

Module 10: Compassion Fatigue and Self-Care

Purpose

This module is intended to help you understand the impact of compassion fatigue on advocates and the importance of self-care.

Lessons

1. What is Compassion Fatigue?
2. Effects of Compassion Fatigue and Related Phenomena
3. Maintaining Healthy Boundaries
4. Strategies for Self-Care

Learning Objectives

By the end of this module, you will be able to:

- Identify actions and behaviors that violate healthy boundaries.
- Develop a personalized self-care plan to prevent compassion fatigue.

Participant Worksheets

- Worksheet 10.1, Maintaining Healthy Boundaries
- Worksheet 10.2, Personal Self-Care Plan

1. What Is Compassion Fatigue?

When Judith Herman, author of the highly acclaimed book *Trauma and Recovery*, spoke at a conference on child sexual abuse in 1998, she described the volunteers who staffed the health stations during Vietnam peace marches. The volunteers thought they were there to help if someone got injured, but when the marchers started getting tear-gassed and coming to the health stations, the health workers got doses of tear gas as well.

Like these volunteers, you get doses of the trauma while helping trauma survivors heal. This work, however, is not without substantial meaning and reward. McCann and Pearlman (1990) point out that, by engaging empathetically with survivors to help them resolve the aftermath of violence and trauma, you open yourself to deep transformation that encompasses personal growth, a deeper connection with individuals and the human experience, and a greater awareness of and appreciation for all aspects of life.

Some people have a tremendous capacity for empathy because of their own past victimization. Survivors often become particularly sensitive to the fears and concerns of victims, the inadequacies of victim services, or the magnitude of victim needs, all of which may contribute to a desire to become involved in victim services.

Survivors of sexual assault may have had a positive experience with the system and now want to offer other victims the same compassionate care. Alternatively, they may have had a very disappointing experience and want to prevent others from having the same experience.

Every victimization and recovery is different. Experience may or may not give a survivor greater empathy for other victims. Each survivor reacts differently; you cannot expect someone else to react as they did or to have the same needs and concerns. Survivors may have continuing unresolved issues such as anger, depression, fear, and difficulty trusting others. It will be very hard to help others deal with issues that they have not resolved.

Compassion fatigue is a syndrome that includes changes similar to those experienced by survivors. The American Bar Association (2014) defines compassion fatigue as the “cumulative physical, emotional, and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life. Symptoms of compassion fatigue can be similar to vicarious trauma, secondary traumatic stress, and burnout.

Vicarious trauma describes a cognitive shift in beliefs about one’s self or one’s world view about issues such as safety, trust, or control. For instance, hearing about a particularly horrendous event might compromise one’s trust or shatter one’s faith in humanity (Newell and MacNeil 2010).

Secondary traumatic stress (STS) describes symptoms of traumatic stress that result from bearing witness to another person’s trauma via the empathetic relationship with that individual. Thus, the focus here is not on the effects on cognitions, but rather on symptomology such as anxiety and intrusive thoughts (Newell and MacNeil 2010). Just as PTSD is a normal reaction to an abnormal event, STS is a normal reaction to the stressful and sometimes traumatizing work with survivors (Rosenbloom, Pratt, and Pearlman 1995).

Like compassion fatigue, vicarious trauma and secondary traumatic stress are specifically related to working with trauma survivors. Vicarious trauma and secondary traumatic stress can occur after a single instance of exposure. (Newell and MacNeil 2010).

Burnout relates more to the service setting and working conditions, while compassion fatigue includes traumatic stress symptoms. Burnout can occur in any stressful work environment, and develops over time.

Burnout is physical, emotional, psychological, or spiritual exhaustion resulting from chronic exposure to vulnerable or suffering populations in any social service setting; burnout has dimensions of emotional exhaustion, depersonalization or cynicism and detachment toward victims and situations, and reduced sense of personal accomplishment (Newell and MacNeil 2010).

For instance, a mental health worker might experience burnout in relation to unmanageably large caseloads and mentally exhausting work. Although these individuals may become tired, drained, and unmotivated, they are not inclined to begin wondering if people are basically good or evil, or if the world is safe, both of which may happen to those repeatedly exposed to violence.

Mary Jo Barrett, director of training and consultation at the Center for Contextual Change, lectures widely on compassion fatigue. She differentiates between compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout. Understanding each of these conditions better prepares advocates to identify and cope with the issues.

While the nuances of these various phenomena may be difficult to remember, the important thing to keep in mind is that in this field of work you are especially at risk for changes in your world view, emotional and physical exhaustion, feelings of detachment or cynicism, and symptoms of traumatic stress. These can occur from as little as a single exposure or can build up after cumulative exposure.

If you begin to experience these symptoms but do not understand why, the symptoms begin to consume all of your energy. You may see fear where there is no fear, or feel crazy or unlike yourself. Therefore, self-care is important to prevent from impairing your work and life.

With emotional and spiritual energy reservoirs drained, advocates no longer have the vital energy to offer to victims or to themselves, and they begin to suffer from compassion fatigue.

2. Effects of Compassion Fatigue and Related Phenomena

Compassion fatigue and other similar phenomena can disrupt your frame of reference (identity, worldview, and spirituality), self-capacities (eating, sleeping, exercising, hobbies, and relationships with friends and partners), and ego resources (the ability to self-monitor) (McCann and Pearlman 1990).

Disruptions in Frame of Reference

Compassion fatigue and related phenomena can shake the foundation of your basic identity. As a result of working with trauma survivors, you may experience disruptions in your sense of who you are as a woman/man, activist, partner, caregiver, and mother/father, or how you customarily characterize yourself (Pearlman 1995).

Such disruptions occur when your identity becomes too aligned with your work. You may find yourself putting in too many hours, taking more calls than you can handle, and believing that your work is a mission that takes priority over all of your other needs.

These phenomena can disrupt your worldview, including your moral principles and life philosophy (Pearlman 1995). Repeated exposure to violence and suffering can cause you to question your beliefs about the world and its inhabitants, whether random acts of violence are inevitable, or if justice exists.

You may begin to feel unsafe and vulnerable, checking the backseat of your car or feeling unusually afraid at home. Spirituality—defined here as your sense of meaning and hope, appreciation of a larger humanity, and sense of connection with a higher power—may be challenged by your work with trauma survivors (Pearlman 1995). You may struggle to maintain your faith and trust, belief in a higher power, and sense of cosmic meaning and goodness.

Another type of disruption reported by trauma workers is the intrusion of sexually traumatic images while engaging in sexual activity (Maltz 1992). This is a distressing example of how images from your professional life can blur into the intimacies of your private life.

One way to deal with this intrusion is to explain the cause of your distress to your partner (without revealing any details that would betray confidentiality) and focus on processing your own feelings and need to reconnect (Pearlman 1995).

Disruptions in Self-Capacities

Engaging empathically with victim after victim can be draining, and one response is to shut down emotionally (Pearlman 1995). As a result, you may tend to refuse social engagements or activities as a way of storing up energy to cope with the demands of your job. You may find yourself answering your phone less or making excuses to stay home.

This coping mechanism is particularly maladaptive because you limit your life while simultaneously severing yourself from some of the most effective ways to restore your energy. Connection is an antidote to violence and helps caregivers maintain the optimism and hope that victims rely on for their own healing.

You also may notice disruptions in self-care habits. Your eating habits may steadily worsen, and your consumption of caffeine, alcohol, or nicotine increase. Sleep disturbances are common, as are changes in sexual appetite. Compassion fatigue and related phenomena may affect your overall motivation, and you may see the hobbies you once enjoyed become a thing of the past.

Disruptions in Ego Resources

Ego resources refer to being able to effectively meet your psychological needs and manage interpersonal relationships. These resources include self-examination, intelligence, willpower, sense of humor, empathy, and the ability to set and keep boundaries, all of which can be affected by working with issues of sexual assault (Pearlman 1995).

Regarding your overall functioning, these disruptions are arguably the most insidious. When your ability to step back and assess your choices and behaviors becomes impaired, it is difficult to even recognize that you have a problem or no longer feel fulfilled and balanced.

Costs of Working With Survivors

The consequences of working with survivors are pervasive and real. Those who suffer from compassion fatigue and other such phenomena may find it increasingly difficult to attend to victims and survivors with an empathetic, hopeful, and compassionate response. Once affected, advocates may dread going to work and taking calls, become irritable, and appear to shut down or distance themselves when interacting with survivors.

Both caregivers and supervisors must be aware of this possibility and recognize early symptoms, such as feeling used or unappreciated by the system or the survivors they serve.

It is important to remember the rewards of advocacy even when considering its possible drawbacks. In a study of both sexual assault counselors and those who work with a wide variety of populations, Schauben and Frazier (1995) found that counselors' disruption in their belief about the safety of the world and the goodness of others, PTSD symptoms, and self-reported compassion fatigue were associated with the percentage of sexual assault survivors in an individual's caseload.

Yet, working with a higher percentage of sexual assault survivors was not correlated with job burnout or the negative effects associated with depression.

They concluded this was likely because many caregivers also reported the work's positive aspects which they found rewarding, including being able to help people in crisis move toward recovery.

In a more recent study (Baird and Jenkins 2003) of 101 trauma counselors, researchers found that while younger workers experienced slightly more burnout, more experienced trauma workers reported both more emotional exhaustion and more sense of personal accomplishment.

McCann and Pearlman (1990) suggest that you can remain connected to survivors and protect yourself emotionally by remaining conscious of the broader context. For example, while survivors are telling their accounts of sexual assault, keep remembering that they have survived, are now connected to caring people and helpful resources, and that healing can and does happen.

Compassion fatigue and its variations, the terms of which are often used interchangeably in the literature, pose a problem to caregivers, yet our profession has only recently begun to talk about it. We still work in a culture where it is largely unacceptable to talk about feeling exhausted or overwhelmed, or not connecting with victims. However, if you are good at advocacy and victim services work, it is very difficult not to get compassion fatigue or these related occupational hazards.

The only way to avoid these consequences of working with survivors is to not care, which is hardly an option. The only way to continue caring is to pay attention to how you are being affected by your work, prioritize your own self-care, and do whatever you need to do to keep refilling your goblet again and again.

3. Maintaining Healthy Boundaries

It is essential that you maintain healthy boundaries with the survivors with whom you work. This means being willing and able to set limits on what you will do for victims and when you will be available. Being a good advocate or victim service provider does not mean doing anything asked at any time; rather, it requires being able to distinguish between appropriate and inappropriate requests. There are times when it is perfectly legitimate not to meet the requests of the victim and to put our own needs ahead of those of the victims.

The activity explores healthy boundaries.

4. Strategies for Self-Care

Caregivers generally know what to do to help themselves feel healthy, but they are often too tired to do it. Once you understand compassion fatigue and related phenomena, you must recognize that taking care of yourself is both your right and your responsibility and you must commit to replenishing yourself.

Part of self-care is self-compassion; that is, being caring and compassionate towards yourself in the face of hardship or perceived inadequacy. Self-compassion is taking a balanced approach to your negative experiences so that painful feelings are neither suppressed nor exaggerated (Neff, Kirkpatrick, and Rude 2006).

Advocate supervisors also must support their staff in doing the things that staff need to do to keep themselves healthy. Supervisors need to set a good example by making self-care a priority in their own lives as well.

The alternative is to continue doing victim services work at an impaired level or leaving the field entirely, neither of which serves survivors or advocates. You should figure out what depletes you, then automatically do something to replenish that energy.

Effective self-care means raising your awareness of how well you are/are not eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities you love, then taking measures to make your own needs a priority.

As much as it is normal for a sexual assault survivor to experience symptoms of distress because of the assault, so it is for those who work with them. It does not mean you are doing anything wrong, or that you are unfit for this work. It means you need to recognize the impact and take measures to take care of yourself, reducing your distress by whatever means you can reasonably achieve.

It is crucial that you have a supervisor for with whom you meet regularly to discuss cases. The frequency of these meetings will depend upon the amount of time you work, the number of cases you see and your level of experience. Supervision once a month is probably the minimum for maintaining consistency. Less experienced advocates and victim service providers should schedule more frequent meetings.

When meeting with a supervisor, you will want to discuss:

- Difficult, new, or unusual cases.
- Cases involving compassion fatigue, vicarious trauma, and secondary traumatic stress.
- Cases with boundary issues.
- Cases in which you meet with the victim more than once a week or 12 total sessions.

The activity addresses self-care planning.

