New toolkit designed to help those who help trauma victims

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Firefighters, emergency responders, and other victim service professionals dedicate their lives to caring for others. But in order to do that effectively, they must also care for themselves.

In addition to high-stress and dangerous environments, organizations that support victims of trauma must grapple with an occupational challenge called vicarious traumatization. It's the term for the negative residual effects people experience when they are exposed to the trauma of others continuously over time.

To raise awareness and address this phenomenon, researchers at Northeastern's Institute on Urban Health Research and Practice recently developed a comprehensive online toolkit filled with evidence-informed resources called the Vicarious Trauma Toolkit.

Vicarious trauma can manifest itself in many ways. A counselor for rape survivors may start to feel depressed, vulnerable, or unsafe. An emergency medical technician might worry excessively about the well-being of loved ones. A firefighter might become emotionally numb or hopeless about the future. To make matters worse, entrenched social norms discourage people in these professions from talking about vicarious trauma or seeking help.

The toolkit came about when social and psychiatric epidemiologist Beth Molnar, associate professor and director of the Population Health PhD Program at Northeastern, saw a call for proposals from the Office for

Victims of Crime within the Department of Justice. Molnar has academic expertise, but she also has firsthand experience in victim services.

As a volunteer in the Boston Rape Crisis Center, Molnar would meet survivors of sexual assault in the emergency room. Although this work is understandably difficult, she never felt unsupported. The volunteers had ample opportunities to debrief and were encouraged to talk about their experiences.

"They made sure the stories we heard from survivors didn't affect our lives in a negative way," Molnar said.

However, she knew that her experience was more of an exception than a rule. A comprehensive 2013 report from the Office for Victims of Crime found that vicarious trauma is pervasive and can significantly impede workers' ability to do their jobs. Molnar and colleagues also recently published a paper on the state of the science and practice for vicarious trauma.

"There is a recognition that victim service providers and first responders in these categories are day in and day out chronically and cumulatively exposed to violence and trauma, one victim at a time, one family at a time, one community at a time," said Janet Fine, project director for the Vicarious Trauma Toolkit. Fine has nearly 35 years of experience in the victim services field, including as part of the National Crisis Response Team at Ground Zero after 9/11.

Partnering with Fine and other experts all over the country, Molnar wrote a proposal to create the Vicarious Trauma Toolkit. It was the only project selected for funding, receiving $2.125 million over four years.

The toolkit is now available online. It's the culmination of a national

survey, calls for materials from the field, a systematic review of research literature and websites, expert summits, and the development of 16 new tools. Before the official launch, Molnar and colleagues completed a pilot study of the website that included focus groups and interviews in seven locations around the country. In all, nearly 500 resources vetted for scientific rigor are included in the toolkit. The site is organized around four disciplines—victim services, emergency medical services, fire service, and law enforcement—although it is relevant to any field that supports trauma victims. The toolkit includes video testimonials, training materials, research literature, and research-backed policies and practices from organizations across the country.

One of the toolkit's central resources is called the Vicarious Trauma Organizational Readiness Guide. It's a new tool created to help first responder and victim services organizations assess their ability to effectively address vicarious trauma and create a plan for improvement. But it also signifies an important culture shift.

Traditionally, the victim services field has placed the onus of responsibility on individual workers to handle their healthcare, including the mental and physical consequences of vicarious trauma. Sentiments such as "tough it out," "you're not made for this work," or "you can't take the heat," are ubiquitous, Molnar says. As a result, talking about the impact of trauma has been considered taboo—until now.

"We're changing that social norm so there's a positive, promotive, preventative set of responsibilities organizations can take on to make this kind of work healthy for people dealing with what we now call an occupational challenge, rather than a hazard or a negative part of the work."

Provided by Northeastern University

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