

Secondary Traumatic Stress and Vicarious Trauma among Professionals Who Work with Victims of Child Maltreatment

A Bibliography



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Scope

This bibliography covers literature on multiple aspects of vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout. This bibliography is not comprehensive. Included are English language articles, reports, books, and chapters. Author abstracts are provided unless otherwise noted. International publications are included. Links to full text publications are provided when available.

Organization

Entries are listed in date descending order and alphabetically within each year of publication, years 1992-2018.

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Secondary Traumatic Stress and Vicarious Trauma among Professionals Who Work with Victims of Child Maltreatment

A Bibliography

Brady, P. Q., Fansher, A. K., & Zedaker, S. B. (2019). Are parents at a higher risk for secondary traumatic stress?: How interviewing child victims impacts relationships with forensic interviewer's friends and family. *Child Abuse & Neglect*, 88, 275-287.

Forensic interviewers are at a heightened risk for secondary traumatic stress (STS) due to their frequent interactions with victims of child maltreatment (Bonach & Heckert, 2012). To date, however, few studies have examined the negative effects of this work on interviewers' social and emotional well-being. The present study seeks to explore the effect of STS on the relationships of forensic interviewers, including those with friends, family, and their respective children. Participants and setting: Data are derived from a sample of 367 forensic interviewers (FIs) recruited from across the United States. The current study used a cross-sectional research design to obtain qualitative and quantitative data from an online survey of certified forensic interviewers. Personal-level predictors of STS included interviewers' sex ($\beta=0.11$, $p = 0.02$), trauma history ($\beta=0.13$, $p = 0.004$), and frequency of socializing with family members outside of work ($\beta = -0.12$, $p = 0.01$). Work-related predictors included the frequency of direct ($\beta=0.10$, $p = 0.04$) and indirect exposures to graphic details of child maltreatment ($\beta=0.09$, $p = 0.05$), burnout ($\beta=0.58$, $p = 0.000$), and years of experience investigating crimes against children ($\beta=0.10$, $p = 0.03$). Factors such as parental status and external social support were not significantly associated with STS in the qualitative analysis. Forensic interviewers experience both positive and negative effects of exposure to crimes against children, with work-related factors being particularly impactful on the potential for STS.

Branson, D. C. (2018). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology*. Online ahead of print. DOI:10.1037/trm0000161

Growth in the arena of trauma-informed care has correspondingly created interest in the potential hazards for clinicians who regularly provide trauma-based services. However, what to call the phenomena of clinicians being affected by bearing witness to other's trauma is a source of perplexity. A review of research indicated numerous terms are being used to describe this

phenomenon. The literature review looked specifically at the term *vicarious trauma*, first developed by McCann and Pearlman (1990), and other closely related terms used in current literature (secondary traumatic stress, compassion fatigue, burnout, countertransference, traumatic countertransference, posttraumatic stress disorder, emotional contagion, and shared trauma). Vicarious trauma is a narrowly defined term, yet similar terms have been developed with overlapping characteristics and symptoms. Commonalities encountered in the review of literature were the lack of operationalized terms, vocabulary mismanagement, and the use of incorrect terminology when designing and conducting research, creating potential vulnerabilities to reliability and validity of findings. The implications are important to various issues, specifically an increase in the collective knowledge base and trustworthy information concerning vicarious trauma and similar terms, avenues to decrease research inconsistencies, better prevention measures, enhancement of clinical practice behaviors, and precautions for future research endeavors. © 2018 APA

Ellis, C., & Knight, K. E. (2018). Advancing a model of secondary trauma: consequences for victim service providers. *Journal of Interpersonal Violence*. Online ahead of print. DOI: 10.1177/0886260518775161

A burgeoning body of scholarship is attempting to understand, normalize, and ameliorate the emotional strain of victim service provision. The literature, however, has yet to fully theorize the hazardous process of empathetic engagement with victims. As a result, concepts, mechanisms, and outcomes are often conflated, making it difficult to understand the etiological path of this occupational risk. The goal of this article is to attend to this gap by accomplishing three objectives. The first is to engage with the perspective of symbolic interaction to theoretically ground a conceptual model of secondary trauma. The second objective is to propose a model of secondary trauma that acknowledges its inherently interactional, interpretive, and, thus, vicariously transmissible nature. The third objective is to begin the work of empirically supporting this model with data from a sample of victim service providers ($n = 94$) collected using in-depth interviews, focus groups, ethnographic participant observation, and community-based participatory research. Our findings suggest that victim service provision, in the form of empathetic engagement, can blur the boundary between self and other, and lead to a sense of damage in the self that manifests in unreliable self-agency, untrustworthy coherence of other, desensitized self-affectivity, and

fractured self-history. This work has significant implications. We illustrate an important paradox by showing how victim service provision can be helpful to victims but harmful to providers. We also offer a pathway for reducing this harm. By specifying mechanisms of damage, the model can be used to inform policies and practices supportive of victim service providers' health and well-being.

Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling, 40*(2), 142-155.

Due to the increasing number of clients seeking counseling who have experienced trauma, counselors are at a greater risk for developing vicarious traumatization and becoming impaired. Wellness has been described as helpful in managing the effects of working with clients who have experienced trauma and in mitigating impairment. The current pilot study examined how exposure to client trauma experiences impacted counselors' (N = 68) wellness and how exposure to client trauma along with wellness influenced vicarious traumatization. Participants had an average of 12.9 years of experience and a caseload on which most clients reported a trauma history. The expectation that greater exposure to client trauma would influence wellness was not met. However, results indicated that counselors with higher levels of wellness along with exposure to client trauma exhibited significantly lower levels of vicarious traumatization. The pilot study builds awareness of vicarious traumatization and highlights the importance of wellness.

Halevi, E., & Idisis, Y. (2018). Who helps the helper? Differentiation of self as an indicator for resisting vicarious traumatization. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(6), 698-705.

This study comprises a first attempt to explain and predict vicarious traumatization among therapists by means of Bowen's Family Systems Theory (Bowen, 1978), especially with reference to the phenomenon "differentiation of self," a central feature of his theory. A sample of 134 individual and group therapists who work in public and private clinics completed a series of questionnaires that provided data regarding demographic information, differentiation of self, and a belief scale that measures the existence of vicarious trauma. The findings indicate a strong negative correlation between vicarious traumatization and differentiation of self. In addition, participant age and "being in therapy" were both found to correlate with differentiation of self and

vicarious traumatization. These findings point to the importance of differentiation of self as a resilience factor protecting against vicarious trauma, and have the potential to contribute to the development of tools for efficiently and accurately assessing predisposition toward vicarious traumatization among therapists.

Ireland, C. A., & Huxley, S. (2018). Psychological trauma in professionals working with traumatised children. *Journal of Forensic Practice*. Online ahead of print. DOI: 10.1108/JFP-10-2017-0045

Clinical professionals working with psychologically traumatised children in the care system can experience potential challenges maintaining their own positive psychological health, and when repeatedly being exposed to the traumatic histories of those in their care. The purpose of this paper is to increase the understanding of vicarious trauma and provide a guide for focusing on future research. This is a systematic literature review, considering 13 articles that met the criteria and identified five main themes linked to secondary traumatic stress/vicarious trauma in staff. Five main themes were noted. These are: lack of organisational support; lack of health work-life balance; lack of appropriate training; failure to use self-care techniques; and staff failure to share when they are experiencing symptoms. Various implications are noted from this review. These include: the importance of education and support for staff, to be mindful that newer staff may be considered an “at risk” group for the negative impact of such trauma, and to encourage staff in achieving an effective work-life balance.

Kerig, P. K. (2018). Enhancing resilience among providers of trauma-informed care: A curriculum for protection against secondary traumatic stress among non-mental health professionals. *Journal of Aggression, Maltreatment & Trauma*. Online ahead of print. DOI: 10.1080/10926771.2018.1468373

Although the call to create trauma-informed services for youth has been clearly sounded, a relatively neglected part of this effort is the need to prepare non-mental health professionals to carry out trauma-informed programming in ways that protect them from secondary traumatic stress (STS). To this end, this article introduces Resilience for Trauma-Informed Professionals (R-TIP), a curriculum that introduces participants to techniques designed to promote resilience in the face of exposure to trauma-related material. Based on the existing evidence base regarding risk and protective factors for STS, six core elements targeted by the curriculum are described—appraisals,

self-efficacy, emotional awareness, affect regulation, resilience, and prevention —as they are implemented across three stages: pre-exposure preparation, coping in the presence of trauma, and recovery in the aftermath of exposure.

Knodel, R. K. (2018). [Coping with vicarious trauma in mental health interpreting](#). *Journal of Interpretation*, 26(1), 2-23.

This research explores coping strategies used by American Sign Language (ASL) interpreters who work in mental health settings. Due to the highly emotional nature of such assignments, interpreters are at an increased risk for experiencing vicarious trauma. This study also investigates the available training regarding vicarious trauma in current interpreter education. Previous research has typically recognized the need for self-care and focused on general suggestions for coping; the present work uses firsthand accounts from practicing interpreters. To uncover interpreters' personal experiences, the researcher created an online survey that resulted in 222 qualifying responses. Of the total number of respondents, 83% expressed that they have experienced vicarious trauma as the result of interpreting in mental health settings. However, 58% reported that they have not received any training related to managing the emotional impact of such interpreting assignments. Debriefing was chosen as the most utilized strategy (80%), but was also identified by some interpreters as a potential breach of confidentiality. While some interpreters have refined their own self-care routines, there is still a significant gap in educating interpreters about managing the adverse effects of vicarious trauma.

Michalchuk, S., & Martin, S. L. (2018). Vicarious resilience and growth in psychologists who work with trauma survivors: An interpretive phenomenological analysis. *Professional Psychology: Research and Practice*. Online ahead of print. DOI: 10.1037/pro0000212

How do psychologists experience resiliency, satisfaction, and personal growth despite the challenges of working with trauma survivors? Although many psychologists experience negative effects related to working with traumatized clients, it is important to acknowledge the potential for some to experience resiliency and growth in the face of such work. Interpretive phenomenological analysis was used to explore the lived experiences of vicarious resiliency and growth in psychologists who work with trauma survivors. In-depth semistructured interviews were conducted with 6 psychologists experienced in providing services to trauma survivors. Results

revealed that participants maintained resiliency by privileging a shared journey, developing purpose and personal growth, deriving positive meaning, and serving humanity. Findings contribute to the limited literature on psychologists' ability to foster positive outcomes for themselves, and ultimately for their clients, through focusing on resiliency, satisfaction, and growth despite the risks associated with trauma work. Implications for future research and applications to practice and are discussed.

Seigfried-Spellar, K. C. (2018). Assessing the psychological well-being and coping mechanisms of law enforcement investigators vs. digital forensic examiners of child pornography investigations. *Journal of Police and Criminal Psychology*, 33(3), 215-226.

Previous research indicates law enforcement investigators and digital forensic examiners working child exploitation cases are at an increased risk for experiencing psychological distress; however, the roles of digital forensic examiners and investigators often overlap substantially when working child pornography cases. Thus, the current study was the first to compare the psychological well-being, job satisfaction, coping mechanisms, and attitudes toward mental health services for individuals working as either digital forensic examiners and/or investigators of child pornography cases. Law enforcement officers were solicited from the Internet Crimes Against Children task force listserv, and based on their current self-reported duties, 20 were classified as digital forensic examiners-only, 71 as investigators-only, and 38 as both digital forensic examiners and investigators of cases involving Internet child pornography. Results showed significant differences between groups; individuals performing both duties scored significantly higher on secondary traumatic stress, higher on feelings of worthlessness, and lower on concentration compared to digital forensic examiners-only. Individuals performing both duties also reported significantly lower scores on job satisfaction compared to investigators-only. Finally, individuals working both duties were significantly more likely to know someone who sought counseling as a result of work-related stress. The study's mental health implications and future research suggestions are discussed.

Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology, 23*(2), 186-195.

This study examines levels of secondary traumatic stress (STS), compassion fatigue, burnout, and compassion satisfaction in social workers in the State of Montana. It also seeks to explain how specific organizational factors or peer support can potentially reduce the impact of these phenomena. A mixed methodology was utilized. Respondents ($N = 256$, response rate = 56%) completed 4 short measures: (a) the Social Work Demographics/Workplace Questionnaire, (b) the Secondary Traumatic Stress Scale (STSS; Bride, Robinson, Yegidis, & Figley, 2004), (c) the Professional Quality of Life Scale (ProQOL) (Stamm, 2010), and (d) an original peer support survey. A smaller sample ($N = 15$) of follow-up interviews were conducted to collect qualitative data. A theory-based approach guided the qualitative data analysis, for which ATLAS-Ti software was used. Findings indicate that social workers in the sample experience significant levels of STS ($M = 33.63$, $SD = 11.30$), with 40.9% ($n = 105$) meeting the criteria for posttraumatic stress disorder, using the STSS ($\alpha = .92$) as a proxy measure. ProQOL ($\alpha = .76$) results confirm the presence of high levels of burnout and compassion fatigue on subscale scores, with t tests indicating that individuals performing case management reported lower levels than other groups. Age and time in current job were not found to be significant factors, whereas lower levels of job satisfaction and intent to look for other work were predictive of higher burnout and compassion fatigue scores. Qualitative data analysis revealed themes related to worker perceptions of factors that contributed to their levels of STS. Implications for policy and practice changes are offered. © 2017 APA

Frey, L. L., Beesley, D., Abbott, D., & Kendrick, E. (2017). Vicarious resilience in sexual assault and domestic violence advocates. *Psychological trauma: Theory, research, practice, and policy, 9*(1), 44-51.

There is little research related to sexual assault and domestic violence advocates' experiences, with the bulk of the literature focused on stressors and systemic barriers that negatively impact efforts to assist survivors. However, advocates participating in these studies have also emphasized the positive impact they experience consequent to their work. This study explores the positive impact. Vicarious resilience, personal trauma experiences, peer relational quality, and perceived organizational support in advocates ($n = 222$) are examined. Also, overlap among the conceptual

components of vicarious resilience is explored. The first set of multiple regressions showed that personal trauma experiences and peer relational health predicted compassion satisfaction and vicarious posttraumatic growth, with organizational support predicting only compassion satisfaction. The second set of multiple regressions showed that (a) there was significant shared variance between vicarious posttraumatic growth and compassion satisfaction; (b) after accounting for vicarious posttraumatic growth, organizational support accounted for significant variance in compassion satisfaction; and (c) after accounting for compassion satisfaction, peer relational health accounted for significant variance in vicarious posttraumatic growth. Results suggest that it may be more meaningful to conceptualize advocates' personal growth related to their work through the lens of a multidimensional construct such as vicarious resilience. Organizational strategies promoting vicarious resilience (e.g., shared organizational power, training components) are offered, and the value to trauma-informed care of fostering advocates' vicarious resilience is discussed.

Molnar, B. E., Sprang, G., Killian, K. D., Gottfried, R., Emery, V., & Bride, B. E. (2017).

Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. *Traumatology*, 23(2), 129-142.

Professionals working in the fields of trauma, victim assistance, mental health, law enforcement, fire response, emergency medical services, and other professions are exposed to traumatic events on a regular basis; in some cases, workers are exposed every day. Vicarious trauma (VT) refers to the exposure to the trauma experiences of others, considered an occupational challenge for all of these professions. Research can assist in development of strategies to avoid being left vulnerable to negative impacts of this work, known as vicarious traumatization or secondary traumatic stress (STS). This article reviews existing research and outlines a research agenda for addressing vicarious traumatization/STS in the workplace. The review is organized by the 4 steps of a public health approach: (a) defining the problem including measuring the scope or prevalence, (b) identifying risk and protective factors for negative outcomes, (c) developing interventions and policies, and (d) monitoring and evaluating interventions and policies over time. A research agenda for the field is put forward following these same steps. © 2018 APA

Sprang, G., Ross, L., Miller, B. C., Blackshear, K., & Ascienzo, S. (2017). Psychometric properties of the Secondary Traumatic Stress–Informed Organizational Assessment. *Traumatology, 23*(2), 165-171.

This article describes the development and psychometric properties of the Secondary Traumatic Stress Informed Organizational Assessment (STSI-OA), a 40-item instrument designed to evaluate the degree to which an organization is STS-informed and able to respond to the impact of secondary traumatic stress in the workplace. A sample of 629 respondents representing multiple systems of care, job roles, and functions completed the STSI-OA. Analyses revealed a 5 factor structure that explained a large proportion of variance, excellent internal consistency, good test–retest reliability, and concurrent criterion validity with the Trauma System Readiness Tool Vicarious Trauma domain. Quartile scores and means were calculated to allow for comparisons. Based on the results of this analysis, it appears the STSI-OA total and domain scores can be used to create a blueprint for organizational learning, and to reliably track progress toward desired change over time. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

Ahern, E. C., Sadler, L. H., Lamb, M. E., & Gariglietti, G. M. (2016). Wellbeing of professionals working with suspected victims of child sexual exploitation. *Child Abuse Review, 26*(2), 130-140.

The present study examined police officers’ and social workers’ experiences of investigating child sexual exploitation (CSE) cases and the impact on their welfare. Semi-structured interviews were conducted with frontline social workers and law enforcement professionals. Practitioners reported that they seldom reacted emotionally during forensic interviews because they were attending entirely to the victims while gathering evidence. Although some practitioners employed post-interview stress management techniques, anticipatory coping strategies were seldom adopted, and most coping methods were employed outside of the workplace (e.g., spending time with family). Practitioners focused on the needs of young people, almost to the exclusion of their own. Many did not consider the negative emotional impact of CSE cases on their welfare. These findings have important implications for practitioner wellbeing. Copyright © 2016 John Wiley & Sons, Ltd.

Dagan, S. W., Ben-Porat, A., & Itzhaky, H. (2016). Child protection workers dealing with child abuse: The contribution of personal, social and organizational resources to secondary traumatization. *Child Abuse & Neglect, 51*, 203-211.

The present study compared secondary traumatization among child protection social workers versus social workers employed at social service departments. In addition, based on Conservation of Resources (COR) theory, the study examined the contribution of working in the field of child protection as well as the contribution of background variables, personal resources (mastery), and resources in the workers' social and organizational environment (social support, effectiveness of supervision, and role stress) to secondary traumatization. The findings indicate that levels of mastery and years of work experience contributed negatively to secondary traumatization, whereas exposure to child maltreatment, trauma history, and role stress contributed positively to secondary traumatization. However, no significant contribution was found for social support and effectiveness of supervision. The study identifies factors that can prevent distress among professionals such as child protection workers, who are exposed to the trauma of child abuse victims. Recommendations are provided accordingly. © 2015 Elsevier Ltd.

Dombo, E. A., & Blome, W. W. (2016). Vicarious trauma in child welfare workers: A study of organizational responses. *Journal of Public Child Welfare, 10*(5), 505-523.

Child welfare is provided within an organizational context that both supports and thwarts the efforts of workers and administrators to meet the myriad of goals established by federal, state, and local regulation and professional bodies. As the field moves toward trauma-informed services for children and families the effect of trauma on workers has received less agency attention. Relationship between vicarious traumatization and turnover among child welfare professionals. This exploratory, qualitative study examines the level of knowledge administrators have regarding vicarious trauma and probes the organizational responses of public child welfare agencies to the vicarious trauma experienced by workers.

Fisher, P. (2016). *Resilience, Balance and Meaning*. New York: Fisher and Associates Solutions Inc.

This Resilience Workbook is designed to provide you with practical help in addressing the effects of workplace stress, burnout and trauma. You will see that it is designed as a highly interactive

tool and you are encouraged to make the book your own by responding to the frequent questions, reflections and self-assessments. The material has been organized into three separate sections and we believe that you will find it most helpful to work through the book in sequence as each chapter builds on the work you have done previously.

Ivicic, R., & Motta, R. (2016). Variables associated with secondary traumatic stress among mental health professionals. *Traumatology*, 23(2), 196-204.

The current study investigated variables associated with secondary traumatization in mental health professionals. Participants included 88 psychologists, social workers, mental health counselors, and creative arts therapists. These participants completed the modified Stroop procedure, which is an objective measure of secondary trauma. They also completed the Secondary Trauma Scale, the Life Events Checklist, the Job Satisfaction Survey, and a demographics questionnaire. Results revealed that between 23 and 27% of respondents were positive for secondary traumatization. Whereas personal trauma history was associated with the modified Stroop and females reported more secondary trauma than males, no relationship was found between level of trauma exposure, quality of supervision, and job satisfaction to secondary traumatization. Overall results indicate a relatively high level of secondary trauma among mental health workers and also show the modified Stroop to be a valid method for studying secondary trauma. © 2017 APA

Mehus, C. J., & Becher, E. H. (2016). Secondary traumatic stress, burnout, and compassion satisfaction in a sample of spoken-language interpreters. *Traumatology*, 22(4), 249-254.

The primary aim of this study was to better understand levels of secondary traumatic stress, burnout, and compassion satisfaction within the spoken-language interpreter community. An online survey was conducted utilizing the Professional Quality of Life measure with scales for each of these constructs. Responses from the 119 respondents show high levels of secondary traumatic stress but also high levels of compassion satisfaction relative to population norms. A secondary aim was to determine the relationship between each of these scales and trauma history, gender, and refugee status. None of these relationships were significant at the preset alpha levels. In light of our primary results, clinical agencies should consider how interpreters are being supported in trauma-related work. Future focus groups and semistructured interviews will be conducted with survey participants to explore what form this support could take. © 2016 APA

Miller, B., & Sprang, G. (2016). A components-based practice and supervision model for reducing compassion fatigue by affecting clinician experience. *Traumatology*, 23(2), 153-164.

Published approaches to compassion fatigue in psychotherapists typically emphasize clinician self-care strategies. Implicit in the self-care emphasis is the assumption that trauma therapy encounters are inherently fatiguing, and that recovery occurs during the clinician's off-duty time. In contrast, the components for enhancing clinician engagement and reducing trauma (CE-CERT) model addresses the experience of the clinician concurrent with the treatment encounter. The clinical skill components are synthesized from evidence within the psychological treatment and neurophysiology literature relating to the management of difficult emotional states. The 5 proposed components are synthesized into an integrated model for the purpose of positively affecting the experience of clinicians during trauma treatment. We propose that effective use of these evidence informed strategies will allow the clinician to remain emotionally regulated during treatment and, will, therefore, reduce compassion fatigue. The 5 skill categories comprising the components of the CE-CERT model are experiential engagement, managing rumination, intentional narrative, reducing emotional labor, and parasympathetic recovery strategies. These skills are defined and evidence is provided to support their use within the model. The model has immediate application for clinical training and supervision and can be used as a basis for operational definitions for use in effectiveness trials. © 2017 APA

Tehrani, N. (2016). [Extraversion, neuroticism and secondary trauma in Internet child abuse investigators](#). *Occupational Medicine*, 66(5), 403-407.

Working with victims and perpetrators of child sexual abuse has been shown to cause secondary traumatic stress (STS) in child protection professionals. The aim of the study was to examine the role of gender and personality on the development of secondary trauma responses. A study of Internet child abuse investigators (ICAIs) from two UK police forces. Participants completed a personality test together with tests for anxiety, depression, burnout, STS and post-traumatic stress disorder to assess secondary trauma. The data were normally distributed and the results were analysed using an independent *t*-test, Pearson correlation and linear regression. Among 126 study

subjects (50 females and 75 males), there was a higher incidence of STS in investigators who were female, introverted and neurotic. However, there were lower levels of STS in the participants in this study than those found in other studies. Psychological screening and surveillance of ICAI teams can help to identify risk factors for the development of STS and identify where additional support may be required.

Wilson, F. (2016). Identifying, preventing, and addressing job burnout and vicarious burnout for social work professionals. *Journal of Evidence-informed Social Work, 13*(5), 479-483.

Genuineness, concern for others, and empathy are characteristics used to describe the professional social worker. To this end, the social worker tirelessly works on behalf of and in collaboration with the client to move them from stagnant life situations into positive life situations. While the fundamental principles of social work are wonderful, the result for some workers is job burnout and/or vicarious trauma. The concepts of job burnout, its antecedents, and manifestations are thoroughly discussed in this article to provide a holistic overview of this phenomenon. The six antecedents: workload, control, values, fairness, reward, and community are discussed and linked to the manifestations of job burnout. When working with individuals who have been exposed to the depravity of life, the professional can take on the client's vulnerabilities, victimizations, and stress. The common term for this phenomenon is vicarious trauma. Professionals who work with trauma victims can often have issues in their personal and professional life as evidenced by reduced professional efficacy, increased emotional concerns, and physical concerns. The purpose of the author in this article is to provide an overview of job burnout, vicarious trauma, and a discussion about self-care responsibilities.

Fisher, P. (2015). *Building Resilient Teams: Facilitating Workplace Wellness & Organizational Health in Trauma-Exposed Environments*. New York: Fisher and Associates Solutions Inc.

Dr. Patricia Fisher outlines a practical, realistic and effective approach to building team resiliency and cohesion. Through a series of guided discussions, participants will identify best practices for building resiliency on both an individual and organizational level. The workbook is designed to guide you and your teams through reflective and constructive conversation about ways to create safe, healthy and productive workplaces.

Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress, 28*(2), 83-91.

Revisions to the posttraumatic stress disorder (PTSD) diagnostic criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) clarify that secondary exposure can lead to the development of impairing symptoms requiring treatment. Historically known as secondary traumatic stress (STS), this reaction occurs through repeatedly hearing the details of traumatic events experienced by others. Professionals who work therapeutically with trauma victims may be at particular risk for this exposure. This meta-analysis of 38 published studies examines 17 risk factors for STS among professionals indirectly exposed to trauma through their therapeutic work with trauma victims. Small significant effect sizes were found for trauma caseload volume ($r = .16$), caseload frequency ($r = .12$), caseload ratio ($r = .19$), and having a personal trauma history ($r = .19$). Small negative effect sizes were found for work support ($r = -.17$) and social support ($r = -.26$). Demographic variables appear to be less implicated although more work is needed that examines the role of gender in the context of particular personal traumas. Caseload frequency and personal trauma effect sizes were moderated by year of publication. Future work should examine the measurement of STS and associated impairment, understudied risk factors, and effective interventions.

Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of Humanistic Psychology, 55*(2), 153-172.

This qualitative study examines the coexistence of vicarious resilience and vicarious trauma and explores the inclusion of intersectional identities in trauma work with torture survivors in specialized programs across the United States. A constructionist framework and a method of constant comparison discovered themes that speak about the effects of witnessing how clients cope constructively with adversity, and intersectional identities in social context. The data suggest that trauma therapists can be potentially transformed by their clients' resilience in positive, but not painless, ways. Choosing to work in the trauma field with survivors of torture and politically motivated violence involves immersion in profound ongoing experiences of intertwined pain, joy, and hope, and expanding the boundaries of self— personally and professionally.

Newell, J. M., Nelson-Gardell, D., & MacNeil, G. (2016). Clinician responses to client traumas: A chronological review of constructs and terminology. *Trauma, Violence, & Abuse, 17*(3), 306-313.

This paper presents a chronologically-organized review of various concepts and constructs in the literature describing professional burnout, compassion fatigue, secondary traumatic stress reactions, as well as other related terms and constructs that have been used to describe these experiences among clinical practitioners and other social service professionals. A timeline will provide a graphic illustration of the historical relationships between the concepts under examination. This paper begins with a review of practitioner-related stress that primarily results from interaction with clients, followed by an examination of professional burnout, which is thought to result largely from environmentally-related issues. Finally, the paper concludes with a discussion of posttraumatic growth and compassion satisfaction.

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review, 49*, 54-61.

Child welfare workers are routinely exposed to multiple traumatic events when working with children and families, and are at an increased risk of experiencing burnout and secondary trauma. Self-care is often recommended as a restorative or protective activity against the negative effects of working with traumatized individuals, although few studies have examined the benefit of self-care empirically. Trauma-informed self-care (TISC) includes being aware of one's own emotional experience in response to exposure to traumatized clients and planning/engaging in positive coping strategies, such as seeking supervision, attending trainings on secondary trauma, working within a team, balancing caseloads, and work–life balance. Compared with generic personal care activities, TISC is likely to be especially relevant for child welfare workers. This study examined the role of TISC on compassion satisfaction, burnout and secondary trauma which was assessed by administering surveys to a sample of 104 child welfare case managers and supervisors. Almost one third of the sample reported high levels of burnout (29.8%) and secondary trauma (28.8%), and low levels of compassion satisfaction (31.7%). Results suggested that workers who engaged in higher levels of TISC experienced higher levels of compassion satisfaction and lower levels of burnout, although there was no relationship with secondary trauma. Findings provide preliminary evidence that TISC may be a beneficial practice to reduce risk of burnout and preserve workers'

positive experience of their job, however workers experiencing secondary trauma are likely to need additional specialized intervention to assist them with their recovery. © 2015 Elsevier Ltd. All rights reserved.

Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma, 17*(2), 114-122.

There is a growing interest in conceptual frameworks related to preventing stress responses among mental health clinicians working with survivors of trauma. The following paper comprehensively compares and contrasts vicarious traumatization with compassion fatigue (i.e. secondary trauma), and it considers how these two traumatic stress responses can lead to professional burnout. It reviews the historical development and empirical support related to the effects of trauma work on clinicians, and it provides practical guidelines for both individuals and organizations to protect clinicians from traumatic stress responses.

Bourke, M. L., & Craun, S. W. (2014). Coping with secondary traumatic stress: Differences between UK and US child exploitation personnel. *Traumatology: An International Journal, 20*(1), 57-64.

Research investigating how secondary traumatic stress impacts those who work in the field of child exploitation is in its early stages. In the current study we investigate how attempts to cope with secondary traumatic stress vary between investigators in the United States and their counterparts in the United Kingdom. After examining the best-fitting models we found both similarities and differences in predictors of secondary traumatic stress. For example, the level of self-reported difficulty and frequency of interactions with disturbing media were positively related to higher secondary traumatic stress scores in both groups; supervisory support, however, was related to lower secondary traumatic stress scores only in the U.S. sample. The implications and limitations of our findings are discussed.

Branson, D. C., Weigand, D. A., & Keller, J. E. (2014). Vicarious trauma and decreased sexual desire: A hidden hazard of helping others. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(4), 398-403.

Vicarious trauma is a significant occupational hazard for behavioral health clinicians (BHCs), with potentially negative effects on the quality of personal life and interpersonal relationships. The purpose of this study was to assess the relationship between vicarious trauma (Secondary Traumatic Stress Scale) and sexual desire (Hurlbert Index of Sexual Desire). The constructivist self-development theory (CSDT) was the foundational study theory. The sample consisted of 163 volunteers selected from the Missouri Substance Abuse Professional Credentialing Board (MSAPCB). Years of professional experience, sexual trauma history, gender, and age were computed as covariates. Bivariate correlations and multiple linear regression were utilized. A modest, yet significant inverse relationship was found between vicarious trauma and sexual desire, $r = 0.24$, $p = .002$. Implications are negative dynamics to BHCs' service provision and personal lives. The results indicate that BHCs struggling with vicarious trauma may also notice a decrease in their level of sexual desire. © 2016 APA

Craun, S. W., & Bourke, M. L. (2014). The use of humor to cope with secondary traumatic stress. *Journal of Child Sexual Abuse*, 23(7), 840-852.

Professionals in the area of sexual violence often use humor, both lighthearted and gallows humor, in an attempt to counteract the effects of the work on their well-being. There is little research, however, on whether the use of humor is effective in reducing symptoms of secondary traumatic stress. In the current study, more than 500 Internet Crimes Against Children task force personnel were surveyed about their level of secondary traumatic stress and the coping techniques utilized to mitigate work-related stressors. The use of gallows and light-hearted humor were independently related to secondary traumatic stress scores, even controlling for other coping strategies. The two types of humor were not related to secondary traumatic stress in the same direction, nor at the same magnitude.

Robinson-Keilig, R. A. (2014). Secondary traumatic stress and disruptions to interpersonal functioning among mental health therapists. *Journal of Interpersonal Violence, 29*(8), 1477-1496.

Disruptions within interpersonal relationships are often cited as a symptom of secondary traumatic stress (STS) and vicarious trauma among mental health therapists. However, the primary evidence to support these claims is based on theoretical explanations and limited descriptive data. The current study sought to test the theoretical model of STS and to extend prior research by directly measuring interpersonal and sexual disruptions and their association with STS symptomology. The study hypothesized that mental health therapists with higher levels of intrusion, avoidance, and arousal symptoms would also report disruptions in their interpersonal relationships. A total of 320 licensed mental health therapists completed the online study questionnaire. Results of the current study were mixed. Higher levels of STS symptoms showed a significant association with lower relationship satisfaction, lower social intimacy, less use of constructive communication patterns, and more use of avoidance communication and demand-withdrawal communication patterns. These relationships remained after controlling for gender, years of counseling experience, and exposure level to trauma clients. However, no association was found between STS, sexual activity interest, and sexual relationship satisfaction. Implications of these findings are reviewed.

Boyas, J. F., Wind, L. H., & Ruiz, E. (2013). Organizational tenure among child welfare workers, burnout, stress, and intent to leave: Does employment-based social capital make a difference? *Children and Youth Services Review, 35*(10), 1657-1669.

Research has shown that child welfare organizations have a prominent role in safeguarding their workers from experiencing high levels of job stress and burnout, which can ultimately lead to increased thoughts of leaving. However, it is not clear whether these relationships are shaped by their length of organizational tenure. A cross-sectional research design that included a statewide purposive sample of 209 child welfare workers was used to test a theoretical model of employment-based social capital to examine how paths to job stress, burnout, and intent to leave differ between workers who have worked in a child welfare organization for less than 3 years compared to those with 3 years or more of employment in one organization. Path analysis results indicate that when a mixture of dimensions of employment-based social capital are present, they act as significant direct protective factors in decreasing job stress and indirectly shape burnout and

intent to leave differently based on organizational tenure. Thus, organizations may have to institute unique intervention efforts for both sets of workers that provide immediate and long-term structures of support, resources, and organizational practices given that their group-specific needs may change over time.

Bradbury-Jones, C. (2013). Refocusing child protection supervision: An innovative approach to supporting practitioners. *Child Care in Practice, 19*(3), 253-266.

There is mounting empirical evidence regarding the potential negative impact of child protection work on practitioners' emotional and psychological well-being. Stress and burnout are endemic amongst this group of workers and there is increasing recognition of the influences of this on their decision-making regarding child protection issues. Supervision has been lauded as an important element in supporting practitioners. It creates opportunities for identifying stress and potential burnout and for implementing supportive mechanisms. However, many supervision models focus almost entirely on identification, referral and procedural issues to the exclusion of addressing practitioner's emotional needs. This paper presents an argument that technical-rational models of supervision fall short of meeting the emotional needs of those who engage in child protection work. A refocusing is suggested that encourages practitioners to adopt a reflective stance towards child protection practice, specifically one that focuses on the affective aspects of child protection work. To achieve this, an innovative, reflective approach is proposed- termed the "Peshkin Approach to Reflection", it is grounded in recent developments of reflective practice from within nursing that acknowledge the primacy of emotions. The paper outlines the key stages involved and illustrates its ability to enhance practitioners' emotional well-being. Importantly, it also highlights its potential to impact positively on practice. It is advocated that the Peshkin Approach to Reflection be incorporated into child protection supervision to counter the traditional, long-standing technical-rational focus of most supervisory models. It will require empirical testing and evaluation to assess its full impact in a child protection context. However, based on use of the approach in other settings, it is likely to hold considerable benefit for practitioners who use it and, indirectly, the children they seek to protect.

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. C. (2013). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services, 11*(1), 75-86.

The study provides a systematic review of the empirical evidence for associations between job burnout and secondary traumatic stress (STS) among professionals working with trauma survivors, indirectly exposed to traumatic material. Differences in the conceptualization and measurement of job burnout and STS were assumed to moderate these associations. A systematic review of literature yielded 41 original studies, analyzing data from a total of 8,256 workers. Meta-analysis indicated that associations between job burnout and STS were strong (weighted $r = .69$). Studies applying measures developed within the compassion fatigue framework (one of the conceptualizations of job burnout and STS) showed significantly stronger relationships between job burnout and STS, indicating a substantial overlap between measures (weighted $r = .74$; 55% of shared variance). Research applying other frameworks and measures of job burnout (i.e., stressing the role of emotional exhaustion) and STS (i.e., focusing on symptoms resembling posttraumatic stress disorder or a cognitive shift specific for vicarious trauma) showed weaker, although still substantial associations (weighted $r = .58$; 34% of shared variance). Significantly stronger associations between job burnout and STS were found for: (a) studies conducted in the United States compared to other countries; (b) studies using English-language versions of the questionnaires compared to other-language versions, and (c) research in predominantly female samples. The results suggest that, due to high correlations between job burnout and STS, there is a substantial likelihood that a professional exposed to secondary trauma would report similar levels of job burnout and STS, particularly if job burnout and STS were measured within the framework of compassion fatigue.

Dombo, E. A., & Gray, C. (2013). Engaging spirituality in addressing vicarious trauma in clinical social workers: A self-care model. *Social Work and Christianity, 40*(1), 89-104.

Research has shown that vicarious trauma results in great personal and professional costs for social workers (Bride, 2007). The social work profession has an obligation to their members, and those they serve, to ensure that those providing mental health interventions are functioning optimally (National Association of Social Workers, 2008). Burnout and vicarious trauma prevent workers from functioning at maximum capacity. Clinical social workers are particularly vulnerable to

burnout with spiritual dimensions in the form of questioning the meaning of work, loss of purpose, hopelessness, and internalizing the suffering of their clients' trauma. Spiritual practices have often been engaged to lessen the effect of trauma and facilitate personal and professional growth (Siegel, 2010; Stern 2004). Social workers can re-engage with the meaning of their work through concrete spiritual practices that improve their ability to sustain the amount of emotion involved in working with trauma (Collins, 2005; Trippany, Kress & Wilcoxon, 2004). This article addresses ways social workers can support themselves and their work through spiritual self-care, in the service of improving client outcomes through sustained connection. Spiritually based practice will be explored as a way to re-connect to the meaning of the work and the satisfaction compassion can bring (Griffith & Griffith, 2002; Pargament, 2007). A self-care model will be presented to help individual workers address the impact of the work, and organizations to address the environmental and cultural contributors to vicarious trauma. This model will integrate spiritual practice and present specific spiritual self-care meditation practices.

Kulkarni, S., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers. *Journal of the Society for Social Work and Research*, 4(2), 114-130.

Research on workplace wellness often neglects the role of organizational factors in preventing negative effects and promoting positive outcomes for service providers. Using a person–environment fit model, which highlights compatibility between an individual worker's characteristics and his or her work environment, we examine key risk and protective factors that might contribute to the well-being of domestic violence services providers. Service providers working in domestic violence agencies completed a Web-based survey measuring their perceptions of organizational factors (e.g., workload, control, reward, community, fairness, organizational values) and outcome variables of provider burnout, secondary traumatic stress, and compassion satisfaction. Individual–organizational mismatch emerges as a significant risk factor for burnout and secondary traumatic stress, both of which are negative outcomes associated with less manageable workloads. Secondary traumatic stress is also associated with providers' feelings of having little control over their work and spending more time in leisure, which might be in response to symptoms. Compassion satisfaction is positively associated with higher levels of work experience in domestic violence services and with providers who share the values of their

organization. Organizational interventions that protect workers and promote these distinct dimensions of worker wellness can yield vital benefits associated with a healthy workforce.

Rhee, Y. S., Ko, Y. B., & Han, I. Y. (2013). [Posttraumatic growth and related factors of child protective service workers](#). *Annals of Occupational and Environmental Medicine*, 25(1), 6-16.

The aim of the study is to measure the level of vicarious trauma, posttraumatic growth (PTG), and other factors affecting PTG among child protective service workers. We include posttraumatic stress, social support, stress coping, and demographic data as independent variables. Data was collected from 255 full-time social workers from 43 child protective agencies as a complete enumeration and 204 included in the final analysis. The major findings of the study were as follows: The mean score of PTG was 44.09 (SD: 21.73). Hierarchical multiple regression was adopted and "pursuing social support as a way of coping with stress" was the strongest predictive factor ($\beta=0.319$, $p<0.001$) of PTG. We suggest that child protective workers are vulnerable to posttraumatic stress and mental health services are indicated. We also recommend various types of training for stress coping program, especially strengthening the social support system of the child protective service workers in South Korea.

Wies, J. R., & Coy, K. (2013). Measuring violence: Vicarious trauma among Sexual Assault Nurse Examiners. *Human Organization*, 72(1), 23-30.

Sexual Assault Nurse Examiners (SANEs) are now commonplace in the continuum of care for victims of sexual violence in the United States. The presence of SANE programs has increased precision in the use of rape kits, improved patient care, and increased the effectiveness of expert court testimony. However, SANEs are exposed to a working environment that demands a professional response to devastating acts of trauma and violence perpetrated towards adults and children. This exploratory article presents the rates of vicarious trauma found among the SANE sample as reported through the 17-item Secondary Traumatic Stress Scale to understand the extent of secondary victimization among these service providers. By placing vicarious trauma within the context of sexual violence victimization, we expose a hidden "site" of violence and call for expanding our definition of "victim" of gender-based violence.

Bonach, K., & Heckert, A. (2012). Predictors of secondary traumatic stress among Children's Advocacy Center forensic interviewers. *Journal of Child Sexual Abuse, 21*(3), 295-314.

This study examined various predictor variables that were hypothesized to impact secondary traumatic stress in forensic interviewers (n = 257) from children's advocacy centers across the United States. Data were examined to investigate the relationship between organizational satisfaction, organizational buffers, and job support with secondary traumatic stress using the Secondary Traumatic Stress Scale. The most salient significant result was an inverse relationship between three indicators of job support and secondary traumatic stress. Also significant to secondary traumatic stress were the age of interviewer and whether the forensic interviewer had experienced at least one significant loss in the previous 12 months. Implications for future research, training, program practice, and policy are discussed.

Levin, A., Besser, A., Albert, L., Smith, D., & Neria, Y. (2012). The effect of attorneys' work with trauma-exposed clients on PTSD symptoms, depression, and functional impairment: A cross-lagged longitudinal study. *Law and Human Behavior, 36*(6), 538.

To date, few studies have examined mental health consequences among attorneys exposed to clients' traumatic experiences. A longitudinal, 2-wave, cross-lagged study was used in a cohort of attorneys (N = 107) from the Wisconsin State Public Defender's Office. We assessed changes in posttraumatic stress disorder (PTSD), depression, and functional impairment over a 10-month period and tested the effects of intensity of contact with trauma-exposed clients on symptom levels over time. Attorneys demonstrated strong and significant symptom stability over time in PTSD, depression, functional impairment, and levels of exposure. Analyses involving cross-lagged panel correlation structural equation modeling path models revealed that attorneys' levels of exposure to trauma-exposed clients had significant positive effects, over time, on PTSD, depression, and functional impairment. Gender, age, years on the job, and office size did not predict any of the outcomes. Level of exposure to trauma-exposed clients predicted reduction of weekly working hours over time, but there was no reciprocal relationship between PTSD, depression, and functional impairment and level of exposure over time. These findings underscore the central role of exposure to trauma-exposed clients in predicting mental health outcomes and emphasize the need to support attorneys by managing the intensity of exposure as well as addressing emerging symptoms.

Michalopoulos, L. M., & Aparicio, E. (2012). Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment & Trauma, 21*(6), 646-664.

Vicarious trauma, a disruption in schemas and worldview often accompanied by symptoms similar to those of posttraumatic stress disorder, occurs as a result of chronic secondary exposure to traumatic material. The aim of this study was to examine the role of personal trauma history, social support, and experience level in the development of vicarious trauma among licensed social workers in Maryland (N = 160). Results indicated an increase in social support and in experience level of social workers predicted less severe vicarious trauma. In addition, an interaction effect between trauma history and social support trending on significance indicated higher levels of social support might help protect those without a trauma history but not those with a trauma history against vicarious trauma. Research and clinical implications are discussed.

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). [Burnout in mental health services: A review of the problem and its remediation](#). *Administration and Policy in Mental Health and Mental Health Services Research, 39*(5), 341-352.

Staff burnout is increasingly viewed as a concern in the mental health field. In this article we first examine the extent to which burnout is a problem for mental health services in terms of two critical issues: its prevalence and its association with a range of undesirable outcomes for staff, organizations, and consumers. We subsequently provide a comprehensive review of the limited research attempting to remediate burnout among mental health staff. We conclude with recommendations for the development and rigorous testing of intervention approaches to address this critical area.

Pack, M. (2012). [Vicarious traumatization: An organisational perspective](#). *Social Work Now: The Practice Journal of Child, Work & Family, 1*, 14-23.

This paper is based on research that focused on investigating if a vicarious traumatization framework resonated with counsellors who were registered to undertake therapy with sexual abuse survivors in New Zealand. It was important to allow participants to tell their personal narratives of vicarious traumatization as they had experienced it over their careers. This focus facilitated

discussion of the factors that mitigate the effects of vicarious traumatization and act as protective factors that can sustain counselors over the course of their careers.

Ben-Porat, A., & Itzhaky, H. (2011). The contribution of training and supervision to perceived role competence, secondary traumatization, and burnout among domestic violence therapists. *The Clinical Supervisor, 30*(1), 95-108.

This study examines differences between domestic violence therapists in Israel who had received specific training in the field and those who had not, with regard to the following variables: sense of role competence, secondary traumatization, and burnout. In addition, the study examines the correlation between the therapists' satisfaction with supervision on the one hand, and their sense of role competence, secondary traumatization, and burnout on the other. Participants included 143 social workers employed at centers for prevention of domestic violence and at battered women's shelters in Israel. The findings revealed no significant differences between the two groups of therapists in levels of burnout and secondary traumatization. However, significant differences between the two groups were found with regard to their sense of role competence in task knowledge/problem solving. Regarding satisfaction with supervision, no significant correlation was found with secondary traumatization and burnout. At the same time, a significant positive correlation was found between satisfaction with supervision and two components of role competence: task knowledge/problem solving and general competence.

Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. *Journal of Traumatic Stress, 24*(6), 735-742.

Therapists who work with traumatized individuals can experience psychological growth following this vicarious exposure to trauma. The purpose of the present study is to examine the variables that may moderate such vicarious posttraumatic growth. Therapists (N = 118) completed measures of vicarious exposure to trauma and growth, as well as empathy, sense of coherence, and perceived organizational support. Results showed that having a strong sense of coherence negatively predicted growth ($\beta = -.28, p = .001$), whereas empathy was a positive predictor ($\beta = .37, p < .001$). Empathy also moderated the exposure to growth relationship when growth involved relating to others ($\beta = -.20; p = .018$). Organizational support did not predict growth. The results have

implications for the recruitment, training, and supervision of therapists working with individuals who have experienced trauma.

Choi, G. Y. (2011). Organizational impacts on the secondary traumatic stress of social workers assisting family violence or sexual assault survivors. *Administration in Social Work, 35*(3), 225-242.

This research examines the influence of organizational characteristics on secondary traumatic stress of social workers who provide direct services to survivors of family violence or sexual assault. The sample (n = 154) was recruited through the National Association of Social Workers' member list. The study found that social workers who received more support from their coworkers, supervisors, and work teams demonstrated lower levels of secondary traumatic stress. Social workers who also had more access to their organizations' strategic information exhibited lower levels of secondary traumatic stress. Several implications for social work administrators are suggested based on the findings.

Elwood, L. S., Mott, J., Lohr, J. M., & Galovski, T. E. (2011). Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implications for trauma-focused treatment. *Clinical Psychology Review, 31*(1), 25-36.

Advocates of the concept of secondary traumatization propose that clinicians who provide trauma-focused treatment may be particularly at risk for experiencing secondary trauma symptoms. This specific symptom presentation purportedly develops following exposure to the traumatic experiences described by their clients. Consequently, these professionals have advocated for increases in resources devoted to the prevention and treatment of secondary trauma symptoms (e.g., enhanced clinician training, increase in availability of treatment options for affected trauma workers, etc.). A review of empirical literature examining prevalence and specificity of secondary trauma symptoms in trauma clinicians is provided. Findings are mixed and often indicate that trauma clinicians are not frequently experiencing “clinically significant” levels of symptoms and that these symptoms may not be uniquely associated with trauma-focused treatment. Finally, it is argued that additional clarification and research on the criterion, course, and associated impairment are needed. Recommendations for future research are provided.

Katz, L. F., Lederman, C. S., Osofsky, J. D., & Maze, C. (2011). *Child-centered practices for the courtroom and community: A guide to working effectively with young children and their families in the child welfare system*. Baltimore, MD: Paul H. Brookes Publishing.

How can early childhood professionals, case workers, clinicians, and attorneys provide the best services and supports to families in the child welfare system? This guidebook has the practical answers professionals need as they navigate complex systems, work with the courts, and plan interventions and treatment for vulnerable young children and families. Developed by a psychologist, a judge, and an expert on early intervention and education, this accessible practitioner's guide introduces cross-disciplinary professionals to the coordinated, evidence-based practices used successfully in Miami's juvenile court and child welfare community. As they follow a gripping case study of one young mother and her children, readers will see in vivid detail why effective, integrated services are needed to improve child and family outcomes. Then, with tips and guidance from the perspective of the court, the clinician, and the early intervention expert, readers will discover how to (1) plan and implement a coordinated system of care; (2) advance a more therapeutic approach to child welfare in the courtroom and community; (3) choose and implement an evidence-based parenting program; (4) improve relationships between children and parents through Child-Parent Psychotherapy (CPP); (5) successfully navigate a court appearance; (6) build trusting, supportive relationships with families; (7) improve children's early access to quality care and education; (8) lead reform efforts toward a more child-centered child welfare system; and (9) decrease the incidence of burnout and compassion fatigue. Readers will also get sample forms and checklists they can use as models to enhance their work with families and children. With these practical tools and evidence-based strategies, professionals will ensure coordinated, high-quality services that improve the child welfare system and have long-lasting positive effects on young children and families.

Kleim, B., & Westphal, M. (2011). Mental health in first responders: A review and recommendation for prevention and intervention strategies. *Traumatology*, 17(4), 17-24.

The present article describes the prevalence and predictors of adverse mental health reactions in first responders, a population exposed to stress (rather than a population who are exposed). Mental health impairments in first responders exact considerable personal and public costs and are likely to negatively affect work performance, including providing care to trauma survivors. This article

provides an update on first responders' mental health and examines predictors of trauma related psychopathology in this population. This information is of vital importance for the development and implementation of prevention and intervention strategies.

Mathieu, F. (2011). *The Compassion Fatigue Workbook*. New York: Routledge.

The Compassion Fatigue Workbook is a lifeline for any helping professional facing the physical and emotional exhaustion that can shadow work in the helping professions. Since 2001 the activities in this Workbook have helped thousands of helpers in the fields of healthcare, community mental health, correctional services, education, and the military. In addition to a comprehensive description of compassion fatigue and vicarious traumatization, The Compassion Fatigue Workbook leads the reader through experiential activities designed to target specific areas in their personal and professional lives. It provides concrete strategies to help the reader develop a personalized plan for identifying and transforming compassion fatigue and vicarious traumatization.

Nen, S., Astbury, J., Subhi, N., Alavi, K., Lukman, Z. M., Sarnon, N., ... & Mohamad, M. S. (2011). The impact of vicarious trauma on professionals involved in child sexual abuse cases. *Pertanika Journal of Social Science and Humanities*, 19(S), 147- 155.

There is an increasing awareness of psychological effects on working with trauma survivors (e.g., sexual abuse victims). However, little research focused on such issue. Adopting a qualitative approach, this study explored vicarious trauma (VT) among professionals working with child sexual abuse (CSA) cases in Malaysia. A total of 18 professionals (police officers, social workers, counselors, and medical social workers) were interviewed. Results indicated that respondents experienced shock and disbelief, confusion, fear, flashback, hyper vigilance, irritability, and sleep difficulties caused by work. Furthermore, their work also affected relationship with friends, family members, and children. This study disclosed the fact that most of the professionals were not even aware that they could be negatively affected by their work with CSA victims. Also, the study emphasized the importance of information and training about possible risks of working with trauma survivors to reduce the occurrence of VT.

Osofsky, J. D. (2011). [Vicarious traumatization and the need for self-care in working with traumatized young children](#). In *Clinical Work with Traumatized Young Children* (pp. 336-348). New York: The Guilford Press.

In this book, the issue of vicarious traumatization or compassion fatigue for individuals who work with traumatized young children and their families, including mental health evaluators and therapists, judges, lawyers, child welfare professionals, first responders, and all other adults, has not been discussed directly. However, working with traumatized young children can take its toll because it often is very difficult to witness hardship and human suffering, and at the same time, as professionals, be required to maintain boundaries and professional roles, to make decisions about children's lives, and to take actions to help vulnerable young children and their families. Individuals find different ways of coping with these difficult feelings—some may just avoid thinking about it. In this chapter, the issues of vicarious trauma and compassion fatigue are defined and discussed, examples from different disciplines are presented, and suggestions that are offered relate to individual and professional strategies for prevention and intervention, including the importance of self-care.

Richardson, K. (2011). Child protection social work and secondary trauma. In N. Tehrani (Ed.), *Managing trauma in the workplace: Supporting workers and organizations* (pp. 3-16). New York: Routledge/Taylor & Francis Group.

Although some of the issues discussed below may be relevant to other professionals, the term 'social worker' is used here to describe children and family social workers involved in child protection work. This chapter focuses on the impact of child abuse on children and their families and how, in undertaking the safeguarding task, social workers can encounter experiences which contribute to compassion fatigue and burn-out. Social workers must probe and analyze the difficulties faced by children and families and communicate these issues to others. This work can involve significant contact with children and families in distress, a requirement to demonstrate empathy and a necessity to communicate the nature of another's pain and suffering in an understandable form; this can be through the written or spoken word, for example, report writing or testimony.

Skovholt, T. M., & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. 2nd ed. New York: Routledge/Taylor & Francis Group.

Therapists and other helping professionals, such as teachers, doctors and nurses, social workers, and clergy, work in highly demanding fields and can suffer from burnout, compassion fatigue, and secondary stress. This happens when they give more attention to their clients' well-being than their own. Both students and practitioners in these fields will find this book an essential guide to striking an optimal balance between self-care and other-care. The authors describe the joys and hazards of the work, the long road from novice to senior practitioner, the essence of burnout, ways to maintain the professional and personal self, methods experts use to maintain vitality, and a self-care action plan. Vivid real-life examples and self-reflection questions will engage and motivate readers to think about their own work and ways to enhance their own resilience. Eloquently written and supported by extensive research, helping professionals will find this a valuable resource for both a novice and an experienced practitioner.

Edelmann, R. J. (2010). Exposure to child abuse images as part of one's work: Possible psychological implications. *The Journal of Forensic Psychiatry & Psychology*, 21(4), 481-489.

Given the rapid expansion in access to the internet in the past decade with information flow being difficult to police it is perhaps not surprising that the internet is so open to misuse. One such misuse is by child sex offenders for whom the internet has facilitated communication and the distribution of child abuse images. This has meant that various professionals involved in investigating cases are themselves exposed to varying degrees and levels of such images. This paper examines the potential impact of viewing images of child abuse on the professionals concerned at a cognitive, emotional and psychosexual/interpersonal level. While there are certain issues to be aware of and a number of issues that warrant research there is no evidence to date that those exposed to child abuse material in the conduct of their work are affected to any evident negative degree.

Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies, 29*(1), 67-83.

An integrative training framework articulating multiple perspectives on the impact of trauma work is offered with a training/supervision exercise to address the complex and systemic relationships that affect therapists in both positive and negative manners. The concepts of vicarious trauma, vicarious resilience, compassion fatigue, resilience, posttraumatic growth, altruism born of suffering, and reciprocity are reviewed. The paper highlights the importance of vicarious resilience as a dimension of experience that counteracts the normally occurring fatiguing processes that trauma therapists experience.

Lane, E. J., Lating, J. M., Lowry, J. L., & Martino, T. P. (2010). Differences in compassion fatigue, symptoms of posttraumatic stress disorder and relationship satisfaction, including sexual desire and functioning, between male and female detectives who investigate sexual offenses against children: A pilot study. *International Journal of Emergency Mental Health, 12*(4), 257-266.

Law enforcement detectives who work with traumatized individuals, especially children who were victims of sexual abuse or assault, are likely to experience job-related emotional distress. The purpose of this study was to examine the relations among compassion fatigue, probable PTSD symptoms, and personal relationship satisfaction, including communication and sexual satisfaction, in a sample of 47 male and female detectives. Responses to the administered questionnaires indicated a relation between compassion fatigue symptoms and probable PTSD symptoms. There also were compelling gender differences. For example, for male detectives, open communication with their spouse or significant other was negatively correlated with burnout, indicating the more open the communication, the lower the reported burnout. However, for female detectives there was a negative correlation between open communication with spouse or significant other and compassion satisfaction, suggesting that more open communication was related to lower levels of satisfaction with their ability to be a professional caregiver. Furthermore, although stepwise regression analysis indicated that years of service as a detective is independently associated with sexual desire, female detectives evidenced less sexual desire and more difficulty with sexual functioning than did male detectives. Implications of these preliminary findings are discussed and limitations addressed.

Lipsky, L. V. D. (2010). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett-Koehler Publisher, Inc.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal*, 6(2), 57-68.

The emotional and psychological risks associated with providing direct social work services to vulnerable populations have been largely overlooked in social work educational curriculum and agency training (Cunningham, 2004; Courtois, 2002; Shackelford, 2006). These risks should be conceptualized as occurring in two separate forms: trauma-related stress and professional burnout. Vicarious trauma, secondary traumatic stress, and compassion fatigue are conditions related specifically to work with trauma populations, while professional burnout is considered a more general phenomenon which may occur within any social service setting. The forms of trauma-related stress conditions and professional burnout are often erroneously discussed either interchangeably or grouped together as one condition in the literature. It is best to conceptualize each of these conditions separately in order to have a comprehensive understanding of these complex phenomena. It is important that direct practitioners and educators understand the risk factors and symptoms associated with these phenomena in order to identify, prevent, and/or minimize their effects. As a best-practice initiative, it is appropriate that information on these conditions be infused into social work curricula as a first-line preventive measure for the training of inexperienced social workers who may be more vulnerable to the effects of these conditions (Lerias & Byrne, 2003). Information on these topics should also be included as part of agency training for practitioners already working in the field. This article provides a brief review of professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue, including the risk factors and symptoms associated with these conditions. Particular attention is paid to the inclusion of this material and the practice of self-care in both macro and micro social work education, as well as agency-training curriculum.

Tehrani, N. (2010). Compassion fatigue: Experiences in occupational health, human resources, counseling and police. *Occupational Medicine*, 60(2), 133-138.

Background: This study examines the impact that working with distressed employees, clients and members of the public has on four caring professions: occupational health advisors (OHAs), human resource advisors (HRs), counselors (CLs) and family liaison officers (FLOs). Aims: To measure the levels of compassion fatigue in caring professions and to identify the mechanisms that lead to increased levels of personal growth. Methods: Two hundred and seventy-six professionals (64 HRs, 53 OHAs, 114 CLs and 45 FLOs) completed the Career Belief Inventory (CBI) (Tehrani, N. The cost of caring—the impact of secondary trauma on assumptions values and beliefs. *Couns Psychol Q* 2007; 20:1–15.) and Short-Form of the Goldberg questionnaire (Goldberg D, Bridges K, Duncan-Jones P, Grayson D. Detecting anxiety and depression in a general medical setting. *Br Med J* 1988; 297:897–899). The participants in the study were attendees at presentations or training courses on employee wellbeing. Survey involved in the study also measured sources of support and coping mechanism. Results: There were few differences in the level of negative beliefs between groups, although CLs were found to experience more feelings of isolation and FLOs and CLs were more likely to believe that there was no justice in the world. OHAs, CLs and FLOs were significantly more likely to demonstrate personal growth than HRs. Reflection on the work facilitated through professional or peer supervision and a healthy lifestyle was found to be associated with higher levels of personal growth and satisfaction with their performance at work. Conclusions: The results suggest that the provision of professional or peer supervision may be helpful in increasing reflection and ‘sense making’ leading to personal development and growth. Other forms of support that were found to be helpful included taking exercise, healthy eating and engaging in a hobby.

Ben-Porat, A., & Itzhaky, H. (2009). Implications of treating family violence for the therapist: Secondary traumatization, vicarious traumatization, and growth. *Journal of Family Violence*, 24(7), 507-515.

Our study dealt with the positive and negative implications of working with victims of family violence on therapists in terms of secondary traumatization, vicarious traumatization, and growth. In addition, we examined positive and negative changes that the therapists experienced in themselves, their lives, and their families as a result of their work. The research population consisted of 143 social workers employed in the field of family violence, and 71 social workers

who were not employed in that field. Comparisons between the two groups were conducted for all of the research variables. The two groups did not differ significantly in levels of secondary traumatization. However, significant differences were found in levels of growth, as well as in levels of positive and negative changes that the participants experienced in themselves, their lives, and their families.

Chouliara, Z., Hutchison, C., & Karatzias, T. (2009). Vicarious traumatization in practitioners who work with adult survivors of sexual violence and child sexual abuse: Literature review and directions for future research. *Counselling and Psychotherapy Research, 9*(1), 47-56.

The authors sought to summarize and evaluate evidence regarding vicarious traumatization (VT) in practitioners working with adult survivors of sexual violence and/or child sexual abuse (CSA). Methods and selection criteria: Relevant publications were identified from systematic literature searches of PubMed and PsycINFO. Studies were selected for inclusion if they examined vicarious traumatization resulting from sexual violence and/or CSA work and were published in English between January 1990 and June 2008. Critical analysis and results: Ten studies met the criteria of the present review. In summary, VT levels in the field of sexual violence/CSA are high with negative effects, but do not appear to exceed those reported by professionals working with non-sexual violence or with sexual offenders. Further investigation is needed into predisposing and mediating factors before clear conclusions can be drawn. Conclusions: Previous research has suffered a number of methodological limitations regarding definitions, sampling, comparison groups, support arrangements and measurement. These factors compromise not only the rigour and generalizability of findings but also our ability to define VT as a useful concept. These limitations are discussed and recommendations made for a future research agenda.

Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training, 46*(2), 203-219.

This qualitative study identified protective practices that mitigate risks of vicarious traumatization (VT) among mental health therapists. The sample included six peer-nominated master therapists, who responded to the question, “How do you manage to sustain your personal and professional well-being, given the challenges of your work with seriously traumatized clients?” Data analysis

was based upon Lieblich, Tuval-Mashiach, and Zilber's (1998) typology of narrative analysis. Findings included nine major themes salient across clinicians' narratives of protective practices: countering isolation (in professional, personal and spiritual realms); developing mindful self-awareness; consciously expanding perspective to embrace complexity; active optimism; holistic self-care; maintaining clear boundaries; exquisite empathy; professional satisfaction; and creating meaning. Findings confirm and extend previous recommendations for ameliorating VT and underscore the ethical responsibility shared by employers, educators, professional bodies, and individual practitioners to address this serious problem. The novel finding that empathic engagement with traumatized clients appeared to be protective challenges previous conceptualizations of VT and points to exciting new directions for research, theory, training, and practice.

Knight, C. (2009). Indirect trauma: An occupational hazard. In *Introduction to working with Adult Survivors of Childhood Trauma: Techniques and Strategies* (pp. 56-72). Belmont, CA: Thomson/Brooks/Cole Publishers.

The indirect trauma felt by practitioners working with adult survivors of childhood trauma is described, and secondary posttraumatic stress disorder is defined. Vicarious traumatization, compassion fatigue, risk factors for and protections against indirect trauma, and indirect trauma and countertransference are also discussed. Implications for supervision and for agencies and organizations are reviewed, and self-care strategies for helping professionals are proposed.

Krause, M. (2009). Identifying and managing stress in child pornography and child exploitation investigators. *Journal of Police and Criminal Psychology*, 24(1), 22-29.

In the last decade, law enforcement personnel have increasingly been tasked to police the internet in an effort to staunch the production and distribution of child pornography and to investigate computer-facilitated child exploitation. These investigative personnel have encountered a range of assignment-specific challenges and strains as a result of their involvement in this taxing and novel investigative activity. In some cases, the cumulative effects of these strains, together with repeated exposure to highly disturbing images of abused children, have resulted in stress reactions that have commanded the attention of police managers and police psychologists alike. The present article is intended to provide an overview of the stresses unique to child exploitation and pornography investigations, common reactions to these stressors, procedural safeguards to mitigate the impact

of this high-risk assignment, and two model programs designed to meet the needs of the current generation of “cyber cops.”

Phelps, A., Lloyd, D., Creamer, M., & Forbes, D. (2009). Caring for carers in the aftermath of trauma. *Journal of Aggression, Maltreatment & Trauma, 18*(3), 313-330.

The potential impact on psychological well-being of working in the caring professions in the aftermath of trauma and disaster has been recognized for many years, with terms such as burnout, compassion fatigue, and vicarious traumatization coined to describe stress-related conditions. Although prevalent, these conditions do not affect all workers in the field. Various studies have investigated potential risk and protective factors. It is argued that the outcomes of this research should be used to guide practical interventions in the workplace designed to minimize stress-related problems. A framework that incorporates interventions at the primary, secondary, and tertiary prevention levels is outlined, and research investigating the efficacy of interventions at each of these levels is recommended.

Rakoczy, S. (2009). Compassion fatigue in child welfare. *The New Social Worker, 16*(4), 16-18.

This article explores compassion fatigue in child welfare caseworkers, what the causes are, the consequences, and what can be done to address the problem. Findings from studies on compassion fatigue are shared and the proposed Teri Zenner Social Worker Safety Act is highlighted. This Act would set up a grant program that would provide workplace safety measures, as well as equipment and training for social workers and others who work with potentially dangerous clients. The need to ensure social workers have a degree from an accredited school or program of social work or social welfare is also discussed.

Townsend, S. M., & Campbell, R. (2009). Organizational correlates of secondary traumatic stress and burnout among sexual assault nurse examiners. *Journal of Forensic Nursing, 5*(2), 97-106.

This study explores correlates of secondary traumatic stress (STS) and burnout among SANE nurses. Cross-sectional interviews were conducted with nurses from a random sample of SANE programs. The interview measured organizational and demographic variables and current levels of STS and burnout. STS and burnout were found to be related but not identical processes. Organizational variables played a significant role in predicting both outcomes. The results have

implications for increasing organizational support as a way of lessening the impact of STS and burnout.

Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: A study of the child welfare workers in community based care organizations in Central Florida. *Social Work & Christianity*, 36(1), 36-54.

Given major problems of retention in child welfare programs, this study examined levels of compassion satisfaction, burnout, and compassion fatigue/vicarious trauma among child welfare staff members. These levels were measured in an anonymous survey using The Professional Quality of Life Survey and questions regarding ways respondents dealt with stress and their recommendations for organizations. Compassion satisfaction was positively associated with lower levels of burnout and fatigue. Levels of burnout and compassion fatigue were similar to other helping professions but higher for younger workers and both direct line staff and supervisors working with the most vulnerable and troubled situations. Respondents indicated the need for realistic caseloads and administrative support.

Burns, C. M., Morley, J., Bradshaw, R., & Domene, J. (2008). The emotional impact on and coping strategies employed by police teams investigating internet child exploitation. *Traumatology*, 14(2), 20-31.

Work on Internet child exploitation (ICE) teams require individuals to perform a number of investigative tasks, including viewing graphic images and videos of young children being sexually assaulted and tortured, to identify victims and locate perpetrators. Individuals involved in this work may be at higher risk for experiencing secondary traumatic stress because of the graphic images and sounds to which they are exposed. The impact of ICE investigations and what helps and hinders coping with the work was explored using the Critical Incident Technique with 14 members of a Royal Canadian Mounted Police integrated ICE team. Results suggest that there are a number of organizational and personal strategies that can assist those who work in this field to cope more effectively.

Caringi, J. C., & Hall, J. R. (2008). Secondary traumatic stress and child welfare. *International Journal of Child and Family Welfare*, 11(4), 172-184.

Although secondary traumatic stress (STS) has garnered some attention in related human service fields, it has only recently begun to be investigated in child welfare. In this article I offer a detailed description of the problem of secondary traumatic stress (STS) in child welfare. The focus of this article is on child welfare in the United States; however the ideas and principles may cut across international systems of child protection. First I provide a background to justify a need for a continuing dialog regarding STS and its impact on workers. I then provide a comprehensive review of the literature including both the current state of research and emerging theory regarding STS. Also, I offer a rationale for more research regarding the impact of STS on child welfare workers. The current state of the existing STS literature provides indicators of future needs, however still is filled with mainly gaps and silences.

Osofsky, J. D., Putnam, F. W., & Lederman, C. S. (2008). How to maintain emotional health when working with trauma. *Juvenile and Family Court Journal*, 59(4), 91-102.

Vicarious traumatization, compassion fatigue, or secondary traumatization refers to the cumulative effect of working with survivors of traumatic life events as part of everyday work. Although this issue has been acknowledged and addressed among professionals such as police officers and medical professionals, it has been discussed less among juvenile and family court judges who also experience secondary traumatic stress. In fact, in one recent study, a majority of judges reported one or more symptoms of secondary traumatization. This article describes the common signs and symptoms of secondary trauma, job-related factors that contribute to secondary trauma among judges, and the potential negative impact on organizational performance. The authors conclude with specific recommendations tailored for juvenile and family court judges.

Sommer, C. A. (2008). [Vicarious traumatization, trauma-sensitive supervision, and counselor preparation](#). *Counselor Education and Supervision*, 48(1), 61-71.

Counselor educators have an ethical responsibility to prepare counselors and supervisors to detect and resolve vicarious traumatization in themselves and their supervisees. This article reviews relevant literature on vicarious traumatization and strategies to mitigate it. Also included is a review of the American Counseling Association's (2005) *ACA Code of Ethics* and the Council for Accreditation of Counseling and Related Educational Programs' (2007) proposed 2009 standards

as each relates to trauma counseling and vicarious traumatization. Specific counselor preparation practices are suggested.

Bride, B. E., Jones, J. L., & MacMaster, S. A. (2007). Correlates of secondary traumatic stress in child protective service workers. *Journal of Evidence-Based Social Work, 4*(3/4), 69-80.

The purpose of this study was to add to the limited research on secondary traumatic stress in child welfare by investigating correlates of secondary traumatic stress (STS) in child protective services workers. Specifically, we examined the relationship between levels of STS in CPS professionals and personal history of trauma, peer and administrative support, intent to remain employed in child welfare, professional experience, and size of caseload. This study documents the existence of secondary traumatic stress in the population and the relationship between levels of secondary traumatic stress in CPS professionals and the group of potential correlates: personal history of trauma in the past year and lifetime, peer support, administrative support, intent to remain employed in child welfare, professional experience, and size of caseload.

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52*(1), 63-70.

Social workers are increasingly being called on to assist survivors of childhood abuse, domestic violence, violent crime, disasters, and war and terrorism. It has become increasingly apparent that the psychological effects of traumatic events extend beyond those directly affected. Secondary traumatic stress (STS) is becoming viewed as an occupational hazard of providing direct services to traumatized populations. The purpose of the present study was to investigate the prevalence of STS in a sample of social workers by examining the frequency of individual symptoms; the frequency with which diagnostic criteria for posttraumatic stress disorder (PTSD) are met; and the severity of STS levels. Results indicate that social workers engaged in direct practice are highly likely to be secondarily exposed to traumatic events through their work with traumatized populations, many social workers are likely to experience at least some symptoms of STS, and a significant minority may meet the diagnostic criteria for PTSD.

Pryce, J. G., Shackelford, K. K., & Pryce, D. H. (2007). Educating child welfare workers about secondary traumatic stress. In *Secondary Traumatic Stress and the Child Welfare Professional* (pp. 51-71). Chicago: Lyceum Books.

This chapter discusses strategies for educating child welfare professionals on how secondary traumatic stress (STS) differs from burnout, how it arises, and intervention options. Findings are shared from workshops conducted between 1997 and 2004 with child welfare professionals in five States, and indicate the child welfare professionals (n=666) were affected by STS, and less so by burnout. Younger workers and workers with less experience in the field were more affected by STS and individuals who had experienced childhood trauma had high STS scores. Information that is presented in the workshops is provided and addresses: how trauma changes the psychological frame of reference or worldview; coping with secondary traumatic stress and using social support; and self-assessment in the areas of physical self-care, social self-care, emotional self-care, personal trauma history, and disbelief and dismissal trauma. Professional coping factors are identified, and ways to use humor as a coping skill is discussed. Finally, professional development and anticipatory coping are addressed.

Way, I., VanDeusen, K., & Cottrell, T. (2007). Vicarious trauma: Predictors of clinician's disrupted cognitions about self-esteem and self-intimacy. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 16(4), 81-98.

This study examined vicarious trauma in clinicians who provide sexual abuse treatment (N = 383). A random sample of clinical members from the Association for the Treatment of Sexual Abusers and American Professional Society on the Abuse of Children were surveyed. Vicarious trauma was measured using the Trauma Stress Institute Belief Scale (Pearlman, 2003). Maltreatment was measured using the Childhood Trauma Questionnaire (Bernstein & Fink, 1998). Respondents reported high rates of childhood maltreatment. Simultaneous multiple regression analyses were used to examine relationships between gender, age, maltreatment history, and vicarious trauma. Male gender predicted greater disrupted cognitions about self-esteem and self-intimacy. Clinician age and childhood emotional neglect predicted greater disrupted cognitions about self-intimacy. Implications for education, practice, and research are discussed.

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 103-108.

Few studies have focused on caring professionals and their emotional exhaustion from working with traumatized clients, referred to as compassion fatigue (CF). The present study had 2 goals: (a) to assess the psychometric properties of a CF scale, and (b) to examine the scale's predictive validity in a multivariate model. The data came from a survey of social workers living in New York City following the September 11, 2001, terrorist attacks on the World Trade Center. Factor analyses indicated that the CF scale measured multiple dimensions. After overlapping items were eliminated, the scale measured 2 key underlying dimension -- secondary trauma and job burnout. In a multivariate model, these dimensions were related to psychological distress, even after other risk factors were controlled. The authors discuss the results in light of increasing the ability of professional caregivers to meet the emotional needs of their clients within a stressful environment without experiencing CF.

Bride, B. E., & Jones, J. L. (2006). Secondary traumatic stress in child welfare workers: Exploring the role of supervisory culture. *Professional Development: The International Journal of Continuing Social Work Education*, 9(2), 38-43.

The purpose of this exploratory study was to examine relationships between symptoms of secondary traumatic stress and child welfare workers' perceptions of the culture of supervision in their organizations. A convenience sample of 307 child protective services workers responded to a web based survey that included measures secondary traumatic stress and supervisory culture and practice. Results suggest that action-oriented (active) rather than emotion-oriented (passive) support from supervisors is most helpful in preventing or reducing secondary traumatic stress among child welfare workers. Further, it is the qualitative aspects of supervision rather than the quantity of supervision that is most important in preventing STS.

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30(10), 1071-1080.

The goal of this study was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfillment

from helping others and positive collegial relationships) among Colorado county child protection staff using the Compassion Satisfaction/Fatigue Self-Test Figley, C. R., & Stamm, B. H. (1996). Psychometric review of Compassion Fatigue Self-Test. In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 127-130). Lutherville, MD: Sidran Press. An additional goal was to test the relationship of these three constructs to each other. **METHOD:** A self-report instrument developed by Stamm and Figley was used to measure the risk of compassion fatigue and burnout and the potential for compassion satisfaction among 363 child protection staff participating in a secondary trauma training seminar. **RESULTS:** Participants were significantly more likely to have high risk of compassion fatigue, extremely low risk of burnout, and good potential for compassion satisfaction. Participants with high compassion satisfaction had lower levels of compassion fatigue ($p=.000$; mean=35.73 high compassion satisfaction group, mean=43.56 low group) and lower levels of burnout ($p=.000$; mean=32.99 high compassion satisfaction group, mean=41.69 low group). **CONCLUSION:** Approximately 50% of Colorado county child protection staff suffered from "high" or "very high" levels of compassion fatigue. The risk of burnout was considerably lower. More than 70% of staff expressed a "high" or "good" potential for compassion satisfaction. We believe compassion satisfaction may help mitigate the effects of burnout.

Depanfilis, D. (2006). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse & Neglect*, 30(10), 1067-1069.

The purpose of the Conrad and Kellar-Guenther (2006) study in this issue of the *Journal* was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfillment from helping others and positive collegial relationships) among child protection staff in Colorado. In this study, approximately 50% of child protection staff suffered from high or very high levels of compassion fatigue, but the risk of burnout was considerably lower. Participants with high compassion satisfaction had lower levels of compassion fatigue and lower levels of burnout. Overall, more than 70% of staff expressed a high or good potential for compassion satisfaction. Based on the findings from this study, the authors believe that compassion satisfaction may help mitigate the effects of burnout.

Horwitz, M. (2006). Work-related effects in child protection social workers. *Journal of Social Service Research*, 32(3), 1-18.

Child welfare workers are exposed to a variety of workplace events that could overwhelm them. This study examined whether negative workplace events were associated with workplace trauma effects amongst child welfare workers, and considered whether job support or job satisfaction moderated the influence of events on effects. Vicarious events were more highly associated with trauma effects ($r = 0.54$, $p < 0.000$) than were direct events ($r = 0.28$, $p < 0.000$), and neither job support nor job satisfaction moderated the relationship. Workplace trauma events accounted for substantial variability in workplace trauma effects ($R^2 = 0.344$) in the final regression model tested. The discussion addresses opportunities for increasing worker safety, methods for supporting workers in managing negative effects and implications for future research.

Perron, B. E., & Hiltz, B. S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, 23(2), 216-234.

This study examined factors associated with burnout and secondary trauma among forensic interviewers of abused children. Sixty-six forensic interviewers who are affiliated with advocacy centers across the United States completed an online survey. The Oldenburg Burnout Inventory and Secondary Traumatic Stress Scale were used to measure burnout and secondary trauma, respectively. Results indicate that organizational satisfaction has a moderate inverse relationship with burnout and a slight inverse relationship with secondary trauma. The number of forensic interviews conducted or length of employment in forensic interviewing did not have a strong relationship with either burnout or secondary trauma.

VanBergeijk, E. O., & Sarmiento, T. L. L. (2006). The consequences of reporting child maltreatment: Are school personnel at risk for secondary traumatic stress? *Brief Treatment and Crisis Intervention*, 6(1), 79-98.

As mandated reporters, school personnel are exposed to child maltreatment. Often these experiences result in a range of emotional, psychological, and physical symptoms and in some cases these symptoms may comprise Secondary Traumatic Stress (STS). In this study, grounded theory methods were used to analyze the experiences of 28 school personnel involved in mandated reporting of child maltreatment. Based on these narratives, a conceptual model is proposed for the

development of STS among school personnel. STS within this population is a result of an interaction between the individual characteristics of the reporter, the community's historical precedence for violence, the current level of violence in the community, reporter's fears of what might occur once a report has been made, and unintended consequences of previous reports of child maltreatment.

VanDeusen, K. M., & Way, I. (2006). Vicarious trauma: An exploratory study of the impact of providing sexual abuse treatment on clinician's trust and intimacy. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 15(1), 69-85.

This study examined vicarious trauma effects in male and female clinicians who treat sexual abuse survivors (n = 111) and sexual offenders (n = 272). The national survey was conducted using a random sample of clinical members of two professional organizations. Analyses tested the relationships between demographic variables, maltreatment history, client population served, and cognitions about trust of and intimacy with others, using the Trauma Stress Institute Belief Scale (TSIBS-R-L, Pearlman 2003), the Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998), and author-generated questions. Respondents reported high rates of multiple forms of childhood maltreatment; however there was no relationship between history of child sexual abuse and vicarious trauma effects. Scores for self-reported disruption in cognitions about intimacy with others exceeded norms for mental health professionals. Sequential regression analyses were used to examine theoretically-derived variables. Implications for practice and research are detailed.

Wright, R., Powell, M. B., & Ridge, D. (2006). [Child abuse investigation: An in-depth analysis of how police officers perceive and cope with daily work challenges](#). *Policing: An international journal of police strategies & management*, 29(3), 498-512.

The purpose of the current study was two-fold: to explore police officers' perceptions of the daily challenges involved in child abuse investigation and how those challenges affect their ability to undertake child abuse investigations, and to explore how these challenges are managed on a daily basis. This study employed a qualitative research design. In depth interviews were conducted with a diverse sample of 25 police officers working in child abuse units across three Australian states. Inductive thematic analysis revealed that heavy caseload and collaboration with other professional groups are two key sources of negative work stress frequently associated with child abuse investigation. Further, despite the provision of organisational strategies aimed at reducing work

stress, the officers tended to rely predominantly on informal coping mechanisms. This study has raised many questions for further research aimed at developing interventions to assist police organisations in managing work stress

LaRowe, K. (2005). *Breath of Relief: Transforming Compassion Fatigue into Flow*. 2nd Ed. Boston: Acanthus Publishing.

This text explains compassion fatigue is pervasive among care giving professionals and family members who are caring for a loved one who is suffering, and also affects the rest society with the constant exposure to the sounds of suffering, the images of trauma, and the threats of war and terrorism. FlowMotion is highlighted as a method for releasing the stagnant energy trapped in the body and breaking the adrenaline short circuit of compassion fatigue. Based on Qigong, an ancient Chinese martial art used to harmonize breath, energy, and movement, FlowMotion is a series of movements and breathing exercises designed to provide relief from physical, emotional, mental, and spiritual exhaustion. An introduction shares three basic governing principles of the Healer-Warrior philosophy: self-honesty, personal responsibility, and self-expression. Chapters then discuss the caregiving personality, the cost of caregiving, the impact of secondary stress on the body, the connection between the heart and the brain, and the power of breath. Following chapters describe breathing exercises for relief, awareness, acceptance, and transformation, and the process of FlowMotion and transformation energy into motion.

Regeher, C., Leslie, B., & Howe, P. (2005). Stress, trauma, and support in child welfare policies. *APSAC Advisor*, 17, 12-18.

There is considerable evidence that workers in child welfare organizations experience high workloads and multiple demands that often result in stress and ultimately job turnover. In addition to these stressors, workers are also faced with traumatic situations involving violence to both themselves and others. Despite the attention to workplace trauma in other fields, the issue of stressors has been largely ignored in child welfare. This study examines ongoing stressors as well as critical incident stressors and supports in 175 workers within a large urban child welfare agency. Findings indicate that workers are exposed to significant amount of traumatic stimuli and consequently experience high rates of posttraumatic stress. It is suggested that posttraumatic stress symptoms are not ameliorated by either personal or organizational supports.

Brohl, K. (2004). Understanding and preventing worker burnout. In *The new miracle workers: Overcoming contemporary challenges in child welfare work* (pp 141-158). Washington, DC: Child Welfare League of America.

The severity of cases and the structure of the child welfare system place workers at risk for burnout, a feeling of helplessness and exhaustion from the work environment. This chapter reviews the external and personal stressors that contribute to burnout and describes the symptoms of the condition. Tips for preventing and overcoming burnout also are presented. The following factors can lead to burnout: poor agency management, work schedules, monotonous work, inadequate training and coping skills, safety risk, illness or trauma, and unrealistic expectations of coworkers and administrators. Symptoms include physical and emotional problems, such as depression, anxiety, and headaches; behavioral expressions of substance abuse and aggression; and changes in personal interactions. Workers can prevent burnout by arranging opportunities for respite, support, and assistance. Strategies for overcoming burnout focus on taking time for rest and relaxation and developing work patterns that alleviate high expectations and build a capacity for self-awareness.

Regeher, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of post-traumatic distress in child welfare workers: A linear structural equation model. *Children and Youth Services Review, 26*(4), 331-346.

Two important bodies of literature explore the issue of stress in social workers, that investigating the impact of burnout and that investigating the impact of traumatic events. This study integrates these two concepts and tests a hypothesized model for predicting post-traumatic distress in child welfare workers. In this model, individual, incident and organizational factors combined to produce post-traumatic stress distress in child welfare workers. That is, individuals with a greater sense of control over their lives and a better ability to engage in meaningful relationships with others reported lower levels of distress. In addition, those who had less recent and less frequent exposures reported lower levels of distress. However, the strongest predictor was the organizational environment one aspect of which was ongoing, chronic stressors. It thus appears that critical events in child welfare practice are encountered by individuals whose resources may already be taxed through coping on an ongoing basis with high levels of challenge and stress, thereby increasing the intensity of trauma reactions.

Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Human Services*, 84(4), 463-470.

For the past 30 years, researchers and practitioners have been concerned about the impact of work stress experienced by social workers. Although research on burnout has been a useful field of exploration, a new concern has arisen about work stresses specifically associated with work with victims of trauma. The concept of vicarious trauma provides insights into the stresses of this particular kind of work. Like the burnout research, early research on vicarious trauma has identified both personal and organizational correlates. In this article, the authors review the growing literature on the organizational components of vicarious trauma and suggest changes in organizational culture, workload, group support, supervision, self-care, education, and work environment that may help prevent vicarious trauma in staff.

Bride, B. E., Jones, J. L., MacMaster, S. A., & Shatila, S. (2003). The Tennessee Child Protective Services Supervisors Development Project: Evaluating process, outcome, and the role of secondary traumatic stress and burnout. *Professional Development: The International Journal of Continuing Social Work Education*, 6(2), 79-84.

This article provides an overview of the evaluation plan for the Tennessee Child Protective Services Supervisors Development Project. Specifically, it describes three primary components of the evaluation design: process evaluation, outcome evaluation, and examination of the role of secondary traumatic stress and burnout. Further, this article describes a plan to use a Web-based survey and the instruments selected for data collection.

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare: Journal of Policy, Practice, and Program*, 82(1), 5-26.

Social workers are exposed to trauma vicariously through the trauma of their clients. This phenomenon, called secondary traumatic stress, vicarious traumatization, or compassion fatigue, presents a risk of negative personal psychological consequences. Based on a sample of 166 child welfare workers and using standardized measures, the study findings document the link between a personal history of primary trauma, childhood abuse or neglect, and the heightened risk for secondary traumatic stress in child welfare workers.

Regehr, C., Chau, S., Leslie, B., & Howe, P. (2002). Inquiries into deaths of children in care: The impact on child welfare workers and their organizations. *Children and Youth Services Review, 24*(12), 885-902.

In recent years public inquiries into the murders of children have served to dramatically shift child welfare services throughout North America and Great Britain. The present study is a qualitative analysis of the impact of these death reviews and the subsequent changes to child welfare services on child welfare workers. The themes that emerged occurred at three primary levels, distress experienced by individual workers, radiated distress throughout the agency and weakened public and community support. Factors contributing to distress by individual workers included re-exposure to traumatic material, the all-consuming nature of inquiries and the critical nature of inquiries. Radiated distress occurred as a result of empathy for colleagues undergoing an inquiry and changes emanating from the inquiry which constricted practice and increased the policing function of child welfare. Finally, negative media and public attention contributed to concerns that all members of child welfare organizations were under scrutiny and had become tainted. While accountability and continuous improvement of services are worthy goals, we must continue to search for accountability processes that do not have such a devastating impact on child welfare workers and their organizations.

Stevens, M., & Higgins, D. J. (2002). The influence of risk and protective factors on burnout experienced by those who work with maltreated children. *Child Abuse Review, 11*(5), 313-331.

Studied the degree (and type) of burnout and trauma symptoms, personal histories and coping strategies retrospectively reported by those who work with maltreated children and their families. A self-selected sample of 44 24-54 yr old workers in Victoria, Australia completed a self-report questionnaire assessing childhood maltreatment, family background characteristics, current adjustment, coping strategies and burnout. Results show that workers reported high levels of emotional exhaustion and depersonalization, and a low to moderate sense of personal accomplishment. Family background characteristics predicted the occurrence of maltreatment and current adjustment, and a personal history of maltreatment predicted current trauma symptoms but not burnout. Workers most frequently used problem-focused coping strategies and sought social support; however, coping strategies were not associated with the level of either trauma symptom

or burnout. Despite employing positive coping strategies, their efficacy may be affected by other interpersonal, intra-individual and job resource issues.

Adams, K. B., Matto, H. C., & Harrington, D., (2001). The traumatic stress institute belief scale as a measure of vicarious trauma in a national sample of clinical social workers. *Families in Society*, 82(4), 363-371.

The authors report on a study of convergent and discriminant validity of the Traumatic Stress Institute Belief Scale (TSI) Revision L (Traumatic Stress Institute, 1994) as a measure of vicarious trauma in a random sample of master's level clinical social workers. Forty-nine items from six subscales of the TSI were used. The scale purports to measure disturbed beliefs that may be caused by direct traumatic experience or repeated exposure to details of clients' traumatic stories. Results of correlational analyses of the TSI score with study variables and exploratory multiple regression analysis on the TSI score indicate its association with younger age, more reported somatic symptoms, lower annual salaries, lower scores on the Perceived Social Support (PSS) Friends subscale (Procidano & Heller, 1983), and greater burnout as measured by the Maslach Burnout Inventory (Maslach & Jackson, 1986). TSI scores were not associated with social workers' personal trauma history, their reported weekly amount of face-to-face client contact, or a self-report of the level of intrusiveness of client material into the social workers' lives. TSI scores appear to be measuring perceptions about self and work that, like burnout, may relate to social workers' general outlook, not necessarily to the effects of traumatic stress, vicarious or otherwise. Significant overlap of the TSI with burnout scores in this social work sample suggests a lack of clear distinction between burnout and vicarious trauma.

Benatar, M. (2000). A qualitative study of the effect of a history of childhood sexual abuse on therapists who treat survivors of sexual abuse. *Journal of Trauma and Dissociation*, 1(3), 9-28.

This qualitative study explored the effect of a history of sexual abuse on therapists who work with survivors of childhood sexual abuse. A comparison was made between experience therapists who reported such a history and those who did not. Themes relating to vicarious traumatization (VT) were examined as well as data relating to positive self-transformation (PST), a category relating to enduring change in therapists of a positive nature. No notable differences were evident between groups with regard to VT or PST. Overall similarities were more striking than differences in the

two groups examined in this study. This result is consistent with some empirical literature but contradicts some other studies. Therapists' experience with trauma work, and similarities between patients' and therapists' trauma histories, appear to be important factors in evaluating the impact on therapists in their work with sexual abuse survivors. Experienced therapists with a childhood sexual abuse history do not appear to be more vulnerable to VT than their counterparts without such a history.

Dane, B. (2000). Child welfare workers: An innovative approach for interacting with secondary trauma. *Journal of Social Work Education, 36*(1), 27-38.

Although child welfare workers (CWW) are assigned a critical role to protect children, little focus has been placed on helping them cope with stress and secondary trauma that can occur when they observe and hear the affect-laden experiences described by clients. This article summarizes two focus groups which provided data to develop a two day training module for CWW to gain knowledge and skills through didactic and experimental learning. The model offers coping strategies to respond to job stress and vicarious traumatization. Benefits and implications for agency and school collaboration are discussed.

Brady, J. L., Guy, J. D., Poelstra, D. L., & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice, 30*(4), 386-393.

Should psychotherapists limit their clinical work with trauma survivors to avoid being traumatized themselves? Vicarious traumatization (VT)—the symptoms similar to posttraumatic stress disorder and the disruption in cognitive schemas reported in clinicians who are exposed to the trauma material of their clients—was assessed in a national survey of 1,000 women psychotherapists. Therapists with higher levels of exposure to sexual abuse material reported significantly more trauma symptoms but no significant disruption of cognitive schemas. Spiritual well-being, a key area thought to be damaged by VT, was found to be higher for those clinicians who saw more sexual abuse survivors.

Shapiro, J. P., Dorman, R. L., Burkey, W. M., & Welker, C. J. (1999). Predictors of job satisfaction and burnout in child abuse professionals: Coping, cognition, and victimization history. *Journal of Child Sexual Abuse*, 7(4), 23-42.

This study investigated coping style, work-related cognition, and victimization history as predictors of job satisfaction and burnout in child abuse professionals. Subjects were 215 participants in a conference on sexual abuse victim treatment. We developed a questionnaire assessing a variety of cognitions related to work with human services clients. One of the findings was that job satisfaction showed no relation to items portraying simple optimism or pessimism about helping clients, but satisfaction was related to a number of cognitions that *combined* realism and hope in a distinctive fashion. The coping strategies of Planful Problem Solving, Positive Reappraisal, and Seeking Social Support were associated with positive work experience, and the coping mechanisms of Confrontive Coping, Escape/Avoidance, and Accepting Responsibility were associated with negative work experience. Job satisfaction was higher in subjects reporting a childhood history of sexual abuse or neglect.

Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect*, 24(6), 839-848.

The first objective was to learn how veteran (2 years or more) child protective service (CPS) investigations workers cope with job stress: and secondly, to examine the relationship between coping strategies and levels of emotional exhaustion, depersonalization, and sense of reduced personal accomplishment (burnout syndrome). Method: Cross-sectional, self-report methodology was used to measure coping strategies and the burnout syndrome. The voluntary subjects were 151 front-line CPS workers with at least 2 years experience in a southeastern Department of Social Services. They attended one of nine stress management workshops provided in various locations around the state. Quantitative analyses were run on the data. Results: These workers perceived themselves to use Engaged (active) coping strategies more than Disengaged (avoidant) strategies. Sixty-two percent of participants scored in the high range on Emotional Exhaustion, the aspect some researchers consider to be the heart of Burnout. Those who used Engaged coping were less likely to feel depersonalized and more likely to feel a sense of personal accomplishment. Those who used Disengaged coping were more likely to feel emotionally exhausted, depersonalized, and to have a sense of reduced personal accomplishment. Conclusion: Neither the use of active nor avoidant coping strategies saved these workers from Emotional Exhaustion. The problem-focused

strategies they are taught and use most do not help deal with the emotional content and context of their work, suggesting the use of emotion-focused coping to prevent and remediate burnout.

Kinard, E. M. (1996). Conducting research on child maltreatment: Effects on researchers. *Violence and Victims, 11*(1), 65-69.

This article discusses child maltreatment research and the potential negative psychological consequences on the researchers themselves. Several strategies are suggested for providing support to staff conducting research on emotionally charged topics. Working in teams, encouraging involvement in community activism related to the research topic, limiting the number of consecutive hours reviewing case records, providing a forum for discussing case material and staff responses to the material, and maintaining a sense of humor are among the strategies suggested to minimize negative psychological consequences. Recommendations for future studies include systematic inquiries into the effects of conducting research on researchers to determine if staff responses to emotionally disturbing work varies by gender, ethnicity, age, education, personal experiences or professional background. Assessing staff members' knowledge and attitudes about the study topic at the beginning and the end of the project is also suggested as a means of providing information useful for tailoring support strategies to staff needs.

Manion, I. G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects. *Child Abuse & Neglect, 20*(11), 1095-1109.

Disclosure or discovery of extrafamilial sexual abuse (ESA) has the potential to traumatize the entire family system. Little controlled research has examined the initial reactions of parents to this type of trauma. The present study evaluated the adjustment of 93 parents (63 mothers and 30 fathers) within 3 months of the disclosure of ESA. Parents' functioning was compared to that of a nonclinical comparison group of 136 parents (74 mothers, 62 fathers). Parent adjustment was assessed using self-report measures of psychological distress, parent competence, family functioning, marital functioning, life stressors, and environmental support. Results revealed that mothers of sexually abused children, in comparison to mothers of nonabused children, experienced greater overall emotional distress, poorer family functioning, and lower satisfaction in their parenting role. Fathers of sexually abused children also experienced greater overall emotional

distress relative to comparison fathers but their level of distress remained below that of mothers. Standard and hierarchical multiple regression on maternal self-reports revealed that mothers' satisfaction with their perceived level of environmental support predicted their emotional functioning. Abuse-related variables did not contribute to the prediction of emotional functioning. These results emphasize the need to expand our focus beyond the child victims to the traumatized families and to normalize the potential for all close family members to be vulnerable to experience adjustment difficulties following ESA.

Shapiro, J. P., Burkey, W. M., Dorman, R. L., & Welker, C. J. (1996). Job satisfaction and burnout in child abuse professionals: Measure development, factor analysis, and job characteristics. *Journal of Child Sexual Abuse, 5*(3), 21-38.

This study developed a measure called the Human Services Job Satisfaction Questionnaire (HSJSQ) and pilot tested the instrument with 215 participants in a training on sex abuse victim treatment. Forty-five of 49 items met criteria for part-whole correlation and correlation with a validation item, and so were retained in the HSJSQ. Scores were lower in subjects who reported a desire to change fields. Factor analysis indicated six factors, labeled Self-Actualization, Achievement Support, Job-Related Affect, Working Conditions, Professional Self-Esteem, and Futility/Avoidance. Relations between HSJSQ scores and a number of demographic, job, and professional variables are reported.

Figley, C. R. (Ed.). (1995). *Compassion Fatigue: Coping with secondary traumatic stress in those who treat the traumatized*. London: Brunner-Routledge.

Covers compassion fatigue as secondary traumatic stress, survival strategies, Sensory-based therapy for crisis counselors, treating therapists with vicarious trauma, and prevention strategies for secondary traumatic stress disorder and compassion fatigue.

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26*(6), 558-565.

This study examined vicarious traumatization (i.e., the deleterious effects of trauma therapy on the therapist) in 188 self-identified trauma therapists. Participants completed questionnaires about their exposure to survivor clients' trauma material as well as their own psychological well-being.

Those newest to the work were experiencing the most psychological difficulties (as measured by the TSI Belief Scale; L. A. Pearlman, in press-a) and Symptom Checklist-90—Revised (L. Derogatis, 1977) symptoms. Trauma therapists with a personal trauma history showed more negative effects from the work than those without a personal history. Trauma work appeared to affect those without a personal trauma history in the area of other-esteem. The study indicates the need for more training in trauma therapy and more supervision and support for both newer and survivor trauma therapists.

Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, 25(3), 275-282.

A survey of 558 mental health and law enforcement professionals assessed current and past trauma experiences, exposure to traumatic client material, and the sequelae of both of those types of personal and professional trauma experiences. Results indicated that 29.8% of therapists and 19.6% of officers reported experiencing some form of childhood trauma. The two groups differed in their reports of psychological symptoms, trauma specific symptoms, and work-related post-traumatic stress disorder symptoms. There was some evidence that professionals with a history of child abuse reported significantly higher levels of symptoms that have been associated with trauma survivors in past research. However, more proximal variables seem to have greater relevance to current functioning. The implications for training and prevention of secondary traumatization are discussed.

Hopkins, J., & Bannister, A. (1992). *From hearing to healing: Working with the aftermath of child sexual abuse*. New York: Wiley.

Working with children who have been sexually abused can be stressful for professional child protection workers. This chapter describes the pressures and the stresses that can affect the work of professionals, such as organizational changes, threats from the adult being investigated, inadequate support systems, discrimination, and high visibility. Workers can experience feelings of powerlessness, stigmatization, betrayal, and difficulties with their own sexual relationships. Management must be committed to supporting the personal and professional needs of their staff to maintain a high degree of quality service.

