

# HARM REDUCTION & PLACE: THE SOCIAL & PHYSICAL ENVIRONMENT

## TYPES OF TRAUMA



**Community**  
Ex: Tuskegee Study



**Historical**  
Ex: Mayflower



**Circumstantial**  
Ex: War on Drugs



**Individual**



**Natural Disaster**



**Intergenerational**



**Chronic**  
Ex: War



**Vicarious**

### What Is Vicarious Trauma?

The emotional residue of exposure that counselors/providers have from working with people as they are hearing their trauma stories & become witnesses to the pain, fear, terror that trauma survivors have endured.

## PROVIDER REACTIONS TO VICARIOUS TRAUMA

### Behavior

- Frequent job tardiness
- Anger / Irritability
- Exhaustion
- Talking to oneself
- Rejecting physical/emotional closeness
- Overwork
- Absenteeism
- Dropping out of community affairs

### Interpersonal

- Staff conflict
- Blaming others
- Lack of collaboration
- Poor relationships
- Impatience
- Poor communication
- Avoidance of working with participants with trauma histories
- Withdrawal & isolation from colleagues

### Values/Beliefs

- Lack of appreciation
- Dissatisfaction
- Negative perception
- Loss of interest
- Apathy
- Detachment
- Hopelessness
- Low self image
- Worried about not doing enough

### Job Performance

- Low motivation
- Increased errors
- Decreased quality
- Avoidance of job responsibilities
- Over-involved in details/perfectionism

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FOR MORE RESOURCES, VISIT [HARMREDUCTION.ORG](https://harmreduction.org)

/HarmReductionCoalition /HarmReductionCoalition @harmreduction @harmreduction

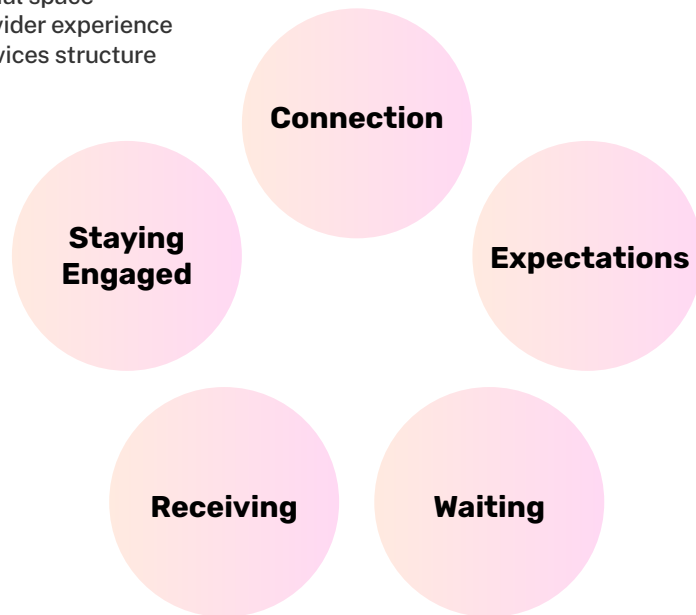
**NATIONAL  
HARM REDUCTION  
COALITION**

## STRATEGIES TO MANAGE VICARIOUS TRAUMA

- **Boundaries:** establishing & maintaining loving but protective boundaries around personal free time/self care.
- **Advocate:** request organizational support regarding Peer Supervision or Clinical Supervision.
- **End of Work Day Ritual:** a ritual that signals your brain that your work day has ended & your free time has started that is meaningful for you. *Ex.) taking a shower, light a candle, set a timer to process work day, etc.*
- **Keep an ongoing to-do list** if you are outside of work to get ideas out & not worry you will forget.
- **Give yourself permission to fully experience emotional reactions.** Don't keep emotions "bottled up."

## ENGAGING WITH PEOPLE

- Physical space
- Social space
- Provider experience
- Services structure



### Connection

Either the first time they're engaging in services or going to a new place, who & how are they being connected to services?

### Expectations

What might someone want to know before they receive a service or arrive at a place of services?

### Waiting

Between the time someone gets to the space & receives the services, what are aspects of the physical or social space that could be comfortable or triggering?

### Receiving

While someone is getting their service, what does the provider experience look like?

### Staying engaged

This is the 10 minutes or 45 days between the last time they connected with services & the next time; what about the services structure may promote or be a barrier to returning?

## PRAXIS OF HARM REDUCTION BASED PHYSICAL SPACES

### Health & Dignity

- Affirming messaging within space
- Bathrooms accessible to both participants & staff members

### Participant Autonomy

- Having supplies & resources in spaces that are accessible without having to ask staff
- Allowing for participants to come/leave freely

### Participant Centered Services

- Offering what participants say is most important (*e.g. access to chargers, phones, computers*)

### Sociocultural Factors

- Multi-lingual resources
- Posters that explicitly state that all people are welcome
- Variety of images in the space

### Participant Involvement

- Create message boards for participants to contribute feedback or share resources with others
- Elections for services & space changes

### Pragmatism & Realism

- Consider posting community agreements in public
- Create alternative spaces for people who need to move/be alone/pace