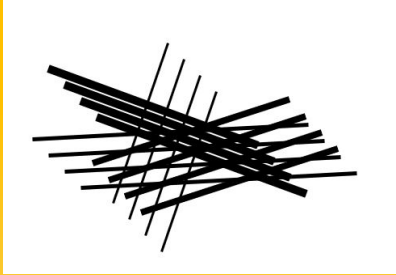


# 1 Self-Care: Preliminary Results from the Vicarious Resilience Study



HANNAH SCOTT,  
FACULTY OF SOCIAL SCIENCE & HUMANITIES, ONTARIO TECH  
UNIVERSITY

SCOTT H. (2022). PAPER PRESENTED AT THE WORLD SOCIETY OF  
VICTIMOLOGY: INTERNATIONAL SYMPOSIUM ON VICTIMOLOGY, ANNUAL  
MEETING. JUNE 4-JUNE 9, DONOSTIA–SAN SEBASTIÁN, SPAIN.



2

## ABSTRACT: Self-Care: Preliminary Results from the Vicarious Resilience Study

This study examined responses from 869 responses to a mixed methods survey in addition to responses of focus group participants and individual interviews examining vicarious resilience among service providers who deal with traumatized populations in Canada. Although the majority of respondents do practice at least some form of self care, the focus of this study was about those who admitted they did not practice self care and the reasons provided, in an effort to understand barriers to well-being practice.

### 3

## Studies...

- ✓ Mott, J. L., & Martin, L. A. (2019) examined mental health providers and their levels of self-care, history of ACEs, burnout, secondary traumatic stress, and compassion satisfaction.
  - Participants who reported **higher engagement with self-care also reported lower burnout/secondary traumatic stress and greater compassion satisfaction.**
- ✓ Salloum, A., Choi, M, J., & Stover, C. S. (2019). The study found that when the participant (Child welfare workers) engaged in **personal self-care**, that it **helped with burnout, secondary trauma, and mental health.**
- ✓ Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. W. (2015) focused on social work practitioners and their self-care practices and professional quality of life.
  - The findings suggested that **the more professional, emotional, and spiritual self-care an individual has, the less burnout and greater compassion satisfaction is encountered.**
- ❑ The study *also* found **that many participants did not engage in self-care** enough even though they believe it is essential for their job.

## 4 Methods

Current survey responses (N= 869).

*Vicarious Resilience and Services for Victims and Survivors of Crime* is a national project funded by the Social Sciences and Humanities Research Council (SSHRC), and approved by the research ethics board at Algonquin College.

The study includes an online survey, focus groups, and in-depth interviews to explore themes related to the well-being of service providers. This paper draws on early findings from the online survey, extracted from responses provided between October 4, 2021 - January 20, 2022. The online survey was distributed across Canada to VSPs and volunteers above the age of 18 using listservs, social media, research partner networks, and the use of a victim services database provided by the Department of Justice. Survey respondents (N=564) were asked to respond to three COVID-19 specific questions:

Qualitative responses to open-ended questions in the survey were uploaded to ATLAS.ti and coded collaboratively by a team of five coders to allow for group discussions to strengthen reliability and improve the overall analysis (Miles et al., 2020).

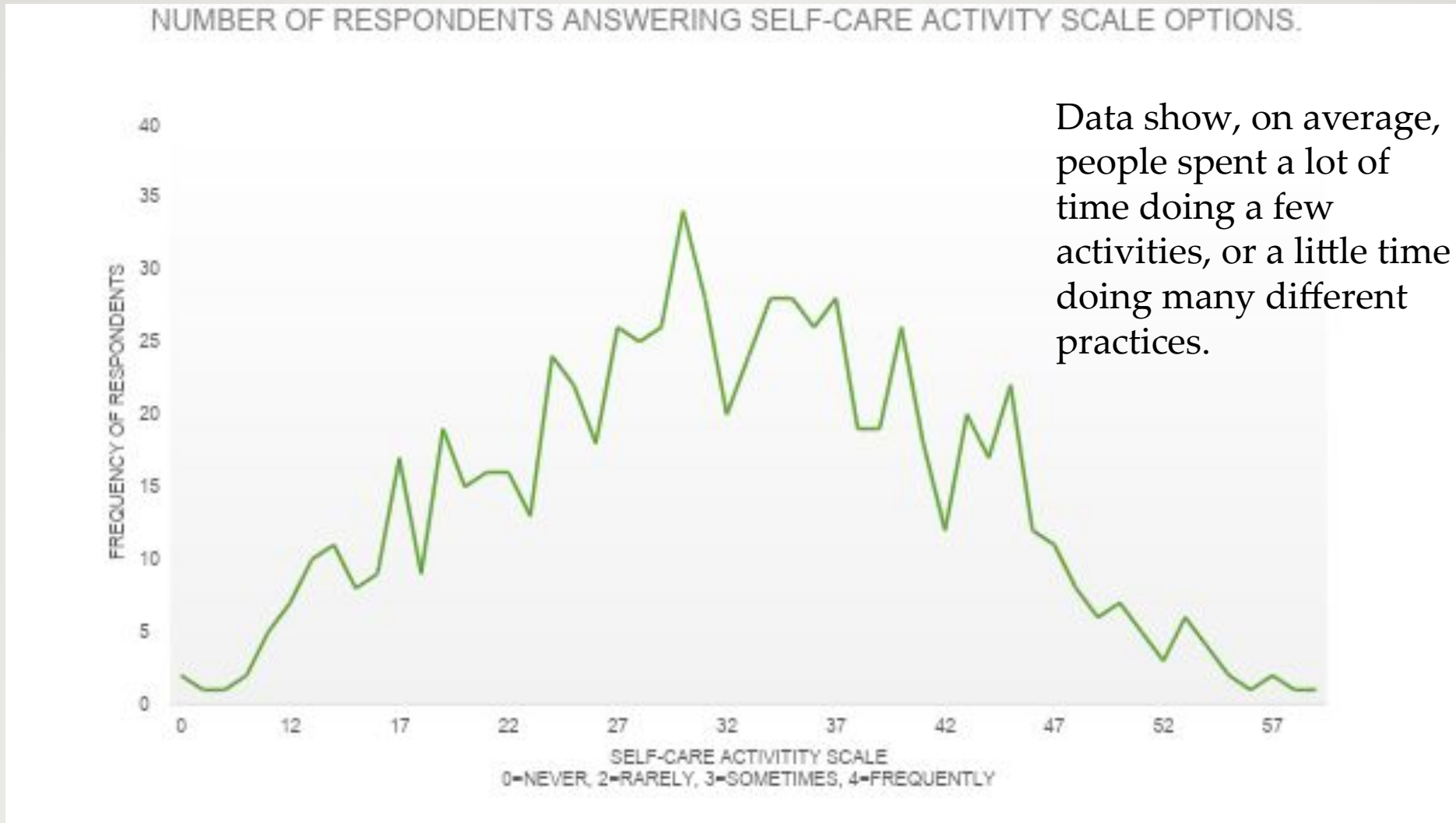
<https://www.algonquincollege.com/arie/2022/03/covid-19-victim-services-and-well-being/>

## 5 Did not ask specifically why people do not practice self-care...

Study objective was to look at **resilience practices**

- Coding: 20 questions were asked questions on a self-care inventory on various self-care options used **Time Spent in Coping Strategies Scale** (Kulkarni et al., 2013).
- The TSCSS was then compared IV response to the question “I am Happy.” (Never, Rarely, Sometimes, Often, Very Often).
- Lack of self-care practice was coded as “no” if respondents completed the survey, answered “Never” to questions to TSCSS, and either stated that they did not practice self-care in qualitative answers following scale, or left the space blank.
- **Even with this PTG orientation, 169 (19.4%) respondents openly admitted that they did not practice.**
- To contextualize findings Rs were asked a qualitative question:
  - “How do you care for yourself while doing trauma work? What have you found most helpful?”
- There were also Focus Group Participants who were also asked about self-care in semi structured facilitations, which are also offered here for context.

6



7

Ratio derived from amalgamated data:  
"Does R report self-care."

Ratio: Self-care articulation to happiness scale



Happiness self rating  
1=never, 2=rarely, 3=sometimes, 4=often, 5=very often

## 8 | Those who stated they were not engaged in self-care

*I'm not sure I do.... Chatting regularly with my social network (R24)*

*I don't really. LOL (R25)*

*Very poorly. Debriefing is helpfiul [sic] (R34)*

*It's **very difficult** to take care of myself while doing trauma work without feeling guilty. (R114)*

*I work 2 jobs and have **very little time** to care for myself. (R115)*

*Often **too tired** to take care of myself. Go home and binge on Netflix [sic] . (R130)*

***I do not create space for self-care.** When I get home from work, my husband and I will usually turn on the tv as a way to unwind, or in my case, to numb or not think about what happened during my day. (R202)*

*It is **hard to work in self care when you work and have children.** The day doesn't have enough time to do things for me. I only have one day where I don't have work or my child. (R253)*



9

*Still working on this!* (R265)

*I struggle greatly with self care while doing this work as I prioritize my work and clients. Often after work (9 hour day) I am **too tired to** exercise or engage in hobbies and I tend to use this time to sleep and recharge.* (R282)

*En fait, je fais peu de choses pour prendre soins de moi [In fact, **I do little to take care of myself**]* (R284)

*Honestly, I am not great at this, I try to engage in regular self-care and leave my work at work.* (R291)

*Self Care is a **challenge*** (R304)

*I don't* (R383)

*I am terrible at self care. Caring for the needs of a team that has frequent direct contact with clients leaves me **feeling too exhausted and drained** to put energy into self care.* (R450)

*Looking forward to time off however **planning for time off is very stressful.*** (R604)

*I would take a few days off but we cannot because we are **severely understaffed.*** (R605)

***Nothing effective*** (R703)

*I have to be honest....**I do put myself last** a lot [sic]. Not healthy to do but I put my staff and volunteers first. I am trying to be better by practising [sic] self-care.* (R740)

10

## Add COVID...

*Pre COVID running and walking and day trips. Now... **not much**. (R539)*

*It has been **harder** to take care of myself through COVID as before I traveled and was able to get away from work. (R131)*

*At this time, I have not dealt with a victim as with Covid [sic] and being a new advocate opportunity [sic] has not arised [sic]. (R238)*

*I don't do self care well. COVID did give me the **opportunity to realize I need to slow down** and start taking better care of myself and enjoy my family. But I **haven't really started** it yet. (R578)*

# 11

## Challenges for self-care

*...And what I've also seen is people getting, I know I felt this way, too, is a bit overwhelmed with the enormity of it, like people think, today I have to pay attention to what I eat, and I need to get exercise and I need to pray. And I need to, you know, like, and it's like, no, it's okay. You don't have to do all those things every day. Like just that emphasis that it's a process and it's going to be changing as you continue and as you grow and learn and that it really is I will say I've kind of gotten into discussions with people I used to supervise about, like, yes, self, this idea of self care is different for everybody, right. And also the importance of having discussions about, about what that is like... (IN 11)*

# 12

## Barriers to self-care...

The importance of **letting go of stressors** in order to fully engage in one's self-care activities is essential to reap the benefits of such practices (Christopher & Maris, 2010; McGarrigle & Walsh, 2011).

Alani and Stroink (2015) note that workers who did report barriers to self-care noted the following:

- Other priorities: **Time**, particularly with those with family care
- The **ability to separate** from work in order to practice self-care “mindfully”

Addition: **Location**: Rural/northern/remote service provision locals

Most burnout literature refers solely to the workplace and factors within it (Maslach, Schaufeli, & Leiter, 2001) and not **additional pressures external to the job** (child or elder care, etc.)

# 13

## Lack of Resources

*...And being in the **north**, we don't have the pool of qualified people that other communities do. And so what I'm seeing is, we're having people in frontline positions who have like, no social services, education, right. There's been no discussion about selfcare. They think it's like bubble baths and that's it. And so, yeah, **we have a lot of people who haven't had a discussion about what that means...** IN 11*

- Lack of organizational will
- Lack of funding

14

*It is not what you do, but whether what you do brings happiness....*

- Many respondents who did not practice self-care noted that **family and caregiving time took away from time to engage in meaningful self-care** (“*the second shift*”).
- Conversely: Many respondents also said that **spending time with family was part of their self-care routine**, noting it was rejuvenating, etc.
- This suggests that **meaningful self-care can be very subjective, and individual practices can be both helpful and not helpful**, suggesting that it is the meaningfulness of these activities that is key, not the activity itself.
  - Another example: Netflix/TV comments.
  - i.e., perhaps “Do what you love,” or “What works for you?” are possible directions for research to follow.

15

## How to begin laying the foundation or reinforcing existing scaffolding.

*“Spark discussions about what, because that’s the piece too, that I’m hoping to explore a bit with some of my coworkers, is what does self care mean to you? What do you know about it? Like, what parts of it are important? What parts are you like, meh I don’t really care, you know? Yeah, I think if we can generate some discussion, it’s cool to be able to sort through that stuff with someone else. I think, even if it’s not your supervisor, or whatever, you know, just your peers or your loved ones, whatever.”*

(IN 11)



# 16

## Some implications....

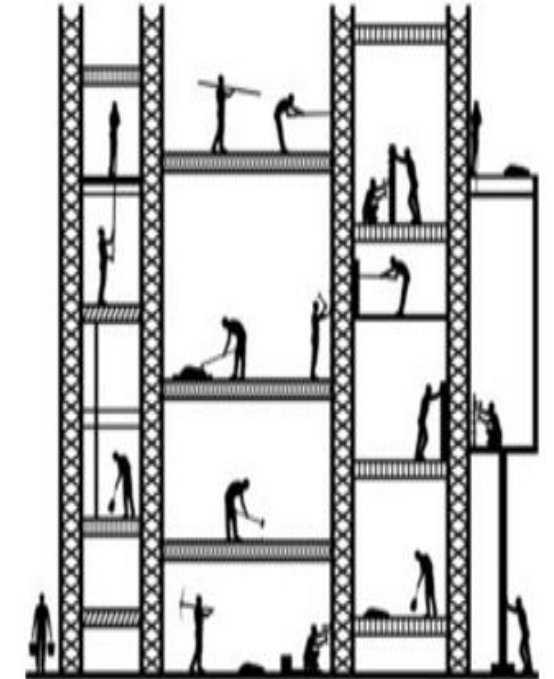
- **Self-care is an individual solution to work related problem. Individuals are being *responsibilized* for their own mental health. Workers need organizational support.**
- **Gender *probably is* a factor in time for self-care**
- *The study agrees with Bloomquist et al (2015) in that it found that many participants (social work practitioners) did not engage in self-care enough even though they believe it is essential for their job*
- Bloomquist et al (2015) also found that employers also fail to encourage self-care for their employees and this can have implications for a healthy, sustainable workplace.
- **Data coming in suggests that these conditions probably have been heightened under COVID pandemic**
- Mavridis et al (2019) found that workers discussing both the **lowest and the highest number of stresses discussed fewer self-care practices** than workers naming a moderate number of stresses.
- It may be that self-care organizational support may result in **less staff turnover, less time on training, better worker mental health, etc. ...**
  - This **may offset costs** of worker investment in self-care.



17

## Scaffolding...Practice, practice, practice. 😊

- **Organizational support for informal supports** (routine debriefing meetings with colleagues, peer mentoring, etc.) (Roberts et al., 2022)
- **Organizational support for external resources** (counsellors, mental health providers, etc.) (Roberts et al., 2022)
- **Allow time for self-care inside work** (e.g., bringing self-care persons into workspace – yoga instructors, meditation/prayer specialists, counsellors, wellness check ins by qualified others, etc.)
- **Self-care training** as part of worker training, including what has been proven most effective practice.
- **Reduce workload** where applicable, and/or allow wellness/health days.
- **Lead by example:** When others see others engaging in self-care, they are more likely to engage in self-care, **fostering a culture of care.**



## References

Alani, T., & Stroink, M. (2015). Self-Care Strategies and Barriers Among Female Service Providers Working with Female Survivors of Intimate Partner Violence/ Les strategies et les barrières de soins auto-administrés parmi les femmes travaillant avec les femmes ayant survécu la violence domestique. *Canadian Journal of Counselling and Psychotherapy*, 49(4), 360+.

[https://link.gale.com/apps/doc/A557426036/AONE?u=ko\\_acd\\_uoo&sid=bookmark-AONE&xid=0394debb](https://link.gale.com/apps/doc/A557426036/AONE?u=ko_acd_uoo&sid=bookmark-AONE&xid=0394debb)

Bloomquist, Wood, L., Friedmeyer-Trainor, K., & Kim, H.-W. (2016). Self-care and Professional Quality of Life: Predictive Factors among MSW Practitioners. *Advances in Social Work*, 16(2), 292–311. <https://doi.org/10.18060/18760>

Mavridis, Harkness, S., Super, C. M., & Liu, J. L. (2019). Family workers, stress, and the limits of self-care. *Children and Youth Services Review*, 103, 236–246. <https://doi.org/10.1016/j.childyouth.2019.06.011>

Roberts, C., Darroch, F., Giles, A., & van Bruggen, R. (2022). You're carrying so many people's stories: Vicarious trauma among fly-in fly-out mental health service providers in Canada. *International Journal of Qualitative Studies on Health and Well-being*, 17(1), 2040089. <https://doi.org/10.1080/17482631.2022.2040089>

19

*Thank you for your time...*

Dr. Hannah Scott, Ph.D. Professor  
Faculty of Social Science and Humanities,  
Ontario Tech University (formerly UOIT)  
2000 Simcoe St. North  
(Downtown Campus, Bordessa Hall)  
Oshawa, ON. Canada. L1G 0C5

Email: [hannah.scott@ontariotechu.ca](mailto:hannah.scott@ontariotechu.ca)

Phone: 1-905-721-8668 X2653

