

# Secondary Trauma and Child Welfare Staff: Understanding its Impact and Taking Steps to Protect Them

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## Introduction

Child protection caseworkers, supervisors and other child welfare professionals work daily with children and families who have been traumatized. They listen to their stories and feel their hurt. Empathy is often the most important tool they bring to helping these children. Unfortunately, the more empathic they are the greater their risk for internalizing the trauma of their child clients. The result of this engagement is *secondary traumatic stress*.

## What is secondary traumatic stress? How is it the same and/or different from post-traumatic stress disorder (PTSD)?

According to Dr. Charles Figley, author of *Compassion Fatigue, Coping with Secondary Traumatic Stress Disorder*, secondary traumatic stress is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995). Another noted traumatologist, Dr. Laurie Pearlman, refers to it as “vicarious trauma” or the “cumulative transformative effect on the helper of working with survivors of traumatic life events” (Pearlman and Saakvitne, 1996). Until recently, when we spoke about persons being traumatized we were speaking only of those people who were directly exposed to the trauma. We referred to their condition as post-

traumatic stress disorder. Examples of such persons were Vietnam War veterans and/or victims of domestic violence.

In the last 15 years, we have come to recognize that people who work with, listen to and help children and adults who have been traumatized are at risk for internalizing their trauma. This condition is called secondary traumatic stress or vicarious trauma. The only difference between post-traumatic stress disorder and secondary trauma is that with secondary trauma you are “a step away” from the trauma. The symptoms of primary or secondary trauma can be exactly the same!

*“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”\**

*\*(Rachel Remen, Kitchen Table Wisdom)*

## Why are child protection caseworkers at significant risk for developing secondary traumatic stress?

There are several reasons why caseworkers are at risk for developing secondary trauma. Listed below are just a few of those reasons.

**1) Empathy:** Most caseworkers choose a career in child welfare

because of their desire to help children and families. Empathy, or identifying with and understanding another's situation and feelings, is one of the most effective tools to use when working with children and families. Unfortunately, when caseworkers "over-identify" with their clients (which can easily happen) they elevate their risk for internalizing their trauma.

## **2) Insufficient Recovery Time:**

Caseworkers have frequent contact with abused and neglected children. They hear their stories and feel their pain. Unfortunately, caseworkers' heavy and demanding workload can deprive them of the "time-off" they need to heal and recover from what they have heard and seen.

## **3) Unresolved Personal Trauma:**

Many caseworkers have had some personal loss or even traumatic experience in their own life (e.g., loss of a family member, death of a close friend, physical or emotional abuse). The pain of their own experience(s) may be "re-activated" when they hear the child describe a traumatic situation similar to the one they experienced. Unless the caseworker has healed from her/his own trauma they are at increased risk for internalizing the trauma of their clients.

## **4) Children are the Most Vulnerable Members of Our Society:**

Young children are completely dependent on adults to meet their emotional and physical needs. When adults maltreat children, it is especially painful for caseworkers whose chosen career is to protect children. Their resulting feelings of sadness and helplessness place them at elevated risk for being secondarily traumatized (Figley, 1995).

## **5) Secondary Trauma is cumulative:**

Contrary to popular belief it is not just the horrendous cases of abuse, like child deaths or serious injuries, that are secondarily traumatizing for caseworkers. Secondary trauma is cumulative. Even the small things, like seeing sadness in a child's eyes when a home visit ends, can be traumatizing for a caseworker. Witnessing these events over and over again can have a negative effect on even the most compassionate and resilient caseworkers.

## **How do you know if you are suffering from secondary traumatic stress?**

One of the most difficult tasks for a caseworker is to recognize and acknowledge that they are suffering from secondary traumatic stress. Every person reacts differently and copes differently with their reaction to adversity. What one person finds helpful may not be helpful for another person and vice versa. During difficult times, all people must remember to call on the coping mechanisms that work best for them. There are, however, several "individual indicators of distress" which can tell us that we are at increased risk for developing secondary trauma. A key indicator is when you find yourself acting and feeling in ways that don't feel normal to you. It is normal for all of us to have a range of emotions that include anger, sadness, depression or anxiety. However, when these emotions become more extreme or prolonged than usual, it is a potential indicator of distress (see table below).

When you begin to see or feel, in yourself, emotional or physical indicators of extreme distress, it is time to step back and evaluate yourself. Are

there specific images or cases that keep coming into your head again and again? Are there situations with children that provoke anxiety in you? Do you find yourself trying to avoid these situations? Are there situations or people that remind you of a particularly distressing case? If you are experiencing some of these indicators, on a consistent basis, you should reach out and ask for help from another foster parent or from your supervisor. If the trauma symptoms become severe and last for more than a few days, you should consider seeing a therapist who specializes in trauma work.

### **Emotional Indicators**

- Anger
- Sadness
- Prolonged Grief
- Anxiety

### **Physical Indicators**

- Headaches
- Stomach aches
- Back aches
- Exhaustion

### **Personal Indicators**

- Self-isolation
- Cynicism
- Mood swings
- Irritability

### **Self-Care Strategies for Combating Secondary Trauma Stress**

Understanding your own needs and responding appropriately is of paramount importance in combating secondary traumatic stress. For caseworkers it is critically important that they get away from their work and engage in activities that heal and rejuvenate them. Nurturing their own physical, emotional and spiritual well

being is essential if they are to survive in such a turbulent work environment. From a physical standpoint, it is essential to get regular exercise, whether that is walking, running, riding a bike or some other form of physical exercise. Identifying activities that enhance their emotional well being are also critically important. Spending time with friends and family and engaging in activities that are enjoyable, fulfilling and unrelated to work is very important. Spending time with emotionally healthy children is also restorative. Enhancing their spiritual well being by attending church or taking a long walk and appreciating nature is very therapeutic.

In conclusion, any person working with maltreated or traumatized children needs to set aside time to rest, emotionally and physically, and to engage in activities that restore their sense of hope

Remember, in the end, your ability to help children who have suffered depends upon your ability to care for yourself....physically, emotionally, socially and spiritually, so you can be there for clients when they need you.

Let me close by saying, in approaching your work please listen to the wisdom of the following passage by Marc Parent is his book, *Turning Stones: My Days and Nights with Children at Risk*.

“Rescuing one child from the harm of one night is glorious success. The evening is an opportunity to touch a life at a critical moment and make it better—not for a lifetime, not even for tomorrow, but for one moment. One moment—not to talk, but to act—not to change the world, but to make it better. It’s all that can be done and not only is that enough—that’s brilliant.”\*

## Recommended Reading

Figley, C.R. (Ed.) (1995). *Compassion fatigue: Coping with secondary traumatic stress in those who treat the traumatized*. New York: Brunner/Mazel.

Herman, J. (1997). *Trauma and Recovery*. New York: BasicBooks.

Parent, M. (1996). *Turning Stones: My Days and Nights with Children at Risk*. New York: Ballantine

Pearlman, L.A. and Saakvitne, K.W. (1996) *Trauma and the Therapist*. New York: W.W. Norton

Stamm, B.H. (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Maryland: Sidran Press.

## **About the Author**

David Conrad has been a social worker for over 30 years. He has been a child protection caseworker and supervisor in Maryland and North Dakota. He currently serves as a Senior Instructor with JFK Partners/Department of Pediatrics at the University of Colorado Health Sciences Center in Denver, Colorado. To obtain more information about secondary trauma or to speak with him about providing secondary trauma training please contact him at [Conrad.David@tchden.org](mailto:Conrad.David@tchden.org) or at 303-861-6183.