our role or place within the world and universe," which can be done through "faith-based spirituality…[such as] religious participation" or "secular or non-faith-based spirituality," including "spiritual meditation" and

"connecting with nature" (p. 117-118). However, considering all of these, this approach is highly individualized and is missing the consideration of structural and organizational level barriers in achieving individual level goals for self-care, including lack of funding or health care coverage.

Choi, (2011). Organizational Impacts on the Secondary Traumatic Stress of Social Workers Assisting Family Violence or Sexual Assault Survivors.

This study aims to help fill gaps in the research on "the relationships between organizational characteristics and STS among social workers providing direct services to survivors of family violence or sexual assault" (p. 226). It "found that social workers who received more support from their coworkers, supervisors, and work teams demonstrated lower levels of secondary traumatic stress. Social workers who also had more access to their organizations' strategic information exhibited lower levels of secondary traumatic stress… having an organization's strategic information means having a clear understanding about work flow, productivity, and external environmental factors that interact with the organization and impact the organization and its future direction" (p. 235). "Organizations could take several strategies to provide their social workers with more access to strategic information. First, administrators could invite frontline social workers to directly participate in the agencies' decision-making process when establishing annual goals and strategic information (O'Brien, 2006). Directly participating in the agencies' decision-making meetings could expedite the process of transmitting any changes or new information from top management to frontline social workers" (p. 235-236). "Social work administrators and individual social workers should recognize that people with personal trauma histories tend to be more vulnerable towards STS. It is crucial that individual social workers take precautions, such as using healthy coping methods. Some examples of healthy coping methods include balancing or setting boundaries between professional and personal life" (p. 237).

Cummings et al., (2018). Compassion Satisfaction to Combat Work-Related Burnout, Vicarious Trauma, and Secondary Traumatic Stress.

"There are four aims of the current study: First, to assess the concurrent validity between the STS subscale on the ProQoL scale and the Secondary Traumatic Stress Scale (STSS), which is the gold standard in the field; second, to examine the relationship between CS and burnout; third, to examine which predictor (burnout and victim of a trauma) accounted for the most variation in victim advocates experiencing STS and VT; and fourth, to examine whether CS influenced the relationships between burnout and STS and VT" (p. 6). Based on their findings, the authors state that "increasing CS could be implemented as a target goal of interventions for burnout, VT, and STS. Doing so may provide an additional protective factor for individuals, thereby increasing the likelihood of recovery from these forms of distress, as well as equipping individuals with the ability to counteract the negative stimuli these professionals encounter during their daily work duties" (p. 12). "[B]urnout, VT, and STS appeared to be co-occurring within our sample… [and] these findings suggest that individuals experiencing one form of psychological distress are significantly more likely to experience at least one other. Therefore, organizations employing helping professionals, especially victim advocates, should routinely screen for each sequela, especially when one is already found to be present. In addition, an intervention should be developed for use with victim advocates, specifically, targeting all three psychological responses, regardless if all are present at the time of the implementation of the intervention" (p. 11).

Furthermore, “a prevention program targeted at increasing CS and decreasing burnout provided by organizations employing victim advocates could be effective in proactively addressing the potential negative effects likely to occur when working with individuals who experienced trauma. Given that interventions have proven to be effective in treating these responses in other helping professions (e.g., Berger & Gelkopf, 2011), such efforts may, in turn, reduce the rate of turnover in these organizations, decrease the number of mental health days taken, and increase the quality of care provided to victims of trauma” (p. 12).

Dworkin et al., (2016). Individual-and Setting-Level Correlates of Secondary Traumatic Stress in Rape Crisis Center Staff.

The goal of this study was to “examine potential correlates of STS for rape crisis workers at the individual and setting level” (p. 744). Its findings include: “[y]ounger age and greater severity of sexual assault history were statistically significant individual-level predictors of increased STS. Greater frequency of supervision was more strongly related to secondary stress for non-advocates than for advocates. At the setting level, lower levels of supervision and higher client loads agency-wide accounted for unique variance in staff members’ STS” (p. 743). The authors suggest that agencies “should be particularly conscious of the effects of trauma work on their young staff members and those with a trauma history and build in opportunities for these staff members to get support” (p. 750). The researchers also comment that “offering greater supervision to all staff members or being conscious of the meta-communication of high agency-wide client loads might protect against STS” (p. 750).

Hallinan et al., (2019). Reliability and validity of the Vicarious Trauma Organizational Readiness Guide (VT-ORG).

After researching 13 first responder and victim assistance agencies, the study found the Vicarious Trauma Organizational Readiness Guide (VT-ORG) to be a “reliable and valid assessment of organizational responses to vicarious trauma” as the tool had “excellent internal consistency” and it was able to predict and measure “turnover intention, compassion satisfaction, and organizational resilience” (p. 481). VT-ORG provides “assesses responses and preparedness regarding VT in these agencies and provides a score on five scales of organizational health” (p. 481). This tool can be used to “highlight both existing strengths and areas needing improvements, including specific strategies for addressing VT and general areas of organizational health” (p. 483). The study outlines “the need for employee empowerment” within a work environment, “underscoring the importance of both formal and informal approaches to addressing VT” (p. 489). The VT-ORG is accessible online and can be used to create organizational change by identifying areas of improvement and “motivating organizations to allocate resources and time to address VT” (p. 490). A gap in this study is that it did not provide any input of how the VT-ORG applies to individual strategies in mitigating VT.

Horn, (2020). Decolonising emotional well-being and mental health in development: African feminist innovations.

The author draws on their experience in being part of the African Institute for Integrated Responses to Violence Against Women and HIV AIDS (AIR) and finds that a “decolonial

feminist approach" is needed to reframe "healing knowledges produced by communities of African women affected by collective distress, and pays attention to the structural roots of trauma" (p. 85). Practitioners can actively identify and explore the ways in which their work influences and impacts their emotional state and then use this knowledge to make "visible the contributions that the people [they] serve can make to building [their] emotional resources and capacities and [their] ability to sustain [their] work" (p. 95).

The study emphasizes the need for organizations to shift focus away from Western frameworks to trauma, that are highly individualized in its approaches, to a feminist framework that adapts "the methods that communities of survivors themselves use to aid healing...involving movement, music, and other expressive mediums" (p. 96), and are focused on collective healing, emotional wellbeing, and resilience building. A re-framing of agency policies and practices must show a validation that acknowledges and tends to practitioner's experiences of vicarious trauma, while at the same time agencies "need to be careful not to over-privilege a focus on trauma as a framing emotional experience of activism, as this leads to the idea that engaging in practical solidarity with African women affected by oppression and violence is intrinsically traumatic" (p. 96).

Houston-Kolnik et al. (2021). Who Helps the Helpers? Social Support for Rape Crisis Advocates.

This study found that rape victim advocates in Chicago were able to "seek out and receive positive instrumental and emotional social support that nurtured them and their work," including their organization's "built-in formal support structures" (p. 406-407) such as debriefing, check-in meetings, and access to other advocates, mentors and senior advocates for advice, listening, and support. Their informal social support network provided advocates with tangible help through emotional support by listening, hugging, and acts showing thoughtfulness. However, these advocates identified deprivation of tangible help due to an organizational gap in providing resources to promote informal social support systems. A major gap in this study is that the findings are from 15 advocates from one rape crisis centre in Chicago, majority of whom are female, White, and married or partnered. Thus, the study is missing non-White, single, and male voices in knowledge pertaining to vicarious trauma.

Jirek, (2020). Ineffective organizational responses to worker's secondary traumatic stress: A case study of the effects of an unhealthy organizational culture.

The study finds that organizations play a significant and vital role in mitigating STS. While individualistic approaches are overly used as an organization's approach, creating a volatile organizational culture such as the case in the study's focus on the Safe Haven agency, helping professionals are in need of additional support at the organizational level.

Within its literature review, the study identified common themes of individual-level strategies to mitigate STS. Self-care is a common individual-level strategy to mitigate STS, which includes effectively paying "attention to one's interpersonal, emotional, physical, and spiritual needs" (Neumann and Gamble, 1995, p. 346, in Jirek, 2020). Different ways to self-care include "healthy eating, sufficient sleep, exercise, leisure activities, meditation, mindfulness, spiritual

practices, stress management, and self-soothing techniques" (p. 211). Alternative approaches and strategies included, reducing one's exposure to trauma (Brady, 2017; Lee et al., 2017; McCann & Pearlman, 1990), "engaging in cognitive reappraisal" (Mairean, 2016, in Jirek, 2020, p. 211), improving role competence (Ben-Porat, 2015, in Jirek, 2020, p. 211), and developing a strong personal and professional social support system (Bell, Kulkarni, & Dalton, 2003; Brady, 2017; Choi, 2011; Trippany et al., 2004, in Jirek, 2020, p. 211).

However, the study's research focus and findings emphasized the need for organizational strategies to mitigate STS. An organization needs to supply their employees with the necessary and adequate "resources and education to practice good self-care" and an organization has an ethical responsibility to value, protect, and enhance their employees' well-being to create a "trauma-informed and STS-healing organizational culture" (p. 222). Elements of an organizational structure to consider include adequate financial resources, greater information and awareness on STS, and the appropriate distribution of responsibilities (Jirek, 2020).

The study also outlines implications and steps for mitigating STS on an organizational level. These steps include organization's taking measures to "assess their organizational response to STS," such as through the Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA): a tool that includes "five domains: resilience-building, promotion of safety, STS-informed organizational practices, STS-informed leadership practices, and STS-informed organizational policies" (Sprang, Ross, Miller, Blackshear, and Ascienzo, 2017, in Jirek, 2020, p. 223). This would help "organizations to evaluate the support they currently provide to workers to reduce the impact of STS, identify agency strengths and deficiencies, and prioritize appropriate interventions" (p. 223). Under this step, research could be used to evaluate and gain insight into an agency's workplace culture, such as through focus groups or using Glisson and William's (2015) Organizational Social Context measure… a tool to measure "valuable insights regarding the ways in which their organizational culture impacts their organization's response to workers' trauma-related distress and their overall-wellbeing" (Jirek, 2020, p. 223).

Another organizational step identified was that of making positive changes on a structural level, such as policies, and a cultural level, such as an organization's values and beliefs (Jirek, 2020). Moreover, the Trauma-Informed Systems (TIS) Initiative ("an intervention designed to address trauma at the systems level by intentionally changing the organizational culture" (San Francisco Department of Public Health, Loomis et al., 2019 in Jirek, 2020, p. 224)), could be used to create "mandatory workforce training on stress and trauma, creating a staff wellness lounge, developing an incentive system for staff self-care activities, monthly team-building exercises, discussing one trauma-informed systems principle at each staff meeting, and hosting 'town hall' meetings to gather and address staff members' safety-related concerns" (p. 224).

Additional steps were identified by the Safe Haven study participants, including increasing the accessibility and affordability of mental health support services, having trauma-informed management, ensuring reasonable workloads, ensuring "workers needs are prioritized as highly as clients' needs, that employees are paid a living wage, and that staff members receive training recognizing, preventing, and ameliorating STS" (p. 224). Lastly, on a macro-level, social work education must also include training future anti-violence supervisors and administrators on the

aforementioned steps, emphasizing the role that organizations play in mitigating STS in employees.

Jury et al., (2018). Workers' constructions of the "good" and "bad" advocate in a domestic violence agency.

The study researched a grassroots organization, surveying 111 and then interviewing 12 participants, and found three themes that emerged in response to participants' organizational culture and climate. The first theme around "selflessness and sacrifice" identified the pressure to work long hours or volunteer to take on additional tasks due to the organizational norms and culture that created "an institutional badge of honor, necessary for full inclusion" (p. 321). The second theme, "who is coping" identified qualities of resiliency as an identity of a 'good' advocate that is unphased by trauma shared by clients leading to a "perception that there is no opportunity to experience emotionality that accompanies trauma work" (p. 322). The last theme, "reactions to the emotional advocate" describes that those who shared their VT were categorized as not being tough enough and they were "somewhat ostracised as a result, as they did not comply with the collective expectation of toughness" (p. 323).

Limited individual strategies to mitigate VT were identified, but discussing emotionality, engaging in self-care and continuing resource-seeking behavior was encouraged as individual efforts to help change the unhealthy collective identity and categorization of 'good' and 'bad' advocates. The study identifies how an organization's culture must shift to responding to and honoring emotionality through a "top-down approach [that] includes a focus on training" (p. 325). The training could focus on "both caring for the self and colleagues, and understanding the range of possible impacts of working closely with victims of direct trauma" (p. 324). The organization culture must also shift from victim-blaming the workers to creating a space of meaning making, where emotionality can be met with a responsive system.

Killian, (2008). Helping till It Hurts? A Multimethod Study of Compassion Fatigue, Burnout, and Self-Care in Clinicians Working with Trauma Survivors.

"This multimethod study focused on therapists' stress and coping in their work with trauma survivors, identifying factors related to resilience and burnout. Interview data demonstrated that therapists detect job stress through bodily symptoms, mood changes, sleep disturbances, becoming easily distracted, and increased difficulty concentrating. Self-care strategies included processing with peers/supervisor, spirituality, exercise, and spending time with family" (p. 32). "In addition, use of proactive and emotionally positive self-care strategies, such as reducing workload, receiving supervision and socializing with colleagues were associated with lower reported work stress" (p. 40). Additionally, "having a say or input at work, having their own work space, and being able to anticipate and control how many hours they must work each day are critical in being satisfied with their role as helpers" (p. 40).

Kulkarni et al., (2013). Exploring Individual and Organizational Factors Contributing to Compassion Satisfaction, Secondary Traumatic Stress, and Burnout in Domestic Violence Service Providers.

“The purpose [of this study] is to fill a gap in the research on compassion satisfaction and secondary traumatic stress, by addressing the “role of organizational factors in preventing negative effects and promoting positive outcomes for service providers” (p. 114). This study found that “[t]he strongest risk factor for both burnout and secondary traumatic stress was a provider’s perception of having an unreasonable workload” (p. 123). “[W]ith experience and over time, resilient service providers have found strategies that have enabled them to thrive despite their difficult and challenging work...Mentoring programs might help the more experienced, resilient service providers to share their knowledge, provide role models, and to support less experienced coworkers” (p. 126). As a preventative measure, “[l]eaders in domestic violence service agencies should work towards creating an organizational culture that encourages service providers to engage in self-care activities such as stress management” (p. 126). “To feel effective (i.e., making a difference), service providers must believe that they are making inroads toward eliminating domestic violence for both individual clients and within the larger community. Although not a significant factor in this study, participating in research and policy activities is a coping strategy that can engage service providers in the “big picture” of working to eliminate domestic violence in the larger community” (p. 126).

Logan and Walker, (2018). Advocate Safety Planning Training, Feedback, and Personal Challenges.

“The purpose of this paper is to describe advocate perceptions of training and supervision, how they obtain feedback about their work with victims, and their personal challenges in safety planning with victims… [The] study results highlight the need for more guidance, training, and support as well as more coping strategies for the numerous personal challenges advocates face in their day-to-day safety planning work” (p. 213). “Several suggestions for training were mentioned by advocates in this study including more opportunities to hear from other advocates, to get more knowledge about the larger context of victimization as opposed to learning about one type of victimization more narrowly, and getting feedback about what works and what doesn’t from victims themselves” (p. 222).

Long, (2020). Rape medical advocates experiences with vicarious trauma, burnout and self-care.

This qualitative research study interviewing 23 female rape medical advocates from the same centre found that of the 23 advocates, 9 experienced sexual victimization themselves, 9 experienced vicarious trauma, and 13 experienced burnout, while all advocates reported using some type of self-care. Self-care amongst the advocates included leisure activities, social support through family and friends, social activities by taking a day off from work and spending time alone to relax and watch television, and debriefing after a difficult call with colleagues.

Rape medical advocates expressed the importance of an organization creating a sense of community in the workplace, where advocates can feel open about sharing their experiences with colleagues and feel supported by the organization’s reinforcement in valuing self-care. The organization provides knowledge in coping strategies that advocates feel they can apply for their future purposes. The implications of the study outline how “prolonged support through checking

in by the organization staff, counseling, and activities that foster friendships between fellow advocates helps to alleviate some trauma and burnout" (p. 437).

Martin, (2006). Bearing witness: Experiences of frontline anti-violence responders.

The study incorporates the voices of 19 female anti-violence responders, who in bearing witness to women's trauma narratives, found costs, such as all participants experiencing some secondary traumatic stress symptoms, and benefits, such as seeing and hearing women's resiliency. Participants identified the need for supportive workplaces as organizations tend to minimize and/or disregard impacts of bearing witness to women's trauma narratives. Anti-violence workers need to have personal self-awareness, "adequate training, prioritize their own physical and mental health, maintain a clear sense of their own motives and needs as they relate to anti-violence work, and cultivate a substantive support network of quality personal and professional relationships" (p. 14). In terms of adequate training, the study encourages frontline anti-violence workers to use "reflective practice in anti-violence work…[so] that preventative strategies may be identified and implemented in both personal and organizational contexts" (p. 14). Preventative factors, such as training programs need to be in place and educators need to be involved in encouraging "curriculum and practical experience in the area of secondary traumatic stress, positive coping, and personal advocacy" (p. 14). Ongoing advocacy for anti-violence frontline workers on an organizational level, supportive workplace environments with "venues for advancing proactive policy and practice" (p. 14), and collective awareness were found to be additional protective factors.

Massey et al., (2019). Staff experiences of working in a sexual assault referral centre: The impacts and emotional tolls of working with traumatised people.

This study interviews 12 staff in the UK and considers the impacts of "supporting people who have reported sexual violence and attend a Sexual Assault Referral Centre (SARC)" (p. 685). The study found that SARC staff reported experiencing "positive emotions connected to the meaningfulness of the work and team spirit as well as a range of unpleasant emotions…, [including] emotional numbing" associated with the "volume and sometimes unpredictable nature of the work" (p. 685). The study also found that common coping strategies identified by the staff were "focused on the supportive connection to family, nature, and other team members; the value of clinical supervision; and the avoidance of topics related to work" (p. 685).

Self-care approaches help staff to"recognise the importance of fostering and bringing attention to the meaningfulness and importance of the job they do" (p. 702). Participation in building a team environment in the workplace and "creating boundaries between spaces and times to stimulate emotions which counterbalance the more unpleasant ones" (p. 702) were found to be individual level approaches to mitigating vicarious trauma.

McKim and Smith-Adcock, (2014). Trauma Counsellors' Quality of Life.

"In this study, trauma counsellors' individual characteristics as well as workplace conditions were examined to determine their relative influence on compassion fatigue and compassion satisfaction. Lack of control over workplace, over-involvement with clients, and secondary

exposure to clients with serious trauma symptoms were significantly related to compassion fatigue. Counsellors' perceived control of the workplace, personal trauma history, and years of clinical experience were significantly related to compassion satisfaction" (p. 59). "The findings of this study underscore the importance for counsellors working with trauma survivors to have more perceived control over their work environment (e.g., using their own initiative at work, making decisions about the work they do). Specific recommendations for workplace settings to enhance counsellors' sense of control might include the following: (1) allowing counsellors to be democratically part of decision-making; (2) allowing counsellors to provide input about their caseloads (e.g., both number of cases and types of cases)" (p. 66). Additionally, "[o]ver-involvement with clients was associated with increased compassion fatigue and, to a somewhat lesser degree, with decreased compassion satisfaction. Therefore, it is recommended that counsellors consider taking measures to manage psychological overinvolvement and to develop healthy ways to disengage (e.g., personal counseling, clinical supervision, and self-care) and to seek help" (p. 66).

Merchant and Whiting, (2015). Challenges and Retention of Domestic Violence Shelter Advocates: A Grounded Theory.

"Using grounded theory methods, this study examines the experience of shelter advocates and the relationship between the challenges of advocacy, shelter culture, and retention. Challenges fell into three categories: managing shelter shock, letting go of being the hero, and balancing advocate roles. Sub-challenges included hearing client stories, managing crisis, accessing resources, accepting clients going back to abusive situations, facilitating empowerment, and enforcing rules. Shelter culture strongly influenced advocates' adjustment. Advocates with supportive cultures expressed less frustration and were more likely to continue employment, while those with less-supportive cultures expressed more frustration and were more likely to leave the domestic violence field or promote within the field to create macro-level change" (p. 467). "[S]atisfied advocates had supervisors and executive staff with a vision that unified and provided direction...Shelter visions promoted teamwork by providing a common goal while also allowing advocates to identify their niche in the vision, such as legal advocacy or mental wellness" (p. 474).

Molnar et al., (2017). Advancing Science and Practice for Vicarious Traumatization/Secondary Traumatic Stress: A Research Agenda.

"This article reviews existing research and outlines a research agenda for addressing vicarious traumatization/STS in the workplace. The review is organized by the 4 steps of a public health approach: (a) defining the problem including measuring the scope or prevalence, (b) identifying risk and protective factors for negative outcomes, (c) developing interventions and policies, and (d) monitoring and evaluating interventions and policies over time" (p. 129). "Supportive, self-directed, and non-therapeutic approaches are by far the most utilized methods of addressing STS from a prevention perspective, and for those who are already symptomatic. Health promotion or wellness strategies (i.e., self-care approaches) such as yoga, meditation, relaxation, achieving a work-life balance, physical activity, proper nutrition, and so forth are endorsed by some authors as the most effective means of guarding against the development of STS or addressing those who are symptomatic" (p. 134). An organizational strategy for mitigating vicarious trauma is

identified as professional skills training, "a strategy that is supported by correlational studies suggesting that individuals who received instruction in evidence-based practices for treating traumatic stress conditions had lower levels of STS" (p. 135).

Neff et al., (2012). Meeting the Training Needs of Those Who Meet the Needs of Victims: Assessing Service Providers.

"This research presents the results of statewide needs assessment of victims services providers (VSPs) conducted in preparation for designing a state victim assistance training academy. Respondents were asked to indicate their needs for training on various topics pertaining to victim services. Results indicate that extent of formal education and years of experience in the field are the primary determinants of reported needs for training. Respondents with less formal education and less experience in the field, regardless of the nature of their organizational position (client services vs. management), report greater needs for training" (p. 609).

Pack, (2014). Vicarious Resilience: A multilayered model of stress and trauma.

This study proposes a multidimensional approach to mitigating vicarious trauma, while enhancing resiliency. Level one involves therapists creating a space for the "theoretical basis for practice…[through] telling and retelling...personal and collective narratives based on stories of survival mediated moments when practitioners were aware of a pervading sense of disjuncture" (p. 26). Together, a theoretical framework could be built within the workplace that could improve with practice and reengagement of theoretical framework discussion with colleagues (Pack, 2014). Level two, focuses on the "therapeutic relationship [and] the translation of theory into practice," which encourages the therapist to engage in "holistic and more relational therapies," instead of focusing on "monetarist policies and case management practices" (p. 26).

The third level identified in the study as mitigating vicarious trauma and building resiliency was that of the organizational level, in which "organizational philosophies" (p. 27) and expectations-built agency structure that intervened in counsellor's ability to engage in a therapeutic relationship, creating a loss of connection. Organizations hold a responsibility to "educate and anticipate how the nature of the work will affect their employees over time" (p. 28). Thus, programs must be embedded within the organization as part of "the ongoing professional development," educating helping professionals to identify signs and symptoms of vicarious trauma and normalizing their experiences within a peer support model, creating a "power-sharing and collaborative environment" (p. 28).

Parnes et al., (2020). Posttraumatic stress symptoms and access to services among human rights advocates: The mediating roles of organizational encouragement of support seeking and occupation-related appraisals.

This study surveyed 346 human rights advocates and found "an indirect association between access to psychological services and lower levels of PTSD through perceived organizational encouragement of support seeking and less negative occupation-related appraisals" (p. 170). Human rights advocates can access psychological support services, but they would benefit most from such services when the organization values and encourages support seeking, "and when

access to services supports less negative appraisals related to human rights work" (p. 174). The study finds that "greater access to psychological services within human rights organizations was associated with less negative occupation-related appraisals and facilitated perceptions that one's organization is encouraging support seeking" (p. 175). The study emphasized both individual and organizational level intervention is needed in addressing employee symptoms of PTSD and how an organization must be committed to valuing support seeking behaviors, beginning with training human rights advocates "about the potential risk of advocacy work and how to respond to distress" (p. 175). The study proposes the possibility that an organization's implementation of "peer-to-peer support [may] emphasize the benefits of engaging in supportive relationships with individuals in similar circumstances who have experienced similar challenges, and how, within this reciprocal relationship, individuals can provide knowledge, experience, emotional, and social support to one another" (p. 175-176).

Rose and Palattiyil, (2020). Surviving or thriving? Enhancing the emotional resilience of social workers in their organisational settings.

The 13 social worker participants in the research study shared the sentiment that in terms of resilience, "individual attributes and skills were seen as important, [but]...the inherent stress in the social work role and the tendency for organizational factors to add to this stress rather than provide support to alleviate it" significantly impacted the "emotional intensity of the role" (p. 29-30). On an individual level, social workers can take resiliency training on a broader approach, such as counselling training, "with recognition that a range of skills, such as empathy, emotional intelligence and reflective ability are likely to enhance resilience" (p. 34). Social workers could also reach out to colleagues for emotional support as this was recognized as an invaluable approach to building resiliency. Lastly, helping professionals must establish and recognize their "empathetic boundaries to avoid being negatively affected by intense emotions" (p. 31).

The participants recognized formal supervision "as strongly connected to emotional support and resilience," noting that organizations must shift away from using a business model, instead reinstating a therapeutic model, where a workplace "culture needs to be created in which self-care is considered 'a mark of professionalism, rather than personal failure" (p. 35-36). Rose and Palattiyil suggest ways in which organizations can "nurture peer relationships… [such as] through formal team building and informal social activities" (p. 35). Organizational strategies to mitigate vicarious trauma included having reasonable expectations of social workers, such as manageable caseloads and valuing quality over quantity, so that the complexity of cases are taken into consideration instead of the number of cases on each caseload. In addition, organization's managers can empower social workers and build a collective resilience in the workplace that encourages "feelings of self-efficacy and positive self-identity" (p. 38). A not-insignificant gap in this research is that since all of the participants were White, this research does not address the implications of racial oppression on the emotional resiliency of non-White social workers.

Sansbury et al., (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care.

The article reviews a discussion of VT, compassion fatigue, and burnout, and provides a practical guideline for individual and organizational interventions to mitigate traumatic stress responses. The study finds that active self-care and the organization's commitment to self-care and active planning to mitigate VT, compassion fatigue, and burnout through close monitoring is an essential component to recovering from trauma.

The paper emphasizes a clinician's active participation in a 4-step process of self-care. Step 1 is to "know thyself...mindfulness regarding the 'status' of one's body and autonomic nervous systems activity, otherwise known as arousal awareness" (p. 117). Step 2 involves a commitment "to address the stress," which involves close monitoring of the clinician's "own body posture, facial expressions, muscle tensions, breathing patterns, [and] boundaries not only in terms of work-life balance, but also within the therapeutic context" (p. 117). Setting boundaries included physical space changes, personal space changes through "changing [their] gaze...in regulating their own emotional responses to the client… [as an] ocular defense," and spiritual health changes that includes their reflection of "why they chose to go into their field and continue to make their work personally rewarding" (p. 117-118).

Step 3 involves making "a personal plan of action" with the intent to make a behavioral change using a plan that reflects on Step 1 and 2, and uses these as specific indicators to implement a coping strategy and build "daily coping skills such as listening to music between clients, journaling, going for a walk at lunch, or engaging in positive self-talk" (p. 118). Other coping strategies were identified such as "attending a yoga class" or asking your "colleagues, family members, friends, supervisors, or other trusted individuals for feedback," but the authors noted "whichever coping skills clinicians choose, it is important that they are actively and consistently practicing them" (p. 118). Lastly, Step 4 states to "act on the plan," which involves holding yourself and your support system "accountable to healthy coping and self-care," such as by "finding a trusted colleague where, together, you actively 'check in' with each other about the action plan for self-care" and also take the opportunity to reflect on "the positive impacts of trauma work…[as this] can be enormously rewarding, restorative, and fulfilling" (p. 118).

The study states that organizations must create "a greater awareness of trauma-informed approaches for service delivery" that is built into the structure of the organization. For instance, in the hiring process, "trauma service organizations should ensure that the staff that are hired have experience or training in providing trauma-specific services, are open to receiving ongoing additional training, and subscribe to the philosophy of trauma recovery concepts" (p. 118). In addition, the study recommends that improvements should be made to an organizations' environment, including a "focus on trauma recovery concepts such as safety, empowerment, collaboration, and trust," beginning with asking "employees what, if any, changes are needed to ensure these concepts are weaved into the agency culture," which includes effectively resolving any workplace conflicts to reduce "the filtering down of those issues to the client through the staff" (p. 119).

Opportunities of education of signs and symptoms of VT, compassion fatigue, and burnout was found to be an organization's responsibility, such as "efforts to incorporate preventative checks...either in private clinical supervision or in larger staff meetings... can raise awareness…[and] allow the clinicians to monitor these signs and symptoms both individually

and across the organization" (p. 119). Another organizational responsibility is to "provide opportunities for the continual growth of their clinicians," including providing low-cost training (ie. webinars), resources on self-care, or encouraging the pursuit of "more formal courses or continuing education credits" (p. 119) that can add to the delivery of an organization's commitment to evidence based best practice. Scheduled assessment of VT, compassion fatigue, and burnout and review of assessment to improve self-care strategies can help organizations to monitor trauma impacts on clinicians and set the tone for organizational-level support. Another recommendation is for organizations to ensure clinicians have a "regular instruction from supervisors…[and] a diversified trauma caseload," and where that is not possible, the study recommends greater "preparation of their workers for the inherent crises that will come,...[including] a mechanism for debriefing and other support services should be made available to staff routinely" (p. 119-120).

A specific resiliency tool was mentioned, "the Stress Management and Resiliency Training (SMART) program, which focuses on mindfulness training, stress reduction techniques, and self-awareness" (p. 120). The study purposes two models to improve workplace culture and mitigate burnout, VT, and compassion fatigue on an organizational level. The first model is "Feeling Time… [which] is a 2-hour weekly meeting, with the first hour devoted to discussing challenging cases" and the second hour is devoted to "developing coping strategies that target individual- and community- level issues" with a goal of helping" participants connect with other trauma clinicians, to reduce stigma about vicarious traumatization, and to provide education on self-care" (McCann and Pearlman, 1990 in Sansbury et al., 2015, p. 120). Similarly, the second model "single-session Seed Group" is a 2-hour "psychoeducation session with opening exercises, an introduction to vicarious traumatization, self-care intervention, and participant feedback" (Clemans, 2005 in Sansbury et al., 2015, p. 120).

Silard, (2020). Interpersonal leader responses to secondary trauma in nonprofit human service organizations.

This study reveals how organizational strategies to mitigating secondary trauma can be followed through at a "distinct level of interpersonal leader responses to secondary trauma in non-profit HSOs" (p. 647). Silard (2020) suggests that staff engagement, in which "an individual's full investment of their holistic self- including their physical, affective, and cognitive energies- into their performance of a work role," is a key component in gauging the success of mitigating secondary trauma as it complements effective leadership. This study points out that current research has commonly emphasized the need for organizational-level responses, but the responses "outsource the problem of managing secondary trauma to either external providers (e.g., self-care workshops, therapy) or the secondary trauma-affected staff themselves (e.g. reduced caseloads, flex time)" (p. 638).

Since non-profit human services organizations (HSOs) face financial barriers in providing adequate secondary trauma support services to their employees, Silard (2020) proposes "three nonprofit LEM behaviors likely to generate follower engagement in secondary trauma-affected organizations" (p. 636). The first proposed trauma-informed LEM approach is "facilitating staff emotion regulation abilities," in which "two primary forms of emotion regulation: cognitive reappraisal...and suppression" can take place, suggesting leaders "who compel followers to

suppress their reactions deplete the resources of those followers," but if these leaders can "help their staff to develop their emotional regulation abilities, especially through the practice of cognitive reappraisal, these staff are likely to be more capable of reframing their experience of secondary trauma as positive, developmental process, enabling their own posttraumatic growth" (p. 642-643). This leads to the second LEM approach of "fostering staff posttraumatic growth," such as through nonprofit leaders sanctioning "the periodic sharing of secondary trauma in work groups" and then frame the shared experiences in a positive light, where "leaders can provide socioemotional support that not only enables staff to cope with secondary trauma-related stress (survive) but to better understand its meaning, so they can more significantly embrace their lives and reach their potential (thrive)" (Feeney & Collins, 2014 in Silard, 2020, p. 644). Lastly, a LEM approach can be used in "modeling emotion complexity," in which followers can adapt learned behavior from their leaders, who should express both positive and negative emotions to create an empathic work environment that is validating staff sharing secondary trauma, but invalidating "counterproductive work behaviors" (p. 645-646).

Slattery and Goodman, (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors.

This study found that individual practices and strategies to mitigate vicarious trauma included building cooperative, respectful relations with colleagues using effective communication and problem-solving skills in order to support one another in a team environment that creates an empowering workplace social support network. Organizational practices and strategies included implementing policies and practices that shift away from a hierarchical structure towards power sharing initiatives within the organization that are tangible, including "combining administrative and service responsibilities within each job description and distributing responsibility for the mundane organizational tasks through the creation of rotating committees" (p. 1373). Another practice strategy to mitigate STS would be to have open and respectful dialogue regarding power differences in the workplace. The study however, is missing the voice of domestic violence workers, who work with gay and lesbian victims, and there is a gap in knowledge around diverse and intersecting variables of race, education, and employment-related variables.

Sommer, (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation.

The study points to committing to a healthy lifestyle and "continuing education in the area of trauma" (p. 65) as a means to improve self-care and mitigate VT. The study suggests that trauma-sensitive supervision can be successful in mitigating VT among counselors via "four components... a strong theoretical grounding in trauma therapy, attention to both the conscious and unconscious aspects of treatment, a mutually respectful interpersonal climate, and educational components that directly address vicarious traumatization" (p. 64). Agency level interventions can include, "reducing client caseloads, increasing vacation and sick leave, providing opportunities for counselors to engage in nonclinical aspects of trauma work and offering mental health care for counselors" (p. 65). The study further expands macro-level intervention to include the role of counselor educators as they "should prepare future counselors and supervisors to be aware of the signs of vicarious traumatization in counselors as well as the measures that have been suggested to ameliorate it" (p. 65). Sommer recommends that crisis

counseling should be discussed, ideally as a course in the curriculum for counseling education as this can prepare counselors and equip them with the knowledge and tools to build coping mechanisms and access self-care supports. Specifically, counseling education should include "topical presentations, breath work and guided imagery, and reflective reading" (p. 67) as a means of learning self-care strategies.

The study encourages policy analysis and advocacy for change at the individual and organizational level as it recognizes that "organizations that fail to actively address issues related to vicarious traumatization via agency policies and supervision may be at fault for fostering conditions that impede client services" (p. 66). Although the study proposes specific organizational interventions, including education and training initiatives, it fails to acknowledge how effective this can be for all organizations, some of which do not have the funding, nor the resources to put these strategies into place.

Trippany et al., (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors.

The study emphasizes that counselors develop healthy "personal coping mechanisms…[to] maintain a balance of work, play, and rest… [through] socializing with friends and family, being involved in creative activities, and being physically active" (p. 35). Another individual level strategy identified by the authors was repairing spirituality as "the damage of vicarious traumatization is often related to the counselor's sense of spirituality" and can be improved by finding a sense of "meaning and connection…[through] organized religions, meditation, and volunteer work... [but] it is up to the individual counselor to determine how he or she will choose to develop his or her sense of spirituality" (p. 36).

The study suggests that organizations should facilitate education and "training focused on 'traumatology'... [to provide] effective coping with difficult client cases… [and] decrease the symptomatology of posttraumatic stress disorder in counselors working with trauma clients" (p. 35). The authors emphasize an organizational level responsibility to mitigate VT, which includes "formal measures of informed consent regarding risks of providing trauma counseling services" (p. 35) that is built into the hiring procedure. Other organizational level suggestions included "(a) opportunities for supervision, (b) consultation, (c) staffing, and (d) continuing education... [also] provision of employee benefits... including (a) insurance for personal counseling, (b) paid vacations, and (c) limiting the number of trauma counselors on the counselor's caseload" (p. 35). Lastly, organizations can provide the opportunity for peer supervision that can benefit trauma counselors by providing them a platform to share their experiences, find connection, "examine their perspective... debrief and express reactions... [and] supervision helps to alleviate issues of countertransference" (p. 35).

Wachter et al., (2020). Coping behaviors mediate associations between occupational factors and compassion satisfaction among the intimate partner violence and sexual assault workforce.

The study researched workers from intimate partner violence and sexual assault (IPV/SA) workforces and their associations between "workplace resources (i.e. workload, values, and

rewards), workforce assets (resilience), occupational coping behaviors, and workforce well-being compassion satisfaction)" (p. 150-151). The study found that those workers, who participated in a range of coping strategies "reported higher levels of compassion satisfaction" (p. 151). The study also revealed the "significant direct and indirect effects of workload, values, and resilience on compassion satisfaction through coping behaviors, indicating a partially mediating role of coping behaviors" (p. 151).

On an individual level, compassion satisfaction improved, where coping behaviors occurred "outside the workplace and on their staff members' own time," which included spending time with family, participating in social activities and hobbies, and taking time off or going on a vacation. The study also suggests an integrated and collaborative approach to enhancing compassion satisfaction, "in which agencies take responsibility for policies and practices that seek to relieve stress, and workers systematically integrate positive coping strategies into their daily/ weekly routines- both in and out of the workplace" (p. 152).

Organizations can contribute towards enhancing compassion satisfaction "by providing workers opportunities to assert control over their work environment, giving meaningful rewards, and building a sense of community and fairness" (p. 151). Additional ways to improve compassion satisfaction within the IPV/SA workforce is by having the organization focus on "addressing imbalance or extreme workloads, establishing fit between practitioner and agency values, and identifying resilience as an important trait for staff during the hiring process" (p. 151). Unhelpful strategies on an organizational level were also identified, including "workplace supervision related to trauma, team-based stress management training, developing team care plans, and engaging on an individual basis in stress management training" (p. 151) as these strategies revealed an underlying assumption that placed managing workplace stress as an individual responsibility.

Wilkin and Hillock, (2014). Enhancing MSW students' efficacy in working with trauma, violence, and oppression: An integrated feminist-trauma framework for social work education.

The current status of Canadian social work education uses traditional frameworks and approaches to trauma that continues "systemic and education power hierarchies" (p. 194), but a feminist trauma framework is a progressive approach that can be applied to social work education. Self-care was identified as an individual practice strategy for social work students working with trauma, including making a concrete self-care plan that implements different ways of healing, such as through the "Indigenous wellness wheel, a traditional teaching tool that encourages students to consider their physical, emotional, mental, and spiritual wellness" (Lousielle and McKenzie, 2006 in Wilkin and Hillock, 2014, p. 201).
Organizations and macro-level systems, such as the Canadian MSW education system, must change their framework to include an "integrated feminist-trauma framework...as a core requirement for social work students" (p. 202).

Wood et al., (2019) Turnover Intention and Job Satisfaction Among the Intimate Partner Violence and Sexual Assault Workforce.

“The study purpose was to better understand factors related to turnover intention and job satisfaction among IPV and sexual assault workers” (p. 681). It’s findings include that; “identifying as Black/African American was significantly associated with turnover intention” (p. 692), “[a]t the individual level, the use of coping strategies predicted higher job satisfaction” (p. 692), “higher salary was significantly associated with lower turnover intention” (p. 692), “[l]ower endorsement of quality supervision and higher endorsement of burnout were significantly associated with higher turnover intention, p. 692), “lower STS and higher compassion satisfaction predicted higher job satisfaction” (p. 692), and “[a]ssessing the extent to which staff feel they have power within their roles to make decisions and feel they are contributing their perspectives and experiences to broader organizational decisions can be an important step agencies take in fostering job satisfaction” (p. 696). Researchers conclude that to “increase job satisfaction and lower turnover intention and actual turnover” there are a number of options for organizations, including “[r]educing workload, increasing support, and fostering strategies to use and build coping skills” (p. 695), as well as “salary and leave options…[and/or] increasing the quality of community, autonomy and control, support, and supervision in the workplace. Additionally, issues of racism and microaggressions must be addressed as potential causes of occupational stress, lower job satisfaction, and turnover intention” (p. 697).

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