

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

Revised 2020

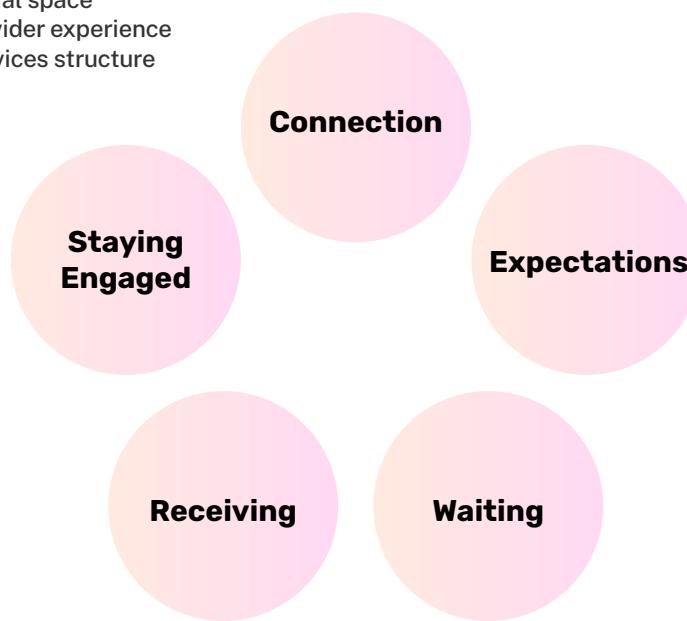
FOR MORE RESOURCES, VISIT [HARMREDUCTION.ORG](https://harmreduction.org)

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	Participant Autonomy	Participant Centered Services	Sociocultural Factors	Participant Involvement	Pragmatism & Realism
<ul style="list-style-type: none"> • Affirming messaging within space • Bathrooms accessible to both participants & staff members 	<ul style="list-style-type: none"> • Having supplies & resources in spaces that are accessible without having to ask staff • Allowing for participants to come/leave freely 	<ul style="list-style-type: none"> • Offering what participants say is most important (e.g. access to chargers, phones, computers) 	<ul style="list-style-type: none"> • Multi-lingual resources • Posters that explicitly state that all people are welcome • Variety of images in the space 	<ul style="list-style-type: none"> • Create message boards for participants to contribute feedback or share resources with others • Elections for services & space changes 	<ul style="list-style-type: none"> • Consider posting community agreements in public • Create alternative spaces for people who need to move/be alone/pace

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