

Secondary Traumatic Stress

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Level of Evidence: Most of the research on secondary traumatic stress (STS) in child welfare and social work is surveys of staff establishing that some workers experience secondary trauma, compassion fatigue, or vicarious trauma. These terms are used interchangeably. The studies reported below are all correlational. At this time there are no empirical studies of organizational or supervisory interventions aimed at assisting workers with this problem. While secondary trauma is different from workplace stress or burnout the literature on these worker difficulties may yield useful insights for helping workers.

Current Best Evidence

- Within the most common coping strategies used by child protection workers we can find problem solving, an active coping strategy, cognitive restructuring, social support and express emotions (Anderson, 2000). Greater use of engaged coping strategies is associated with a diminished sense of depersonalization and a greater sense of personal accomplishment. Moreover, cognitive empathic engagement with children and families may operate as a protective factor against the effects of burnout and compassion fatigue (Robins et al., 2009).
- Adams et al. (2006) found that an unsupportive work environment can increase distress among workers as well as burnout. For them, exposure to traumatized clients does not itself lead to secondary trauma. Instead, secondary trauma and burnout are more generally related to unique features of the workplace environment. Regehr et al., (2004) also found that organizational factors had the strongest effect on distress among child welfare workers (e.g., support of the union and ongoing work stressors). However, other studies did not find a significant distress effect on burnout (Schauben & Frazier, 1995; Conrad & Kellar-Guenther, 2006).
- According to Bride's (2007) study, the most frequently reported symptom of STS among child protection workers was intrusive thoughts with 40.5% of respondents indicating that they thought about their work with traumatized clients without intending to.
- Demographic characteristics do not consistently predict scores on secondary trauma (Adams et al., 2006). Yet, age of the worker seems to be a possible predictor for secondary trauma risk. Older workers have lower risk of STS than younger workers (Nelson-Gardell & Harris, 2003). Moreover, number of years in specialty is negatively correlated with traumatic distress which means that clinicians with less years of experience reported more disruptions in self-safety (Anderson, 2000).
- There is a positive and significant correlation ($r=.19$, $p=.01$) between working with sexual abuse and secondary trauma (Cunningham, 2003; Schauben & Frazier, 1995; Nelson-Gardell & Harris, 2003), especially there is a significant effect on worker self-safety perceptions and other-esteem. According to Nelson-Gardell and Harris (2003), emotional abuse and sexual abuse history of trauma among child welfare workers increases the risk of secondary traumatic stress.

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However, some other studies showed that counselors with a personal history of victimization were not more distressed by seeing sexually abused survivors than were counselors without a personal history of victimization (Schauben & Frazier, 1995).

- In some studies, distress had a significant effect on post-traumatic growth (positive outcomes of trauma experienced by the worker). This suggests that workers who experience the highest levels of traumatic stress symptoms also report the highest level of post-traumatic growth, referring to the resilience and creative capacity of these workers.

Practice Implications

- Institutional support of stress management and work-life balance, such as planned time off and good self-care might decrease the effects of STS upon providers. Some common strategies that promote physical health and well-being are exercising, sleeping well, and eating healthy food. Some counselors seek for emotional and instrumental support including talking with friends and family, and seek advice from co-workers and supervisors. Other strategies are more spiritually-oriented such as meditating, being in nature, or keeping a journal.
- In service training about secondary traumatic stress (STS) and an ongoing program to manage its effects might be useful for workers. This might include ongoing and regular support groups and rotation type of caseload and job responsibility. However, this may pose difficulties for clinicians who work in agencies that specialize in the treatment of sexual abuse.
- Counselors working with survivors of sexual abuse usually find difficulty dealing with their own emotions about the abuse, such as anger at the perpetrator, sadness, fear, helplessness, and powerlessness. Creativity, strength, and resilience are also positive aspects of doing this kind of work, thus, the importance of promoting post-traumatic growth among workers.

Creative but Untested Retention Ideas

- Dane (2000) proposed a model for interacting with secondary trauma which focuses on secondary trauma, self-evaluation, and coping strategies. This model integrates knowledge about the effects of stress and secondary trauma on the self with skills to: 1) assess one's normative stress by expression of symptoms of stress; 2) evaluate a case using the five senses – small group format for discussion; 3) identify responses of counter-transference burnout and PTSD; 4) develop knowledge about vicarious trauma utilizing the Constructive Self-Development Model (MacCann & Pearlman, 1990); 5) assess one's coping skills (e.g., prayer, reflection); 6) "Paint your picture" in five domains: children and families, supervision, colleagues, agency environment and self; 7) develop a personal "coping with the stress" chart; and 8) coping techniques (e.g., deep breathing, visual imagery, massage, music, prayer and yoga).
- Gentry (2002) developed a training model to ameliorate the effects of compassion fatigue. This model includes: become informed about the problem, join a traumatic stress study group, begin an exercise program, teach your friends how to support you, develop your spirituality, bring your life into balance, develop an artistic or sporting discipline, be kind to yourself, seek short-term treatment.

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- The Resilience Alliance Project focuses on decreasing stress on the worker through enhancing resilience skills and increasing social support. For more information contact Claude Chemtob at claude.chemtob@exchange.mssm.edu.