

Secondary Traumatic Stress

A Fact Sheet for Organizations Employing Community Violence Workers

Secondary Traumatic Stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. As symptoms of STS resemble those of post-traumatic stress disorder (PTSD), individuals may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence.



Community violence (CV) workers or interventionists provide peer support services, lead afterschool activities, act as “violence interrupters,” and advocate for the most vulnerable or underserved members of a community. An integral part of effective community-based practice is the ability to connect, collaborate, advocate, and act with credibility within the group represented. To achieve this, CV workers are often residents of the neighborhoods in which they work, have long-term relationships with members of the community, and have first-hand experience with adverse community events.

These workers may not have access to formal supervisory structures, may suffer from inadequate peer support, and/or may receive limited supervision, training, or administrative support. As some of the most effective CV programs have staffs of volunteers or part-time workers with little or no access to healthcare benefits, supportive services to address the potential negative effects of working with survivors of community-based violence may not be available. These conditions make STS a salient risk for these workers. This fact sheet is intended to support organizations employing CV workers in reducing the risks associated with this important work.

Identifying Secondary Traumatic Stress (STS)

STS refers to the presence of Posttraumatic Stress symptoms caused by at least one indirect exposure to traumatic material. CV workers may experience intrusive symptoms such as nightmares or flashbacks; active avoidance of situations, people, or things reminiscent of traumatic events to which they have been exposed at work; and alterations in cognitions or mood due to hearing accounts

of violence. Repeated exposure to the graphic retelling of trauma stories and seeing the aftermath of violence can have a cumulative effect over time and can be associated with changes in the worker's sense of intimacy, trust, safety, connection, and sense of self. Workers with STS are at higher risk of attrition from the field and are less effective in their work, so early detection is important. Several tools are available for self-assessment of secondary traumatic stress, including the Professional Quality of Life-V scale and the Secondary Traumatic Stress Scale.

How Community Violence Workers Experience STS

Traumatic stress reactions that go untreated may lead to health or mental health problems, substance abuse, and challenges with relationships; similar consequences can surface with unaddressed STS. CV interventionists work with families and in communities where violence is prevalent, and there are often unwritten cultural rules in families and communities about the value of silence, secrecy, and keeping personal observations and experiences private. If present, these cultural codes create additional challenges in managing the fallout of direct exposure to violence and STS—such as isolation and reluctance to cooperate with service providers or law enforcement. This can be problematic, as CV service providers may not have the same internal organizational support as mental health service providers. For example, organizations that employ CV workers may not provide reflective supervision, but may give opportunities to share what they witness or the effects of the work through impromptu debriefings with colleagues doing the same work. This unstructured debriefing can lead to unproductive coping mechanisms, such as presenting competing “war stories,” instead of the healing results of a supported, trauma-informed, supervisorial format.



Reflective Supervision

Reflective supervision is a relationship-based approach to processing the impact of the work on the service provider during the course of a supervisor-supervisee encounter. For more information, see <http://www.multiplyingconnections.org/become-trauma-informed/using-reflective-supervision-support-trauma-informed-systems-children>

Organizational Responsibility to CV Workers

CV workers—unlike other community service providers—often work in the communities in which they live. When they show up to a scene after a community crisis or a homicide, they likely will know both the perpetrators and the victims of the violence. Organizations, therefore, must support CV workers in developing strong boundaries to help manage their personal feelings and reactions to community events. Organizations should acknowledge the challenge for CV workers of managing their multiple roles (community violence worker AND friend/family member/neighbor), while maintaining good boundaries and trying to mitigate effects of secondary traumatic stress. Staff in this complicated position will need support on a systemic level.

CV workers commonly have a sense of responsibility to their community, and they often speak on behalf of community members who have experienced violence, abuse, and poverty to help interrupt the

(cycle of) violence. The responsibility CV workers feel to the community may result in a belief that they cannot go on vacation—as the families they serve will be without basic needs—or they cannot take a long weekend off because someone in their neighborhood will get hurt (a common symptom of STS).

A systemic/organizational issue that may inadvertently support the idea that CV workers cannot use earned leave without reprisal is the expectation that CV workers provide around-the-clock support to families. The added stress of being on call may interfere with being “in the moment” and monitoring personal, mental, and physical well-being and also may increase the number of adverse events they go through during the course of a day.

Understanding Who is at Risk

Numerous published articles document predictors of risk for STS in professionals working with traumatized clients, but few studies specifically examine the risk profile of CV workers who may develop symptoms of STS. Risk factors for the development of STS include the following:

- Prior trauma exposure
- Female gender
- Fewer years of experience in the field
- Dose of exposure
- Type of work
- Young age



Strategies to Prevent or Reduce STS

Short of limiting all contact to trauma-exposed clients, there may be no way to prevent STS; however, by identifying those at risk and creating buffers and responses to overwhelming situations and experiences, organizations can attenuate the impact of indirect trauma exposure on CV workers. The following strategies can be useful to community violence interventionists with some modification, the strategies have been proven effective in different settings:

Identification and Monitoring of STS: Organizations should have a formalized method of monitoring the needs of CV workers, and CV workers should have opportunities to self-screen for STS symptoms if they so choose. Having these screens facilitates a dialogue between front-line staff and leadership about supporting the needs of CV workers. Many self-report assessment tools are free, in the public domain, and readily available for use.

- **Supervision:** Individual and group supervision is an essential part of training and ongoing professional development. While regular supervision may not be available for CV workers due to a variety of organizational limitations, trauma-informed supervision is one way to mitigate the effects of STS. Reflective supervision—a relationship-based approach to processing the impact of the work on the service provider—*provided by trained peers* can supplement formal supervisory structures. However, understaffed organizations should not overly rely on peer supervision, as this shifts the responsibility solely to an informal system of support, but rather use it to compliment other supports.

- **Trauma-Informed Care Training:** Education on the effects of trauma on the mind, body, and relationships provides community violence workers with a framework for understanding their responses to the work and the reactions of their clients. Additionally, CV workers would benefit from training on traumatic grief, particularly as fatalities in the community affect them on a personal and professional level. Organizations should enroll their CV workers in trauma-informed care trainings offered by other service systems (child protection, juvenile justice, corrections, community mental health), given the shared mission of these systems and the interdisciplinary nature of the work.
- **Balance:** Across studies and populations, the amount of exposure is critical in determining how a person will respond. The higher the exposure to traumatic material (directly or indirectly), the more likely the individual is to experience traumatic stress symptoms. CV workers and organizations should work together to create optimal caseloads and divide responsibilities so that workers have a mix of advocacy, prevention, community education, and services that involve higher levels of exposure.
- **Consistent Self-Care:** Strategies such as exercise, meditation, yoga, team sports, and mindfulness practices that enhance self-awareness and emotional and physical regulation can address negative effects of STS and support personal/professional growth. Research has shown that the use of self-care practices is effective; organizations should promote and prioritize the use of such practices on the job as well as encourage workers to add them to their personal routine. Agencies employing CV workers can generate lists of referrals for free or low-cost self-care opportunities or consider sponsoring on site activities such as yoga, tai chi, or meditation.
- **Creation and maintenance of a “humanistic organizational structure”:** Agencies should commit to supporting community violence workers’ access to resources to manage the demands of their jobs effectively, including fair and reasonable leave policies (e.g., sick leave and vacation time), health care benefits that include mental health care, competitive compensation, and a physically safe and secure environment. CV workers who must enter potentially dangerous locations should have reasonable security and opportunities to assure their own physical safety. Organizations should facilitate conversations about safety that include concrete planning and development of personal and professional boundaries. Organizations that encourage positive peer support and engage in shared decision-making may improve CV workers’ skills in problem-solving.
- **Administrative Support:** Administrators can arrange work schedules to distribute on-call responsibilities so every team member gets off-duty time to recharge and relax, knowing someone else is caring for the community in their absence.



Honoring the Work of CV Workers

Community Violence work is challenging and unpredictable. While difficult, it can be equally rewarding. The parent of a murder victim, through CV work, may transform his or her pain by taking a leadership role in helping the community to heal. Each day, there is an opportunity to learn from the families affected by community violence. When organizations provide effective trauma-informed supervision, professional development opportunities, and strategies to address STS, they appropriately support and honor CV workers for the courageous work they do to preserve their communities.

Resources

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