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# Understanding Secondary Trauma: A Guide for Lawyers Working with Child Victims

Christina Rainville

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One day recently, Tammy Loveland—a well-regarded victim's advocate who works in a prosecutor's office—did something out of character. A defense lawyer was taking a position that was upsetting a victim. Of course, defense lawyers often need to take positions that upset a victim—there is nothing unusual about that.

On this day, Loveland stormed into a young prosecutor's office and started screaming at the prosecutor about the defense lawyer's demands and telling the prosecutor she was not doing enough to protect the victim. After yelling and using colorful language for several minutes, Loveland burst into tears and fled to her office.

For 18 years, Loveland has worked with countless children (and adults) who have been sexually abused, physically abused, neglected or who have witnessed heinous crimes like murder. She has done it all with endless compassion and grace and never appears fazed by it. Her conduct on this day, however, was the kind that could result in job loss or disciplinary action.

None of this made sense. Loveland was a dedicated employee who was universally respected in the office and the community. Defense lawyers upset victims every day, and Loveland was highly experienced in dealing with those issues. Concerns started running through the office. Was Loveland having marital problems? Maybe someone in her family was not well? No, the problem was more complex. Her sudden outburst was a classic sign of secondary traumatic stress.

## Secondary Traumatic Stress

Secondary traumatic stress, also known as vicarious trauma or compassion fatigue, is a condition that mimics post-traumatic stress disorder. It is caused by being indirectly exposed to someone else's trauma. Much has been written about secondary trauma for social workers and therapists who work directly with children and adults who have experienced trauma. Indeed, many social workers and therapists learn about secondary trauma in their coursework and some have regular trainings on secondary trauma once they start working.

Many lawyers, judges, and others who work in the juvenile court system, however, are unaware that secondary trauma might be affecting them or their colleagues. You do not have to work directly with a traumatized child to develop secondary traumatic stress: anyone who works in a courtroom and listens to testimony about traumatic events can be at risk.

Erika Tullberg, an expert on secondary trauma and the resulting secondary traumatic stress, is an assistant professor at New York University's Child Study Center and the director of a federally-funded effort to implement trauma-informed child welfare practice in New York. Tullberg describes secondary trauma as "a behavioral toxin." Not only can one develop secondary traumatic stress from listening to others describe traumatic events, one can also be impacted merely by working in an office where others are suffering from secondary trauma. Tullberg says anyone who has experienced a personal trauma, especially in childhood, can be more vulnerable to developing secondary traumatic stress—especially if the individual is working with clients who have suffered a similar kind of trauma.

Any organization that works with individuals who have suffered trauma should focus on secondary trauma, says Tullberg. Secondary trauma can affect an employee's longevity on the job, as well as the employee's effectiveness.

If you work in the juvenile court system in any capacity, it is important to know the signs, so you can get help if you have symptoms, and support your colleagues when they need help.

## Signs of Secondary Traumatic Stress

### Workplace symptoms

The symptoms of secondary traumatic stress that are most typically seen in the workplace are:

- avoidance (e.g., arriving late, leaving early, missing meetings, avoiding clients, skipping certain questions during interviews),
- hypervigilance (e.g., feeling on edge, perceiving colleagues and clients as threatening, feeling like all clients are in danger),
- seeing things as “black or white” rather than tolerating ambiguity,
- becoming argumentative, and
- shutting down or numbing out (alcohol and drug use are common coping mechanisms).

Tullberg says that organizations often view employees with these symptoms as poor performing workers rather than focusing on the impact that the work has on the employee. Tullberg explains that an organization should not address these symptoms as a disciplinary matter, but rather, organizations should work to do a better job of preparing and sustaining staff through their difficult work.

### Personal life symptoms

Secondary traumatic stress can also impact people's personal lives. Common symptoms can include:

- sleep disturbance and nightmares,
- headaches,
- stomach pain,
- PTSD symptoms such as intrusive thoughts and memories; severe emotional distress or physical reactions to something that reminds the person of the traumatic event; avoidance of people, places or things that remind the person of the event; irritability, angry outbursts or aggressive behavior; inability to focus; being easily started; hypervigilance,
- extreme fatigue/always tired,

- negative thinking and a tendency to become upset about everything,
- strained relationships with family and friends,
- compromised parenting, and
- doubts about whether the world is a safe place.

Tullberg believes training about secondary trauma is key. She notes that organizations provide training on the nuts and bolts of doing the job, but often do not provide training on the emotional impact of the work.

## Sources of Secondary Traumatic Stress

Loveland's situation is a good example of how secondary traumatic stress develops. Her outburst with the prosecutor involved a victim who had recently attempted suicide. The victim's only adult "family" was the abuser, so when the victim showed up in the emergency room after attempting suicide, the police called Loveland looking for a family contact. There was no one, so Loveland went to the hospital herself to support the victim. She sat with the victim and worked with her in the hospital to help her get the professional help she needed. Now, months later, this frail victim simply could not handle the defense lawyer's demand, and Loveland was terrified it would send the victim over the edge.

## Past client traumas

Working with individuals suffering from suicidal thoughts or behaviors is part of working in the juvenile and criminal court systems. Loveland had previously worked closely with a victim who committed suicide, and that changed her forever. She found, years later, that it was not something she could ever get over.

The victim who committed suicide had had lifelong mental health issues stemming from horrific sexual abuse as a child. She had spent her life in and out of mental health hospitals. She was hospitalized multiple times during the case. She had been raped by a serial rapist who preyed on vulnerable women with mental health issues and other disabilities. Everyone wanted him prosecuted; the only question was whether the stress of the pending case was too much for the victim. She seemed to be handling it okay. She said she was okay. Her therapist gave the go-ahead at every step of the proceeding. After the defendant pled guilty, she came to the sentencing and seemed happy with the result. Loveland took her out to lunch the day after the verdict, and she seemed fine. Two days later she was gone.

To Loveland, her personal second-guessing was unending. Was the victim unhappy with the sentence? Was the pressure of the case too much for her? Had the case triggered the trauma of her youth? Were signs somehow missed that she was in danger?

Loveland explains that after that suicide, she became hypervigilant. She obsessed about whether every person she works with might be thinking about suicide. She asked victims questions to assess their mental health that she never would have asked before; and she thought about it—constantly.

Given Loveland's prior trauma of having a victim commit suicide, her behavior with the prosecutor in the second case made sense. Someone who has been through the trauma of losing one victim to suicide would be emotional and "over the top" when another victim, who had previously attempted suicide, was being pushed to the edge.

Loveland later explained that she was embarrassed that she got so out of control. In the moment, she could not remember that the prosecutor was not her enemy, but instead was on her side. There was no way to reason with Loveland. She knew that she was being

irrational, but she could not control it.

## Personal influences

Loveland also thinks her issues with secondary traumatic stress began before the suicide. After having a child, it became difficult to sit through meetings about child sexual abuse. She says she started squirming and could not stop thinking about whether she was doing enough to protect her child from the abuse she was hearing about during the workday. It became difficult to listen to details without feeling physically uncomfortable and wanting to leave the room. Loveland, the ultimate professional, never let her colleagues know the work conversations were keeping her up at night. She suffered in silence and never complained, but 18 years of working with trauma victims had an effect.

## Addressing Secondary Trauma

Tullberg describes two kinds of help for secondary traumatic stress: self-help, and organizational help.

### Self-Help

**Take care of general health and well-being.** Tullberg recommends a number of self-help measures, some of which she describes as “general health” recommendations: take regular vacations; exercise regularly; get enough sleep; eat well, etc. In addition, Tullberg recommends leaving the office at a reasonable hour each day, not working outside office hours except in an emergency, and having an agreement with your colleagues not to contact each other off-hours unless it is truly an emergency. People who work in trauma-related fields need defined breaks and should not be checking their emails and texts every few minutes, all night, and on weekends. Put it away, but have some mechanism for people to reach you if there is a true emergency.

It is also important to focus on things you like to do, whether it be art, writing, being connected to your community or friends.

**Seek counseling or other supports.** In Tullberg’s experience, people who work with trauma victims work hard at getting the victims to engage in therapy, but are not good at getting themselves to go. Breaking down that barrier and engaging in therapy or other supports to address secondary trauma symptoms is critical, she says. Loveland recommends having a trusted therapist “on call” to talk to every once in a while when the secondary traumatic stress symptoms become overwhelming.

**Perform self-assessments.** It is important for employees to do regular “self-assessments” or “check-ins.” Free online surveys can help employees gauge where things stand and whether a problem is developing. Two tools to consider:

- [Proqol.org](#) has a self-assessment tool to help employees gauge where they stand on the “compassion fatigue/burnout” scale. It also looks at “compassion satisfaction,” or the positive aspects of one’s work.
- [Secondary Traumatic Stress Scale](#)

These kinds of self-assessments can be helpful, as it is easy to lose perspective when one is in the thick of things.

**Focus on positive job aspects.** Tullberg recommends taking time to focus on positive job aspects and the things that go well, rather than focusing on the trauma. Taking time to do this with colleagues, rather than alone, can help combat the negativity that can develop within a group that is impacted by secondary trauma.

**Take vacations.** Loveland finds it helpful to take long vacations as often as possible. She recommends taking two-week vacations because she finds that it takes a few days from work just to begin to unwind.

### Organizational Help

While self-help can play an important role in recovery, organizational-level interventions are key. Some organizations look to the employees to “cure” themselves, but that is not a reasonable expectation. Other organizations look to a “quick fix” of running one training session. Tullberg says the most effective programs involve an organization’s long-term commitment to actively addressing the impact of trauma on employees. The most important component of mitigating the impact from secondary trauma (and the best way to limit employees from developing it in the first place) is through organizational changes.

**Talk about secondary trauma.** People need to be trained to know what it is, and how to recognize it among themselves and their staff. Some organizations use surveys for the employees to fill out so they can get a personal “weather report” on how they are doing every few months. These surveys can help the employee recognize a developing problem before it gets out of control. These surveys also can be done anonymously but collected by the agency so that the organizational leadership gets an accurate reflection of how the staff is doing on an ongoing basis.

**Focus on changing the workplace and organizational culture.** Is this an office where everyone works until 8 p.m. and it is a badge of honor to work long hours? Is everyone expected to respond to emails within five minutes, 24/7, including on the weekend and while on vacation? If so, the culture at the organization will need to change. People who are working around trauma need regular, defined breaks in their schedule.

**Create a supportive atmosphere.** Do supervisors take time to support employees? Or do people get reactive and bounce their reactivity off each other, such that, when one person is over-reacting to a situation, or unable to accept ambiguity (for example, perhaps that parent did not mean to hurt the child?), others join in and escalate the response? Is this the kind of office where everyone “one-ups” each other in gruesome details about the cases they are working on? Or do people support each other when discussing trauma and only share limited information on a need-to-know basis or when an employee needs support from a colleague?

**Be sensitive when discussing cases.** Loveland recommends greater sensitivity when discussing case details. Even though employees may seem “numb” to the trauma, she points out that topics being discussed can be sensitive for people in the room who do not want to let on that they are suffering. She recommends toning down the discussions and not going into detail unless it is essential for the group to hear.

**“Normalize” conversation around secondary traumatic stress.** Organizations should spread the message that secondary trauma symptoms are not a sign of weakness or failure, says Tullberg. The message should be that this is a “normal response to doing this kind of work.” Organizations also need to train employees so they understand the symptoms and can talk openly about it.

An organization’s culture can affect everyone—including leadership and support staff that may not have much direct client contact. Tullberg explains that an organization’s culture can feed—or even foster—secondary traumatic stress rather than mitigate it. Strategies to address its impact should not be limited to staff who work most closely with clients, but should address the overall culture and functioning of the organization.

## How to Help a Colleague

Many people who work in the juvenile court system might recognize the signs of secondary traumatic stress in a colleague, but not know how to help. Approaching colleagues can be difficult, unless the organization’s culture normalizes secondary traumatic stress so everyone feels comfortable having that conversation. Some steps to take:

- Talk about your own struggles with the work as a way to start the conversation.
- Forward helpful resources. The [National Child Traumatic Stress Network](https://www.nctsn.org/) has a number of helpful resources on secondary trauma.

- Raise the topic at a staff meeting.
- Host a broader training in your office.

## Conclusion

Secondary traumatic stress is a normal consequence of the work we do, but we can all work to limit its prevalence and its symptoms.

*Christina Rainville JD*, is the Chief Deputy State's Attorney for Bennington County, Vermont, where she heads the Special Investigations Unit. She is also a former recipient of the American Bar Association's Pro Bono Publico Award.

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