Who Helps Helpline Workers?

Exploring compassion fatigue and vicarious trauma in the helplines sector
Executive Summary

Helplines Partnership worked with the helplines sector to explore the challenge of vicarious trauma, which is the concept that listening and responding to service users relaying traumatic experiences could be harmful for the emotional wellbeing of the listener; with the intention of looking at whether vicarious trauma may present a risk for helpline staff or volunteers.

Our research has shown that vicarious trauma could be a problem for helpline staff. Helplines supporting vulnerable people have seen an increase in calls over the past 2 years, and there has been a trend for helplines receiving higher proportions of calls from people in distress.

Responding to emotional content from helpline service users can have a negative impact on helpline staff and volunteers. This research suggests that paid helpline workers may face higher risks of impact on their own emotional wellbeing due to greater levels of exposure. Volunteers on a helpline may only work 1 or 2 shifts a week, with shifts varying from 4-8 hours. Paid staff can work 30 or more hours receiving calls or responding to other forms of contact. Some volunteers may face additional risks if they have significant relevant lived experience or previous trauma and respond to contacts from helpline service users covering similar areas. This however, can also apply to paid helpline staff.

Providing effective after call support for helpline staff may act as a protective factor. Having clear boundaries for service provision and providing effective ongoing training are also important. Helpline managers who were part of the study were strongly in favour of having better awareness among trustees and senior managers of the risks of vicarious trauma, and in having better investment in post call support for helpline staff and volunteers.

Modern helplines respond to people needing help through a range of mediums including phone, text, email and webchat. Communicating with vulnerable callers through non voice methods.

The report has highlighted some areas where further research is needed to be better able to manage the risks to helplines from responding to the emotional content of helpline service users. Helplines have always needed to provide good quality support to callers, but with growing demand for services and higher levels of distressed calls, the sector needs further research and investment to ensure that helpline workers remain able to keep taking calls.
Vicarious Trauma in Helplines

Vicarious trauma is a term for the emotional changes a person can experience when helping people who have traumatic stories to tell. They can become witnesses to the pain, fear, and terror that trauma survivors have endured.

Helplines take millions of calls a year from vulnerable callers, and play a trusted role within society. They can offer generalised, or highly specialist support. Callers may be able to access them by phone, but increasingly through other methods such as text, instant messenger, email or Skype. A helpline might provide support to people in a local area, or throughout the country. Research from 2011 suggested that helplines in the UK take 60 million different calls each year.

Callers may be in distress when they contact a helpline, and may be discussing suicidal feelings, or complex and traumatic incidents that may have occurred in their lives.

This report seeks to explore the potential impact that vicarious trauma can have on call handlers within the helplines sector. This research has been developed with helplines that respond to emotional and challenging call content. A number of helplines took part in a survey to explore whether vicarious trauma is an issue in the helplines sector.

This report was developed with helplines that receive emotionally challenging calls, who contributed through a survey and with the development of this report. The report’s authors are grateful for their involvement.

What is Vicarious Trauma?

Vicarious trauma is a well-established risk for mental health care providers working to support people who have experienced grief, loss or trauma. It can also be known as secondary traumatisation, secondary stress disorder or insidious trauma. It can lead to compassion fatigue or burnout, and the symptoms can be similar to those of first hand trauma experiences. This can lead to negative impacts on social behaviours, emotional wellbeing, physical health, behaviour, and cognitive reasoning.
This is a helpful diagram to highlight the components. However when considering themes, it might be better to be more specific by explaining more directly how someone’s behavioural, social, emotional, cognitive and physical health are affected by vicarious trauma.

Adapted from Wednt Center, 2011

This report explores whether vicarious trauma might be a risk for helpline workers. Further research may be needed to explore the extent of the risk, and how vicarious trauma may impact negatively on the different components of vicarious trauma within helpline staff and volunteers.

**Why might this be a particular risk for helpline staff and volunteers?**

There are a range of factors that encourage vulnerable callers to contact helplines. Helplines offer non-judgmental, professional support to people when they need it. They give vulnerable callers a safe space to discuss problems. They are able to focus on a whole systems approach to care and support. Unlike some statutory services, helplines can be accessed without a diagnosis. The helplines sector supports a number of areas of public service delivery, and the interventions from helpline workers help to prevent self-harm, reduce emergency admissions and support people to access services in the most appropriate way possible.

Providing assurance that calls can be anonymous gives helpline users the confidence to talk about complex issues, and gives users the freedom to discuss sensitive subjects. Helplines provide a space for reflective listening, providing impartial support with no wider agenda. However in response to survey work, helplines reported that it can be more problematic for the call handler to take an anonymous call.
Helplines are facing an increase in contacts from service users in distress, and this can be seen from the helplines that took part in this survey. 47% of helplines reported an increase in distressed callers contacting them by phone and a further 18% reported an increase through other contact channels, which can include webchat, chat forums, text or email.

Having an increase in the volume of distressed callers can present additional stress factors for helpline workers. Distressed callers may be more likely to need to discuss traumatic experiences. They may also need longer call times, which can mean that it can be harder for other callers to get through. The knowledge that potentially vulnerable callers are unable to access the helpline for support over the course of a shift due to lack of capacity can be challenging for helpline workers.

![Chart showing the increase in callers contacting helplines](chart.png)

It has been suggested that a key reason for the increase in helpline calls has been the reconfiguration of, or closure to local face to face crisis services. Further research is needed to show a causative link. Helplines also highlighted that more risky calls tend to be received at night time. More research is needed to explore trends in this area.
Does the method used to communicate with service users have an impact on risk factors?

Contacts from service users with poor mental health can take place across a range of contacts, including phone, text, email and webchat. Helpline managers report that some callers may be expressing suicidal thoughts with no planned means to follow through. Other callers may have more defined plans and means.

There is some evidence from helpline managers that contact through webchat or web forms is particularly challenging for staff. Written messages can have more of an impact on the staff member responding to them, with a short message being written in a very direct way, which in a conversation may be more nuanced. Within web forums, helpline managers have highlighted that service users can ‘dump and run’, that is to say express some highly challenging and complex issues that they are dealing with, and then leave the chat environment before support can be given. These situations may be particularly challenging as there is no resolution to the problem, no support given with identifying next steps and no end to the story.

Helpline managers reported email contacts as needing extra time and analysis work, as the email has to be ‘unpicked’ before a response can be written. Helpline managers view the telephone as being less of a risk for helpline workers, as it enables more in depth exploration of the issues. Within voice calls, helpline workers do however need to respond to strong emotions such as distress, crying and anger.

Vicarious trauma issues in helpline managers are complex, not least because the impact of challenging call content can affect staff in different ways. One call handler may experience feelings of trauma after a contact which would not trigger negative emotional states in a different helpline worker. More research in this area was seen as being helpful.

Balancing the needs of staff and volunteers - are there differences?

Research from Helplines Partnership has indicated that 3 out of 4 of the helplines sector workforce are volunteers. Within the helplines who responded to the survey however, 60% had a workforce that mainly consisted of paid staff.

Within the research for this publication, helplines responding to the survey were more likely to have more paid staff than volunteers. 59% of helplines had more paid staff than volunteers but interestingly the average number of paid staff across all helplines surveyed was the same for both the paid staff workforce and the volunteer
staff workforce, each with an average of 7.6 staff and 7.6 volunteers. These results were due to 20% of helplines having large volunteer workforces ranging from 20-55 people. Within the remaining 80% of helplines, the average number of volunteers was 1.7. This could indicate that helplines that are more likely to receive challenging calls are more likely to have a workforce comprising mainly of paid staff members.

Helpline staff and volunteers come to the sector through different routes. Volunteering with a helpline can be a route into paid helpline work. They can have a range of motivations in seeking work within a helplines environment.

Some volunteers come to the sector having experienced a complex challenge within their personal lives, or affecting someone close to them, and wish to use that experience to help others. This group may be likely to be more susceptible to experiencing vicarious trauma.

Having adequate time for ‘offloading’ or post call debriefing may be particularly important for this group, but it also highlights the importance of having effective recruitment and training processes for staff and volunteers, including appropriate screening where the person will need to respond to emotional or challenging calls.

Some staff come to the sector after leaving school or university, and seeking a career in a caring profession, for which the experience gained on a helpline can be highly valuable. Helpline workers in this group may face additional risks due to their lack of wider experience.

The survey data showed that volunteers are more likely to leave a helpline at an earlier stage than paid helpline staff, with paid staff staying considerably longer than 4 years.

**WHEN DO PEOPLE LEAVE?**

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Care however needs to be used when analysing this data. There could be a number of reasons why helpline volunteers leave earlier than helpline paid staff, not least because helpline volunteers may be able to use the skills that they have gained to enter paid employment.

In some parts of the helpline sector, career progression can be limited, with experienced staff not having clear roles to progress into. The flexible nature of helpline work, which can include shift patterns that are flexible for people with caring responsibilities, or in some settings the ability to be based at home and access helpline systems remotely with appropriate controls, can also be factors why paid staff choose to stay in their roles.

Helpline managers have highlighted that staff can on occasion, show signs of traumatic emotional content in a helpline environment. This can include:

- having low motivation,
- not being able to recognise when their performance is affected

Helpline managers have also indicated that volunteer staff can be easier to performance manage. Volunteer shifts can be limited to 1-2 shifts per week, which may minimise the potential trauma that a volunteer is exposed to.

Additional challenges can come from managing staff or volunteers who are working remotely. Helplines that use these methods tend to have a volunteer or manager who can provide immediate support to the helpline worker if they take a challenging call.

Further research is needed to explore the range of coping mechanisms used by helpline volunteers and staff, to establish what might be most effective.

**How challenging do helpline workers find emotional calls?**

When asked if call handlers find the emotional call content of calls challenging, the vast majority indicated that this is a problem. Interestingly, most helpline managers considered that the level to which it is a problem varied significantly between individual staff and volunteers.
Helpline managers also identified a number of variable factors to this including the number of staff available to take calls, the length of service and personal circumstances of the call handler. It was also noted that a cumulative effect can make certain calls harder at certain times. Key risk factors that helpline managers identified were the personal experience that a call handler might have had on a particular topic, and the number of shifts that the helpline worker was delivering. It was noted by helpline managers that emotional calls are becoming more challenging as there are less wider support structures available to refer vulnerable callers to.

One helpline manager reported that:

*It does vary and the call handlers are very skilled, both in handling the calls and dealing with the emotional impact on them, but the level of distress that they are exposed to is significant and increasingly concerning.*

Helpline managers reported that stress to call handlers is most likely to occur after an emotionally challenging call, though a significant minority reported that it is too difficult to say. Further work is needed to accurately define trauma with a helplines setting, as opposed to stress. While it is likely that there is a strong link between cumulative stress factors and vicarious trauma, it would be helpful for modelling to be developed that better highlights specific risk factors.
Helpline managers and experienced helpline workers were asked about the impacts on themselves, and these are summarised below:

Mainly around calls or callers that stick in your head and you keep thinking about. Calls about sexual violence or domestic abuse can make you more wary of others and can impact on personal relationships.

As a small, close knit group, I think that we deal well with emotionally challenging calls. There is always somebody around that a volunteer can off load to and we have the capacity to move them from answering calls if this would help at that particular time.

It is something quite new to us. However, it is noticeable in many different ways but perhaps staff aren’t aware that is what it actually is.

When operators are going through emotionally challenging times in their personal life it makes them much more vulnerable to trauma from calls. I think that there is something about the cumulative effect of taking calls that is harder to spot.

Upset and distressed people are relatively easier to deal with than angry shouting people. The times of extreme trauma where handlers have absolutely refused to take calls from the same person have been when they were unreasonably angry.

Staff on helplines are not trained counsellors and can find it difficult to recover following challenging calls.

When unable to help significantly it is difficult to stop thinking of the caller’s problem.

Colleagues join the team in the clear knowledge that many of our callers are in a distressed state. The training and support provided, as well as policies and procedures, ensures that the limits of the service are well understood.

Things have been less busy of late and we seem to be less affected by this issue.
Key themes from this are that trauma, and staff reactions to it are complex. Helpline managers tend to have been helpline workers themselves and tend to be highly involved in the work of the helpline. Some may take calls directly, or act as an escalation route for the most complex calls. Other helpline managers moderate calls, listening in to ensure that callers get a consistent approach. What is striking about this is the degree to which the helpline managers involved recognise that they may have encountered stress through their work. It is also noteworthy that several helpline managers noted that stress is greater when call volumes are high. Where helplines are providing support through web forums, stress can occur when needing to moderate or manage arguments within the online community.
When asked how big an issue do you think vicarious trauma is for helpline staff and volunteers on a scale of 1-5 (with 5 being the highest impact), the helpline managers who took part in the survey gave it an average rating of 3.3.

Helpline managers were also asked about the impacts on their teams. Their responses highlighted that helpline workers can find some calls distressing as they can feel helpless and frustrated, and that it can be particularly challenging when the advisor feels powerless because they cannot encourage the enquirer to get the right help, or because we (the organisation) have to break confidentiality but don't know the impact that might have in the caller's life, or whether or not it will resolve their situation.

Managers reported that helpline workers can feel personally responsible, or can trigger memories, stresses or current worries where the challenging call can mirror something in the call handler's personal life. It can make them feel that they should have been able to fix the situation even if it's not their role.

Particular risks were identified where volunteers all have experience of the conditions they support, and listening to a distressed caller can return them to a situation they had moved on from. It was also noted that challenging calls can have a knock on stress effect as call handlers may begin a new call with stressful anticipation. The lack of a resolution on a call can also be hard, with call handlers sometimes wishing that a particular caller would contact again so that they know they were ok.

Respondents also noted the increased risk of call handlers using harmful coping mechanisms and that this could have an impact on team morale and effectiveness at work. Helpline staff need complex skills. One manager noted that

“They really need to have their professional boundaries and empathetic skills well honed, they need to know how to offload and how to take care of themselves, they need to recognise they have a responsibility to take care of themselves.”
Having clear boundaries on service provision within helplines is recognised as being a characteristic of a well-run and well managed helpline, and is a component of the Helplines Standard, which is the quality accreditation for the helplines sector. The survey on vicarious trauma highlights the importance of effective risk management within helplines, and in having good recruitments and training processes.

**Staff Support**

Within the survey, helplines were asked about the types of support that were on offer to helpline staff and volunteers. Many helplines offered more than one mechanism for support. The two most popular forms were training on managing emotionally challenging calls and informal peer support.

Some helplines offer reflective practice sessions with an external professional, and have found this to be highly successful in managing staff stress. There can be risks from informal peer support, and it is felt that this should only ever be used in combination with other support provision. It is particularly important that support is available through a helplines hours of operation, which can frequently include night time provision.

In addition, helplines were asked about other types of support that were offered. These included having a weekly all staff debrief, having trained counselling available, accessing training from specialist providers rather than in house provision, providing debriefing directly after difficult calls rather than at the end of the shift, and a range of support relating to the culture of the workplace, such as staff knowing that the helpline manager is always available to provide support or having regular social events to build a strong team. Having adequate downtime between calls was also reported as an important factor.
The size of the workplace may be an important factor in terms of having the capacity to provide a range of effective support. Further research may be needed into helplines who provide access to psychological support, and the impact that this has on helpline workers’ wellbeing.

Helpline managers strongly felt that accessing support services should be mandatory for staff and volunteers. Having an optional approach can lead to people who are most in need of support from missing out, or can create an internal culture where people feel that they are perceived as being not as strong if they access support. Further study into the effectiveness of training and peer support may be needed to look into what the most useful mechanisms are for supporting staff.

Helpline managers have highlighted the importance of having staff and volunteers who work consistently within the policies and processes that a helpline operates within. Having time limits on calls is also seen as being effective practice. Helpline managers also highlighted a number of the difficulties in supporting helpline workers who may have been affected. People may not always recognise that they have been through something challenging, and sometimes helpline workers may be resistant to accessing support.

Helpline managers have indicated that analysing call quality data can give an insight into when a helpline worker may be having challenges in managing their own wellbeing. Factors can include lengthy calls, responding to lower than average call volumes compared to their team and a lack of structure to the call. Call recording is seen as being a crucial quality management tool, as it allows effective moderation and exploration of calls for training and quality purposes. Further study is needed in this area.

Helpline managers were asked about what support they would like to offer which they don’t currently have access to. Key themes which emerged were:

- Dedicated debriefing space
- Group supervision with a trauma specialist or clinical supervision
- Individual supervision
- More training
- Shorter shifts
- Being able to reduce the period of time that helpline workers have to spend responding to calls by having more call handlers available
- Ensuring workers get time away from responding to service users
- Providing better employee support

It is seen to be of critical importance to raise awareness of vicarious trauma within helpline staff, both paid and volunteers, helpline managers, senior managers, trustees and commissioners of services. The term vicarious trauma may in itself,
present a barrier to helpline staff and volunteers seeking support. Other terms that can be applied are:

- empathic strain
- compassion fatigue
- secondary victimisation
- secondary traumatic stress disorder
- indirect accumulative trauma
- therapeutic burnout
- indirect traumatic exposure

The terms empathic fatigue and empathic burnout were particularly popular with helpline managers. Staff, volunteers and trustees need to be able to begin talking more about this issue. Wider work is also needed to consider what forms of support are most useful for protecting a helpline worker’s emotional wellbeing.

**Conclusion and recommendations**

Vicarious trauma has a significant impact on helpline workers, and this can also have an impact on the helpline and client experience. Helplines are under increasing pressure due to higher call volumes and greater levels of distressed service users, which creates an added risk of call handlers experiencing difficulties.

More research is needed into this area specifically research with helpline workers directly and what works in reducing vicarious trauma that both individuals can implement and also the helpline as a whole. There is also an urgent need to highlight the risks of vicarious trauma with trustees, key stakeholders, funders and commissioners of helplines to ensure that helplines can be effectively resourced for the work that they do, and have the capacity to be able to give their staff and volunteers adequate post shift debriefing time and access to external professionals for supervision in helplines that encounter high levels of distressed calls.

It is recommended that a tool-kit of strategies for helpline workers and managers including training, strategies and ideas would be of immense use to the helpline sector, and would facilitate the sharing of best practice.

A further recommendation is to develop research on the individual factors that could contribute to vicarious trauma, along with a clearer framework of risk factors and the relationship between stress and vicarious trauma in a helpline environment. This should include individual coping strategies, motivation for entering the role and internal and external support mechanisms.

Vicarious trauma is a real and pressing issue for helplines, and impacts on helpline managers as well as helpline staff and volunteers. It presents a significant risk for the wellbeing of staff and volunteers within the sector, and in future provision of helpline services for vulnerable people. As one helpline manager said ‘what would happen if we weren’t here?’
We would like to thank all those who took part in our study and contributed to our research on the impact vicarious trauma has on helpline call handlers.