IAHAIO recommendation on compassion fatigue risk in the animal-assisted interventions (AAI) field

IAHAIO recognizes the risk of compassion fatigue in the field of human-animal interactions and animal assisted interventions. Compassion fatigue affects people’s physical and emotional health and social functioning – and as such can become a social problem, challenging public health across borders.

IAHAIO underlines that:

- encountering suffering and death of nonhuman animals on a regular basis, either due to professional or voluntary obligations, may lead to compassion fatigue
- Individuals who treat and/or tend to animals may be doubly impacted due to additional exposure to suffering and distress of human caretakers of aforementioned nonhuman animals.
- compassion fatigue can develop in a human-animal interaction situation

What is compassion fatigue?

Compassion fatigue, also known as secondary traumatic stress disorder (STSD), is the psychological consequence of exposure to the effects of traumatic experiences, violence, neglect, terminal illness and death, as well as fear or despair as emotions accompanying these states (Figley 1995). While people suffering from compassion fatigue do not experience the traumatizing events themselves, they may feel the effects of the emotional burden of those directly impacted (ProQOL 2020).

Compassion fatigue is characterized by emotional and physical exhaustion. Its main symptoms include difficulties with concentration and sleep, irritability, feeling of helplessness, numbness or withdrawal, lowered life satisfaction. This could then negatively impact social activities, relationships, work satisfaction and performance quality. Untreated, compassion fatigue may lead to professional burnout, depression, and in the most serious cases – suicidal attempts.

Who may suffer from compassion fatigue?

Started in 1990s, the research on compassion fatigue is ongoing. To this day the phenomenon has been recognized among members of many groups working with trauma and suffering (see e.g. Schwam 1998; Regehr et al. 2002; Beaton et al. 2004; Ben et al. 2006; Figley & Roop 2006;
Benedek et al. 2007; Devilly et al. 2009; MacRitchie et al. 2010; Cieślak et al. 2013; Manning-Jones et al. 2016; Ouedraogo et al. 2021). These groups include, but are not limited to:

- Individuals providing services in the health care and palliative care sector;
- Social workers, including child protection workers;
- Mental health professionals e.g. psychologists, psychiatrists, therapists working with victims of violence;
- Emergency service providers e.g. firefighters, paramedics, police officers;
- Veterinarians and their supporting staff including veterinary nurses and technicians;
- Staff and volunteers of animal shelters and animal protection NGOs;
- Families and other informal caregivers of people who have a chronic illness or have experienced trauma may also experience compassion fatigue.

IAHAIO recognizes that compassion fatigue may also impact those working in the field of animal-assisted interventions. Long-term exposure to human suffering and trauma may be particularly noteworthy in (but not limited to):

- animal-assisted therapy and counselling with abuse victims;
- animal-assisted activities in a palliative care environment – including both visiting and residential programs;
- animal-assisted activities in curative oncology hospital wards;
- animal-assisted crisis response that focuses on providing comfort and support for trauma, crisis and disaster survivors.

In consistency with its One Health, One Welfare approach, IAHAIO encourages further research in the area.

How should compassion fatigue be addressed?

Researchers and practitioners list a number of actions helpful in dealing with compassion fatigue (see e.g. Figley 1995; Ludick & Figley 2017; Schabram & Maitlis 2017). IAHAIO supports the following principles, both as precautionary measures and as forms of addressing the problem:

- Observing, and improving where necessary and possible, the relationship between work and private life – including analyses of working hours and time-related pressures;
- Defining professional commitments and achievable goals, such as acquiring particular professional skills, instead of focusing on goals of infinite nature, such as “helping others”;  
- Focusing on personal commitments to relatives and friends;
- Focusing on personal development outside of the problematic context e.g. through developing hobbies, participating in regular physical activity, practicing mindfulness;
- Obtaining training in human and pet bereavement, as well as emotional resilience;
- Providing or obtaining personal psychological support outside of the workplace environment i.e. therapy, social or bereavement support or therapy;
• Organizing support groups of fellows in the AAI field, including phone and online helplines.

References:

10. ProQOL – Professional Quality of Life: Professional Quality of Life Measure. [https://proqol.org](https://proqol.org) (retrieved 2021-08-10).

*Document prepared by: Michał Piotr Pręgowski, IAHAIO VP Policy and Adele Lau, IAHAIO Board member*

*Approved by: IAHAIO Board, September 2021*