

FROM RESEARCH TO PRACTICE

Secondary Trauma & Domestic Minor Sex Trafficking (DMST)

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Introduction

Secondary traumatic stress (STS) is a serious health concern affecting many service providers, especially those working with vulnerable populations. STS refers to a set of physical and mental health symptoms that develop as a result of work-related stressors. As an umbrella term, STS encompasses indirect trauma exposure that is common among service providers working with traumatized populations. As a note, throughout this brief, the term STS will be used to refer to a range of work-related stresses, which also include vicarious trauma, burnout, and compassion fatigue. Those service providers affected by STS can feel ineffective, unqualified, and powerless in helping their clients (Caringi & Hall, 2008). Hence, it is important to both acknowledge the challenges of providing services to traumatized clients and establish preventive measures.

As such, this research brief will focus on STS among service providers who work with survivors of domestic minor sex trafficking (DMST), a population that has experienced many levels of trauma. Although there is existing research that focuses on STS and related issues, there are few resources that focus specifically on providers working with youth who have experienced DMST. Therefore, this brief will use literature on STS experiences with service providers working with clients who experience extreme trauma.

We begin with definitions of terms that will be used and then review common symptoms and behaviors associated with STS and why they are important to recognize. Finally, the brief will cover individual, supervisory, and organizational strategies that can be used to prevent and address STS in service providers.

*In a study of secondary traumatic stress in over 280 practicing service providers, about 70% of these service providers experienced at least one symptom of STS in the previous week...
(Bride, 2007)*

Understanding Work-Related Stresses

Feelings of stress and exhaustion that go beyond normal work-related stresses are often referred to as secondary trauma or secondary traumatic stress (STS). STS is often used broadly to refer to a range of interrelated concepts associated with work exhaustion and dissatisfaction. Other forms of STS include vicarious trauma, burnout, and compassion fatigue, which are discussed below.

However, the term **secondary traumatic stress** can also be used to describe a unique set of symptoms which differ from vicarious trauma, burnout, and compassion fatigue. In this context, STS refers to a set of symptoms that parallel Post-Traumatic Stress Disorder (PTSD) or other stress disorders. Indirectly experiencing trauma through helping clients can lead to a preoccupation with clients' stories, as well as impairments in the service providers' ability to process the trauma, similar to someone experiencing PTSD. According to the American Psychiatric Association (2013), in the most severe cases of STS, service providers' symptoms may meet the diagnostic criteria for PTSD, as a diagnosis for PTSD can be made if an individual "experience[s] repeated or extreme exposure to aversive details of [a] traumatic event(s)" and associated symptoms are present.

Sources: American Psychiatric Association, 2013; Bride, 2007; Bober, Regehr, & Zhou, 2006; Clemans, 2013a; Clemans, 2013b; Hesse, 2002

Vicarious trauma is a term that emphasizes cognitive changes due to cumulative exposure to trauma. In essence, vicarious trauma changes the service provider's view of the world and can be experienced in conjunction with secondary trauma. Although vicarious trauma and STS are interrelated, STS refers primarily to a set of symptoms, while vicarious trauma refers to unhealthy changes in service providers' attitudes and beliefs about themselves and others that may develop in addition to STS. Service providers generally hold core beliefs that shape their personal and professional lives; engaging with clients who have experienced trauma over and over again can negatively transform these core beliefs. When service providers see that their clients are helplessly locked into a repetitive cycle of self-destructive thoughts and/or acts, service providers may begin to doubt their own ability to help their clients. Additionally, if service providers experienced personal trauma in their past, working with traumatized clients increases the likelihood that previous trauma or distress will resurface. Vicarious trauma levels are especially high among service providers who work with victims of sexual trauma. While the age of a victim of sexual assault elicits various reactions, how a service provider responds to the situation is a greater indicator of future vicarious trauma.

Sources: Bober, Regehr, & Zhou, 2006; Bride, Jones, & Macmaster, 2007; Canfield, 2005; Pearlman & Sakkvitne, 1995; Clemans, 2013b

Burnout is a term that describes emotional exhaustion and work dissatisfaction, often due to low pay, long hours, poor working conditions, and having difficult clients. This emotional exhaustion can lead to cynical and blaming attitudes towards clients. Additionally, feeling "burnt out" can lead service providers to be overly critical of their abilities because their clients' problems feel unsolvable. Whereas secondary trauma refers specifically to hearing emotionally shocking material from clients, burnout can occur while working with any type of client population.

Sources: Bride, Jones, & Macmaster, 2007; Tasiopoulos, 2013

Compassion fatigue describes the empathic exhaustion that service providers may develop when helping others. Within STS literature, compassion fatigue is sometimes used synonymously with STS, but may also be used to refer to a unique set of symptoms specific to helping professionals. Many service providers who spend a significant amount of time establishing empathic connections with traumatized clients experience a diminished ability to sustain those connections with their clients. The concept of “compassion fatigue” was created in order to help providers understand that such fatigue is a typical part of working in human services.

Sources: Clemans, 2013a; Figley, 1995

Who is at Risk for STS

Research has found that service providers new to the field of trauma work may be more vulnerable to work-related stress than professionals who have been in the field longer, as they may have not yet developed mechanisms for coping effectively. In addition, individuals who have developed healthy strategies for coping with life stressors will already have prevention strategies for STS in place. The box to the right outlines some factors that may put a service provider at greater risk for experiencing STS.

Sources: Cunningham, 2003; Ortlepp & Friedman, 2002; Ghahramanlou & Brodbeck, 2000

There are a number of factors that may put a service provider at greater risk for experiencing STS. These factors include:

- Personal trauma history
- Coping style
- Social supports
- Education/professional training related to working with trauma survivors
- Years of experience working with trauma survivors

Working with Survivors of DMST

While survivors of DMST may have risk factors and experiences similar to other youth serviced by child protective service agencies, survivors of DMST are also unique due to the complex trauma experienced throughout their lifecycle. It is not uncommon for survivors of DMST to have past histories of multiple forms of interpersonal violence, such as child maltreatment, sexual abuse, or domestic violence, as a result of being trafficked or in addition to it.

One challenge of working with survivors of all forms of interpersonal violence is that it is a human induced trauma, which may prompt service providers to feel increased levels of concern about safety. Further, one study by Cunningham (2003) found that service providers with 40 percent or more cases involving survivors of sexual abuse were more likely to report significant cognitive changes about their world view. As such, it may be especially difficult for service providers to maintain health professional work-related stress levels while working on these cases.

Working with clients of trauma may trigger past traumatic memories to resurface for the service provider, even when the trauma has been resolved. For some, this can bring about work-related stress and cause changes to the service providers’ worldview. For these reasons, it is especially important for service providers working with survivors of interpersonal violence, and particularly survivors of DMST, to take greater steps toward self care while working with these populations.

Sources: Bober, Regher, & Zhou, 2006; Cunningham, 2003; Danieli, 1994

Symptomology of Secondary Trauma

One of the most important steps in managing, recognizing, and supporting those staff members experiencing secondary trauma, vicarious trauma, burnout, and/or compassion fatigue is recognizing and comprehending the symptomology.

The symptoms of secondary trauma are similar to those of direct trauma victims. Supervisors and staff working with traumatized youth need to understand the signs of their own STS. There are a number of symptoms frequently associated with STS. The following figure outlines the most commonly referenced symptoms of STS.

Sources: Bride, Jones, & Macmaster, 2007

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|---|--|
| <p><u>Intrusion symptoms:</u></p> <ul style="list-style-type: none"> • Thinking about clients outside of sessions • Re-living or re-experiencing client’s story through dreams or nightmares | <p><u>Avoidance symptoms:</u></p> <ul style="list-style-type: none"> • Feeling emotionally numb • Dread of working with certain clients • Difficulty listening to clients & consciously avoiding thinking about their traumatic stories • Loss of connection with others • Diminished activity |
| <p><u>Arousal symptoms:</u></p> <ul style="list-style-type: none"> • Increased fear for the safety of loved ones and oneself (e.g., viewing the world as unsafe) | <p><u>Psychosomatic complaints & other symptoms:</u></p> <ul style="list-style-type: none"> • Physical pain (e.g., chest pain) • Dizziness • Impairment or disturbances in daily functioning • Irritability & outbursts of anger • Overall sense of doom • PTSD symptoms |

The experiences of secondary trauma and/or vicarious trauma are frequent consequences of working with traumatized populations. Service providers generally enter into the field because they are compassionate and dedicated to helping others, and sometimes they find themselves thrown off balance by the intensity of their work. The key to maintaining the quality of work and the satisfaction of both service provider and client is to understand what secondary trauma and vicarious trauma might look like and how to be proactive in combating these types of professional exhaustion and stresses.

Sources: Bell, 2003; Bober & Regehr, 2006; Bride, Jones, & Macmaster, 2007; Canfield, 2005; Cohen & Collens, 2013; Coles, Dartnell, & Limjerwala, 2014; Cunningham, 2003; Hesse, 2002

Identifying Symptoms of STS

There are a number of tools available online that can be used for the self-assessment of symptoms of STS. While these tests cannot provide a diagnosis, they are instruments that may be helpful for identifying whether seeking additional resources or self-care strategies may be beneficial.

- **Secondary Traumatic Stress Scale:** <http://academy.extensiondlc.net/file.php/1/resources/TMCrisis20CohenSTSScale.pdf>
- **Professional Quality of Life Scale:** http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_7_2011.pdf
- **Compassion Satisfaction and Fatigue Test:** http://casat.unr.edu/docs/testa-smith.mary_ya.wa_08.pdf
- **Compassion Fatigue — Short Scale:** <http://compassionfatigue.wikispaces.com/file/view/Compassion+Fatigue+Short+Scale.doc>

Why this matters

As many service providers are aware, self-care and organizational support are keys to managing stress and maintaining energy for working with victims of various traumas; these reactions and symptoms can affect a service provider's daily activities. Vicarious trauma can lead to concerning professional behaviors, negatively impact service providers' careers, and result in disastrous outcomes for clients. It is important to establish ways to cope with the occasional loss of balance and the accumulated stress brought on by difficult client scenarios.

Often, these professional stressors occur on top of one's own personal stressors associated with everyday life. Many service providers working with traumatized populations have families with their own dynamic concerns. When experiencing secondary traumatic stress from work, service providers may end up bringing that stress into their personal lives.

Sources: Canfield, 2005; Mathieu, 2014

Preventing and Managing Symptoms of STS

According to Bloom (2003), STS is caused by "biological, psychological, social, moral and philosophical components of the individual that interact with the professional and sociopolitical context of the individual's life space to produce the final outcome," (p. 463). As such, symptoms of STS can vary in duration and intensity depending on individual and environmental factors. Further, there is no one prescribed method for treating STS. However, there are a number of strategies that can be utilized at the individual, supervisory, and organizational-level that can prevent or reduce symptoms of work-related stress.

It is important to remember that all the possible outcomes of trauma, including STS, vicarious trauma, burn-out, and compassion fatigue lead to very similar symptomology and thus can be addressed through similar prevention strategies. When considering prevention, each case should be considered individually. For effective prevention, it is vital for each level of function within the agency – individual, supervisory, and organizational – be supported against the effects of STS. Please note that the following strategies are intended to be suggestions and by no means a prescription for the prevention or management of secondary traumatic stress.

Prevention Strategy: *Individual-Level*

There are a number of supports that individuals can easily implement into their professional and personal lives to prevent or manage symptoms of STS. One suggestion is for service providers to develop individualized self-care plans that they can turn to when feeling stressed from working with clients experiencing trauma.

Such a plan could include strategies such as:

- Balance professional and personal activities/affective distancing (i.e., emotional boundaries) from work
 - ◊ Take time for self-reflection and creative expression
 - ◊ Spend time with family and friends
 - ◊ Differentiate between self and client (“It’s not happening to you.”)
- Engage in self-care
 - ◊ Eat right
 - ◊ Exercise regularly
 - ◊ Rest and meditate
 - ◊ Take lunch breaks away from work
- Limit exposure to extreme trauma clients by diversifying caseload
- Seek personal psychotherapy, especially if struggling with managing personal history of trauma
- Draw on altruism or a higher purpose in life
- Participate in collegial support groups
- Mentally prepare for trauma work
- Practice self-awareness skills, reflecting one’s needs and limitations

As service providers continue to be exposed to the traumatic experiences of clients, service providers become more likely to feel as if they are reliving the client’s trauma
(Bober & Regehr, 2006)

Sources: Bober & Regehr, 2006; Canfield, 2005; Cohen & Collens, 2013; Hesse, 2002; Mailloux, 2014; Pryce & Shackelford, 2007

Help is Available

There are a number of resources available to individuals experiencing symptoms of STS. Several resources are provided below, as to be as comprehensive as possible:

- **Employee Assistance Programs (EAP)** are offered by many organizations to connect their employees with supports for a wide range of social and personal problems. These services are confidential. Human Resources Departments can connect service providers to their EAP programs or other available resources.
- **National Alliance on Mental Illness (NAMI) Helpline** can provide information about treatment options and local services. They can be reached at 1-800-950-6264,
- **National Sexual Assault Hotline** can provide support to service providers who have a past history of abuse by connecting them with local resources. They can be reached at 1-800-656-4673.
- **National Domestic Violence Hotline** has advocates available to provide support to survivors and assist with accessing resources. They can be reached at 1-800-799-7233.

Prevention Strategy: Supervisory-Level

Within the work environment, supervisors can play a significant role in preventing and reducing the effects of STS. The goal of supervisors is to educate staff to the effects of working with clients of extreme trauma. During supervision, staff can be assured that they are not alone in their experiences. One study by Dane (2000) found that service providers benefitted from feeling as though they had a safe space at work that they could go to discuss work challenges and build their confidence.

The following is a list of methods that supervisors in human service agencies can use to bolster staff resiliency against STS:

- Reduce the number of trauma-related cases per staff caseload
- Engage in regular, supportive, and empathic supervision
- Provide nonjudgmental supervision that addresses the effects of trauma work (i.e., trauma-specific supervision)
- Use supervision to process, debrief, and work towards professional goals
- Establish collegial support systems for staff to combat isolation, share emotions, and debrief
- Be available for staff in-between sessions or after the completion/termination of therapy sessions with high needs/high risk clients

Sources: Bell, Kulharni, & Dalton, 2003; Bober & Regehr, 2006; Canfield, 2005; Cohen & Collens, 2013; Cunningham, 2003; Dane, 2000; Hesse, 2002; Mailloux, 2014

Supervision should be a safe place to confide to a compassionate and respectful supervisor, who should always be approachable when staff are in need.

Prevention Strategy: Organization-Level

The organizational context (i.e., the structure, culture, work environment) of trauma work is a significant factor in the development as well as the prevention of STS. Making adjustments in the organizational context of service agencies can help prevent the incidence of STS among staff.

A supportive organizational culture normalizes the effects of working with clients of extreme trauma. Organizations can implement prevention strategies through their policies and practices to foster a supportive culture and protect their staff from the harmful effects of STS.

Agencies can establish a supportive organizational structure in numerous ways, including but not limited to:

- Making staff self-care a part of the agency mission statement
- Providing mental health support services to staff
- Offering continuing education programs and on-going training
- Implementing an open door policy in which administrative personnel are accessible to direct service staff
- Informing staff new to trauma work about the potential consequences of working in this field
- Making time for staff to do “emotional checkups” at team meetings

Sources: Bell, Kulharni, & Dalton, 2003; Cunningham, 2003; Elwood, Mott, Lohr, & Galovski, 2011; Mailloux, 2014

Current Gaps in the Literature

The most apparent and substantial current gap in secondary traumatic stress literature is the lack of studies that investigate the implications of direct service work with survivors of domestic minor sex trafficking. There is a considerable growing body of knowledge concerning the link between STS and service provision with victims of extreme trauma, such as victims of sexual abuse, domestic violence, and child abuse. The exclusion of survivors of DMST, however, is quite noticeable. Accordingly, concentrated research efforts in this particular field have yet to emerge.

In addition, literature on STS is still developing. There are still gaps in the literature surrounding the differences among these work-related stressors, as well as causes and treatment. Future research should focus on gaining a better understanding of the causes of STS, as well as recommended treatments.

Sources: Hardy, Compton, & McPhatter, 2013

Conclusion

It is important to remember that having and/or feeling a response to others' trauma is a natural response to exposure to working with clients exhibiting significant stressors. The information above is meant to support service providers' understanding and their ability to advocate for greater awareness around the effects of secondary trauma. But dealing with the actual effects firsthand can be extremely challenging. Experiencing secondary trauma does not reflect on the competence of a service provider as a professional, nor does it mean a service provider is not suited for his or her role. These experiences do not indicate pathology.

As discussed previously, self-care is vital. It can be one of the most straightforward and effective methods for managing secondary trauma and its effects. For a simple way to remember how to apply methods of self-care, Courtois and Ford (2010) provide the ABC's of self-care, which are presented below.

Understanding and acknowledging the difficult aspects of this work is one of the best ways to spread awareness and acceptance. Support is a crucial component. The ability to prevent and manage symptoms of secondary traumatic stress will enable service providers to serve survivors of severe trauma in the best way possible.

Sources: Courtois & Ford, 2012

A: Awareness — be aware of your own needs, limits, and emotions

B: Balance — maintain a balance among work, play and rest

C: Connect — connect to self, family, friends, supervisor, and other providers

Resource List

For additional information on secondary trauma prevention and domestic minor sex trafficking, please consult the following:

- **Vicarious traumatization video series (Cavalcade Productions):** <http://www.cavalcadeproductions.com/vicarious-traumatization.html>
- **Figley Institute:** <http://www.figleyinstitute.com/indexMain.html>
- **Compassion Fatigue Awareness Project:** <http://www.compassionfatigue.org/pages/reading.html>
- **The Trauma Stewardship Institute:** <http://traumastewardship.com>
- **Job burnout: How to spot it and take action (Mayo Clinic):** <http://www.mayoclinic.org/healthy-living/adult-health/in-depth/burnout/art-20046642>
- **Learning to Work with Commercially Sexually Exploited and Domestically Trafficked Youth (The National Center for Victims of Crime):** <http://www.victimsofcrime.org/training/archived-trainings/2014/09/09/default-calendar/learning-to-work-with-commercially-sexually-exploited-and-domestically-trafficked-youth>
- **Human Trafficking and Exploitation (Women’s Health and Education Center):** <http://www.womenshealthsection.com/content/vaw/vaw014.php3>

This list was compiled by the authors. It includes seminal work from professionals in the field of trauma identification and awareness.

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