

## **Exposure to Traumatic Events in Community Social Services**

- Involves community members with whom workers have established rapport
- Repeated with hearing detailed accounts of harm, violence, and crisis

## **Key Hazards of Exposure to Traumatic Events (WorkSafeBC)**

- Lack of pre-traumatic event support and education
- Lack of post-traumatic event support and education
- Cumulative and single-incident trauma exposures
- Lack of mental health resources

## **Types of Trauma Exposure**

- **Direct Exposure:** Being physically present during a traumatic event (e.g., crisis response, witnessing violence).
- **Indirect Exposure:** Engaging with trauma without being present (e.g., hearing detailed accounts, reviewing case histories). Includes compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout.

## **Processing Trauma**

- Trauma responses vary and exist on a spectrum; not all distress is a clinical condition.
- Factors that influence processing include early attachment, secure relationships, coping strategies, and access to internal and external supports.
- Some responses resolve with support while others may lead to emotional exhaustion, intrusive thoughts, or stress responses.
- Trauma is processed more effectively when acknowledged and supported, not carried alone.

## **Recognizing Signs**

- Emotional, physical, or mental exhaustion
- Sleep disturbances or chronic fatigue
- Feeling disconnected from colleagues or purpose
- Difficulty “switching off” after work
- Intrusive thoughts or images related to work
- Reduced empathy or emotional numbing
- Avoidance of certain tasks/situations

## **Organizational Support Matters**

- Connection with colleagues and leadership fosters sustainable trauma protection
- Trauma exposure needs to be held with compassion through supportive teams and a culture of care rather than normalized or ignored
- Trauma protection is a collective endeavor, not an individual one

## Role-Based Strategies for Trauma Exposure

Preventing harm from trauma exposure requires a coordinated trauma-informed approach.

### Employers

- Recognize trauma exposure as an occupational hazard, integrated into health and safety procedures
- Maintain and share a clear directory of available mental health resources
- Develop step-by-step procedures for immediate, short-term, and follow-up debriefings
- Provide the option to take time off after trauma exposure without using vacation or sick days
- Offer training on trauma-informed practice and recognizing trauma responses
- Monitor patterns of exposure across teams and services to identify high-risk areas

### Managers/Supervisors

- Provide individualized support to staff
- Guide new and younger employees on what to expect in roles
- Conduct immediate check-ins after critical or distressing events
- Lead team or individual debriefings, allow time off, and adjust workloads to prevent cumulative stress and burnout
- Normalize emotional responses, create safe spaces for discussion, encourage peer support, and monitor early signs of distress

### Employees

- Recognize signs of stress, fatigue, or distress in yourself without minimizing or ignoring them
- Participate in debriefings, counseling, and peer support sessions; check in with teammates
- Communicate when you need extra time, workload adjustments, or mental health resources

### Joint Occupational Health & Safety Committees (JOHSC)

- Monitor incidents to identify high-risk programs, roles, or tasks exposed to traumatic events
- Review debriefing schedules, counselling access, and recovery policies
- Suggest workload adjustments, staffing strategies, or process improvements to minimize repeated exposure
- Include trauma exposure considerations in inspections and hazard assessments
- Track uptake, staff satisfaction, and outcomes of trauma-informed programs and supports and use feedback to improve practices