



Secondary Traumatic Stress

The National Child Traumatic Stress Network. (2008). Child welfare work & secondary traumatic stress. *Child welfare trauma training toolkit, module 6: Managing professional & personal stress - Activity 6C: Supplemental handout*. Retrieved from http://www.nctsn.org/nctsn_assets/pdfs/CWT3_SHO_STS.pdf

WHAT IS THIS RESOURCE?

This handout presents an overview of the literature on Secondary Traumatic Stress (STS) in the child welfare workforce, identifying common sources and symptoms of STS and suggestions for workers and agencies to help prevent and address it.

WHAT ARE THE CRITICAL FINDINGS?

Secondary Traumatic Stress (STS) occurs when an employee works directly with traumatized children and families and experiences indirect exposure to the trauma. STS (also referred to as “compassion fatigue,” “vicarious trauma,” or “indirect trauma”) can result from one case involving trauma, or from the cumulative effect of many traumatic cases over time. Those who work with children’s trauma cases are most at risk for developing STS. Workers may also experience traumatic events firsthand, including verbal or physical assault, violent family members, accidents, or community violence.

SOURCES OF SECONDARY TRAUMA

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| Death of a child/family member on active caseload |
| Investigating a challenging abuse/neglect report |
| Repeated exposure to detailed, emotional accounts of trauma |
| Viewing photographs of horrific injuries/abuse |
| Working with families where abuse/neglect is occurring |
| Supporting a grieving family after child abuse related death |

SYMPTOMS OF SECONDARY TRAUMATIC STRESS

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| Fatigue/Health Problems | Re-experiencing the Event |
| Anger/Sadness | Sleeping/Eating Disturbances |
| Reduced Productivity/ Absenteeism | Feeling Unsafe/ Heightened Vigilance |
| Hopelessness/ Despair | Anxiety/Nightmares/ Irritability |
| Increased Cynicism | Mistrust of Beliefs (e.g., religion, God, family, life, etc.) |
| Substance Abuse | Social Withdrawal/Avoidance of Activities |

- Professional isolation can intensify STS, as well as high caseloads, history of personal trauma, poor supervision, and lack of personal and/or professional support systems. The majority of workers recover if they are in supportive environments that are open to discussing and addressing trauma.
- Unresolved trauma reactions can hurt workers’ physical and mental health. This impacts turnover, morale, and general agency functioning, which in turn affects an agency’s ability to help children and families achieve positive outcomes.

WHAT ARE THE IMPLICATIONS FOR OUR WORK?

Workers can help prevent STS by practicing self-care and stress management (e.g., sleeping/eating well, exercising, spending time with family and friends, taking time off, etc.). They should also use supervision and coworker support, and take steps to address their own trauma histories.

Supervisors can help workers establish boundaries between themselves and clients, give them a chance to talk about how they’ve been affected by trauma, and help them recognize the need to find balance in their work and personal lives.

Agency leaders can be champions of resilience and hope, create a trauma support position to coordinate trauma education and services for staff, and ensure an effective Employee Assistance Program, balanced caseloads, adequate training and supervision, and policies consistent with current risk-prevention knowledge. Leadership can develop a supportive organizational culture to encourage the acknowledgement and open discussion of trauma in child welfare work.