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GUIDANCE

Taking trauma related work home: Advice for reducing the likelihood of secondary trauma

Exposure to distressing material – such as traumatising conversations, images and written or auditory testimony – occurs in the work of many people. The Covid-19 pandemic has resulted in this type of work being undertaken in the home. In these circumstances, there is an increased risk of secondary trauma and compassion fatigue when the support of understanding workplace colleagues is less available and the boundary between work and home life eroded. Most people see their home as a place of refuge, comfort and relaxation. If homes are used to deal with abuse, violence and trauma this personal space becomes associated with the trauma.

This guidance document recommends a step by step approach for organisations whose employees are at risk of vicarious trauma while working from home during the Covid-19 Pandemic. This is based on the following 5 Rs:

1. Recognise
2. Review
3. Respond
4. Refresh
5. Respect

Using the 5 Rs will help employers to fulfil their duty of care, enabling them to recognise, review and respond to risks for individual employees, make changes or improvements, and ensure that respect underpins their response.

Roles where employees may be exposed to trauma (trauma exposing) include:

Accident Investigators, Coroners, Crime Analysts, Health and Social Care Workers, Insurance Claims Case Handlers, Offender Managers, Psychologists, Safeguarding Officers, Social Media Moderators, Social Workers, Solicitors, Teachers

RECOGNISE

When asking trauma exposed professionals to work from home, employers should consider their responsibility for the wellbeing of their employees and contractors for the vicarious injuries which may be sustained by them and by their partners and children, and others in the home.

Individuals whose work involves engaging with victims and offenders of crime, or protecting adults and children, are examples of activities in which employees may be exposed to trauma.

Key considerations:

- Employees performing trauma exposed work may experience psychological harm including anxiety, depression, compassion fatigue and simple or complex Post Traumatic Stress Disorder as defined by the World Health Organisation.¹
- Employees in these types of roles need to be empathetic, but empathy can increase the risk of secondary trauma for the professional^{2,3}
- Peer support and social bonding in teams increases resilience and reduces the likelihood of personal injury but may be less available while homeworking.
- In trauma-engaging roles maintaining the boundary between the trauma and personal life is essential for wellbeing.⁴
- Taking traumatising materials into the home may harm families and children who can be exposed to the nature of the work or to the emotional discharge of distress or anger by their work-distressed parent or partner.

REVIEW

Carry out a full review before deciding whether a professional should work with trauma while homeworking. A role risk assessment to understand the challenges and identify particularly harmful elements is necessary when allocating work.⁵ Industry specific guidance⁶ setting out standards for safe practice may be available.

Individual assessments should cover practical risk areas including:

- other people in the home
- location
- privacy and set up of the workstation
- digital security provisions

The following should also be reviewed when considering arrangements for homeworking:

- How to monitor the homeworker's trauma symptom levels (e.g. through use of psychological surveillance as set out by the UK Health and Safety Executive⁷).
- Availability of psychological or peer supervision and support for the homeworker.

RESPOND

Address any gaps identified during the review stage. This may involve updating policies, procedures and equipment, and altering how work is structured and allocated to the employee who is working at home.

Key considerations:

- Emphasis should be on those working from home where there are children and/or a lack of a secure working area.

- When allocating work, ensure that tasks with the greatest propensity to cause harm are carried out in the traditional workplace rather than at home.
- Break up or segment tasks to encourage flexibility and/or a team approach.

These changes are not without difficulties as there may be times when handling traumatising materials at home is unavoidable. Task allocation to protect homeworkers may result in an intensified level of traumatic exposure in the main workplace.

Given increased levels of risk, employers have a statutory duty of care to undertake regular, ongoing personal and workplace risk assessments and psychological surveillance.⁸ Noticing early warning signs means that steps can be taken to prevent problems from developing further.

Professionals will need:

- Appropriate training and tools for recognising signs of stress, compassion fatigue and trauma.
- Systems to monitor the demands, levels of control, availability of support, quality of relationships and impact of changes on individual employees and team members.

Remote monitoring is not easy but could be part of a programme of regular individual or team consultative support. This will allow recognition of and response to personal and emotional demands.

Where individuals are showing signs of more serious psychological conditions there needs to be a readily available process for self-referral or management referral for a psychological assessment via occupational health or other clinical routes.⁹

REFRESH

An unprecedented level of change in working practices continues to occur because of the Covid-19 pandemic. Monitoring and ongoing review are necessary so that these changes can be managed effectively, and steps taken to 'refresh' by making improvements in light of the evidence gathered.

This requires:

- Agreement on the key indicators of success, for both the wellbeing of the workers and the health and productivity of the organisation in responding to the needs of the victims of trauma and/or identifying the offenders and sources of trauma.
- The full engagement of management, supervisors, and frontline workers in systematically providing evidence of what works and what could be improved.

As lockdown eases and the pandemic is brought under control, organisations will need to adapt to become more agile and develop organic ways of working. Leaders will provide direction and enable action in support of this, with teams being accountable and organisations becoming more flexible.¹⁰

RESPECT

The need for respect underpins any response to support employees dealing with traumatising material in their homes and workplaces.

This involves actively listening to and understanding the circumstances and wishes of individuals, including:

- Special needs of vulnerable groups such as those with disabilities including mental health problems or going through demanding personal times including illness, relationship breakdown, bereavement, or pregnancy.
- The effects of bereavement.
- Caring responsibilities.
- Financial constraints.

Employers and colleagues can show respect through compassion and awareness of the needs of others. People have their own ways of dealing with change and both time and encouragement will help everyone to adapt.

CONCLUSION

Organisations, managers, and supervisors should encourage shared learning, enabling everyone to participate in the creation of a work environment where diversity is valued, workers are engaged, and organisations are trauma informed.¹¹

KEY TERMS USED IN THIS DOCUMENT

Compassion Fatigue: is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring.

Secondary Trauma: is the stress caused by helping or wanting to help a traumatised or suffering person. Secondary trauma symptoms are similar to those experienced by the helped person¹².

Simple and complex PTSD (post-traumatic stress disorder): For an outline of the two conditions go to <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3656217/>

Diagnosis of PTSD

<https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/2070699808>

Diagnosis for C-PTSD

<https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f585833559>

Psychological Surveillance: is required under the Management of Health & Safety at Work legislation wherever there is a risk to the physical or psychological health after reasonable precautions have been taken. Surveillance involves adopting measures to detect early signs or symptoms of ill health. <https://www.hse.gov.uk/health-surveillance/requirement/index.htm>

Vicarious trauma: is similar to secondary trauma. It is an occupational hazard: an inescapable effect of trauma work. It is not something traumatised people do to us; it is a human consequence of knowing, caring and facing the reality of trauma.¹³

FURTHER READING

BPS Crisis, Disaster and Trauma Section Resources <https://www.bps.org.uk/member-microsites/crisis-disaster-and-trauma-psychology-section/resources>

Working from home: Healthy sustainable Working during the Covid-19 Pandemic and beyond <https://www.bps.org.uk/coronavirus-resources/public/working-from-home>

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- ⁴ British Medical Association (2019). *Vicarious trauma: signs and strategies for coping* <https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping>
- ⁵ Tehrani, N. (2015). *A guide to psychological screening and surveillance in the workplace*.
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- ⁷ <https://www.hse.gov.uk/health-surveillance/requirement/index.htm>
- ⁸ Hesketh, I. & Tehrani, N. (2019). 'Supporting the Wellbeing of Internet Child Abuse Teams' College of Policing Ltd. Available at: <https://oscar.kilo.org.uk/4749-2/>
- ⁹ HSE Management Standards, <https://www.hse.gov.uk/stress/standards/>
- ¹⁰ McKinsey (2017). The 5 Trademarks of Agile Organisations. <https://www.mckinsey.com/business-functions/organization/our-insights/the-five-trademarks-of-agile-organizations>
- ¹¹ Bloom, S.L. (2014). *Restoring Sanctuary: A new operating system for trauma-informed systems of care*. Oxford: Oxford University Press.
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- ¹³ Saakvitne, K.W., Pearlman, L.A. & Traumatic Stress Inst, Ctr for Adult & Adolescent Psychotherapy, LLC. (1996). A Norton professional book. *Transforming the pain: A workbook on vicarious traumatization*. W W Norton & Co.

CONTRIBUTORS

Covid-19 Working Differently Group at the British Psychological Society

Dr Noreen Tehrani, Director, Noreen Tehrani Associates

Dr Tracey Colville, Lecturer, School of Education and Social Work, University of Dundee

Janet Fraser, Covid-19 Working Differently Chair, Division of Occupational Psychology, Chair Elect

Dr Gavin Breslin, Senior Lecturer in Sport and Exercise Psychology, Ulster University

Benna Waites, Division of Clinical Psychology Leadership and Management Faculty Co-Chair.

Prof Gail Kinman, Professor Occupational Health Psychology, Birkbeck University of London

Steve Reeves, Director of Child Safeguarding, Save the Children

Kate Richardson, Head of Safeguarding National Crime Agency

Dr Ian Hesketh, Senior Responsible Owner, National Police Wellbeing Service

Prof Richard Wortley, Professor of Crime Science Jill Dando Institute, UCL

Dr Christine Grant, Occupational Psychologist, Coventry University

Dr Richard Kwiatowski, Professor of Organizational Behaviour, Cranfield University

Dr Catherine Steele, Associate Professor Occupational Psychology, University of Leicester

Dr Louise Thomson, Assistant Professor in Occupational Psychology, University of Nottingham

Professor Rachel Tribe, Professor of Applied Psychology, University of East London



the british
psychological society
promoting excellence in psychology

St Andrews House,
48 Princess Road East,
Leicester LE1 7DR, UK

☎ 0116 254 9568 🌐 www.bps.org.uk ✉ info@bps.org.uk