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# Critical Factors Influencing Secondary Traumatic StressAmong Social Workers

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**ABSTRACT: Background**: Social workers are at risk of experiencing secondary traumatic stress(STS) when theywork with clients who have experienced trauma. This paper indictes how self-care, compassion satisfaction, anddetachment have a negative impact on STS. On the other hand, there are positive relationships between traumaticmemories, and difficult life demands on STS. **Objective:** The purpose of this paper was to explore STS amongsocial workers in the field.**Sample:**The sample was 627 participants. The majority were female, 410 (65.39%), andmale participants were 217 (34.60%).**Results:** This paper used a multiple regression model to examine therelationship between the criterion variable (secondary traumatic stress or STS) and the predictors (i.e., self-care,detachment, traumatic memories, difficult life demands, compassion satisfaction).**Limitations and implications:**There were several limitations to this paper such as problems in the survey questions, problems in collecting thesample, and not covering social support as a dependent variable.

**Keywords:**Secondary traumatic stress, Self-care, Compassion satisfaction, detachment, traumatic memories, anddifficult life demands

## I. Introduction

Individuals can experience trauma directly or indirectly in their lives (Hopwood, Schutte, &Loi, 2019). Social workers are inclined towards having Secondary Traumatic Stress (STS) because of their work environment, field of education, and practice settings (Hopwood, Schutte, &Loi, 2019). Thus, investigating the factors affecting STS has become increasingly important to our understanding of the psychology of social workers and to help them become more comfortable at work. Pryce, Shackelford, and Pryce (2007) and Vîrga, Baciu, Lazar, and Lups(2020) illustrated that STS comes from listening to others' problems and life stories. Thus, when a social worker listens to clients, he or she is exposed to experiences of STS over time. For example, more than 10 million children endure the trauma of abuse, violence, and life-threatening events (National Child Secondary Traumatic Stress. (n.d.)). When social workers listen to these children now grown into adulthood, they are exposed to STS because of their work. Bride (2007) found that social workers involved in practice are more likely to have STS, which inevitably affects their lives. We conclude that social workers who practice could be exposed to STS.

Bride, Robinson, Yegidis, and Figley (2004) and Vîrga , Baciu, Lazar,and Lups(2020) indicated three symptoms of STS: intrusion, avoidance, and arousal. For example, a social worker with intrusion symptoms could be exposed to re-experiencing the client's traumatic event. A social worker with avoidance symptoms is unable to remember basic details while a social worker with arousal symptoms could experience anxiety. Vîrga, Baciu, Lazar,and Lups (2020) found that it is important to find coping strategies to reduce risk factors and protect social workers' health and quality of work in an organization.Other studies (e.g., Baird &Kracen, 2006; Figley, 1995; Stamm, 1999) found that a set of psychological symptoms characterizes *post-traumatic stress disorder* (PTSD), indicating what happens to therapists exposed to clients who have experienced trauma.

Additionally, studies such as Bercierand Maynard (2015),have found that social workers working in mental health services are particularly exposed to individuals who have experienced trauma more than workers in other services, such as schools or agencies.Bercier and Maynard (2015) likewise found that working with individuals who

have experienced trauma might be more challenging for students in training programs who haveless life experience and fewer skills and might harbor assumptions about their childhood, families, and the world (Butler, Carello, Maguin, Cunningham, 2004; Neumann & Gamble, 1995). In another study (Ludick& Figley, 2016), STS is seen as an inescapable experience for those working with individuals suffering from the aftereffects of traumatic experiences.

There are several forms of STS, among them compassion fatigue (Adams, Boscarino& Figley, 2006; Hopwood, Schutte &Loi, 2017) and anticipatory traumatic reaction (Hopwood, Schutte, &Loi, 2017). The *anticipatory traumatic reaction* (ATR) is a way that distresscan be triggered as an indirect form of extreme exposure to trauma, perhaps caused via media reports and social discussions of disasters and large-scale threats (Hopwood, Schutte, &Loi, 2017). A recent study examined the prevalence of secondary traumatic stress among social workers and found a mean of 33.07, with a 10.80 standard deviation (Quinn, Ji &Nackerud 2019). The findings collected from other studies show that a greater curricular emphasis on the development and continued utilization of self-care resources is necessary to help social work students better prepare for their exposure to STS in their professional lives (Butler, Carello&Maguin, 2017). The study also shows that it is very important to inform school curriculum with material on trauma exposure and stress.

The Bridestudy (2007) indicated that social workers in direct practice settings have the highest chance of being exposed to experiencing traumatic events while working with traumatized clients. The study found several social workers at risk of experiencing at least some symptoms of STS and some who might have met the diagnostic criteria for post-traumatic stress disorder (PTSD). Meanwhile, other studies show a close similarity between STS and PTSD. (Bride 2007, Bride, Robinson, Yegidis, and Figley(2004), Vîrga, Baciu, Lazar, and Lups, (2020).

## II. Critical Factors

Several investigated factors affect the degree of STS in social workers, such as burnout, self-care, compassion satisfaction, and theirworkplace (Butler, Carello, &Maguin, 2016; Caringi, Hardiman, Weldon, Fletcher, Devlin, &Stanick, 2017; Wagaman, Geiger, Shockley, & Segal, 2015).Despite this, many of these factors have not been studied extensively, such as self-care and compassion satisfaction (Ludick& Figley, 2017), as well as a need for an examination of detachment, traumatic memories, and difficult life demands

**Self-care** is significant for social workers. Studies have defined self-care as a behavior that people practice to preserve their health, life, and well-being (Ludick& Figley, 2017; Nelson-McEvers, 1995). When a social worker applies self-care in their own life, it helps them to become more productive with a higher quality of work. Kulkarni, Hartman, and Smith (2013) found that the lack of self-care practice is not a perfect description; it might be a symptom of burnout or STS. The same study found a negative correlation between self-care and STS, which meant a social worker who practices regular self-care will have a lower level of exposure. Shepherd & Newell (2020) found that practicing self-care behavior is related to less burnout, highercompassion satisfaction, and providing better services and outcomes.

**Compassion satisfaction** is also a very important concept in the study. Figley definedcompassion satisfaction as a way of reducing our interest in the suffering of others. Other studies show that working with individuals who are or were suffering is a role that social workers cannot avoid, thereby risking compassion fatigue (Decker, Brown, Ong, Stiney-Ziskind, 2015; Lewis & King, 2019). Other studies illustrate that compassion satisfaction means a positive transformation that can occur through the treatment process with clients as they recover (Craig & Sprang, 2010; Ray, Wong, White, &Heaslip, 2013, Shepherd & Newell, 2020).

**Detachmen**t is another factor not studied enough in qualitative studies. Detachment is defined as the ability to disconnect the client's problems from the social worker's personal life (Figley, 2002a, Ludick& Figley, 2017). Sonnentag and Bayer (2005) found a positive correlation between detachment and possessing a positive mood. Moreover, Sonnentag and Bayer's (2005) findings indicated that it is very important to apply detachment psychology after stressful days. The findings showed that low detachment has a negative impact on well-being.

**Traumatic memories** are a very significant factor as well, defined as a history of personal trauma that can increase with exposure to STS. The Figley study (2002) indicates that traumatic memories refer to having symptoms of PTSD in the past, such as depression and anxiety. These memories are events that happened in the past that can cause an emotional reaction in the present. They can be aggravated by certain situations related to the events in the past.

**Difficult life demands** are the same as life disruptions (Figley, 2002). Figley defined life disruption as unpredicted changes in schedule, routine, and life tasks (such as illness), as well as changes in lifestyle, social status,

or another dimension to the point that these changes need attention. It is normal for the demands of a difficult life to cause stress in social workers, but the early warning signs that more than a normal disruption has occurred needs further study.

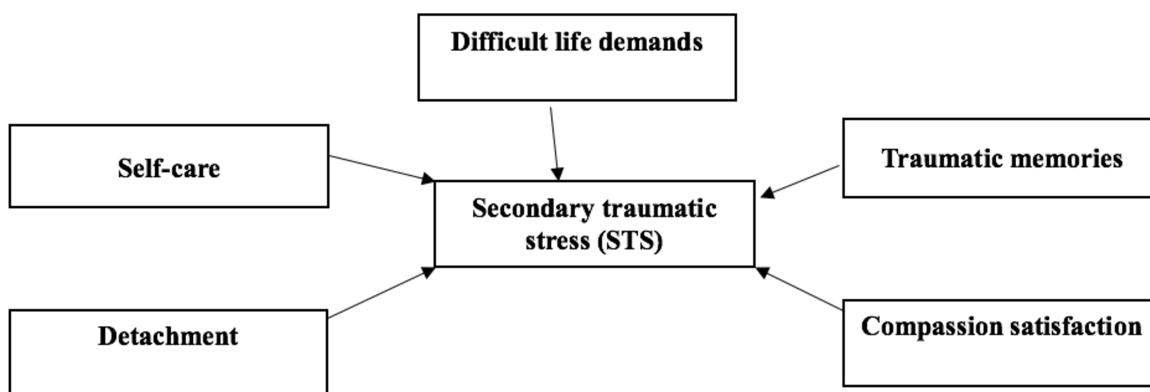
## III. Quantitative study

A study conducted by Ludick and Figley(2017) demonstrated a mechanism for secondary trauma induction and reduction. The mechanism for STS is to be considered for workers who experience work stress such as social workers, psychologists, physicians, first responders, some administrative groups, and others who work or live with the traumatized. The study illustrates two models: mechanism (STS) and compassion fatigue resilience (CFR). Three sectors are the empathic stance/response, STS, and CFR. The authors defined the empathic stance as the cost of caring. The empathic stance includes four factors: exposure to suffering, empathic concern, empathic ability, and empathic response. They illustrate that the exposure to suffering communicated by the worker is equated with the suffering client who had reached out to them for help (Figley,1995; Ludick& Figley, 2017). Exposure to suffering occurs in different places such as direct practice, witnesses' administrative sessions, and with individuals who have experienced trauma. The article found that a lack in training and resources is disadvantageous for workers.

Another component is empathic concern which is a high level of empathy and concern shown when assisting individuals in finding their needs (Ashraf, 2004; Ludick& Figley, 2017). Empathy training could be necessary to face complications, reinforce empathy, and increase protective skills. A social worker exposed to trauma without empathy training is frequently in a risk position, and it does not matter what the goals of the service are. Yet another component is empathic ability. The same article defined empathic ability as the ability to understand other people's feelings, needs, and pain. This allows workers to provide accurate and appropriate treatment.

The authors found it to be very important for workers to understand and respect the significance of empathy as it helps implement more effective services and care. They believe that cognitive empathy training can develop this skill to protect a worker exposed to trauma. In fact, it can stop empathy corrosion and decrease the chances of STS and burnout. The final component explained in the article is empathic response. The right response when helping traumatized individuals can ameliorate any feelings of suffering. When the social worker uses an empathic response, it can help them know more about the client's state of mind.

The article further illustrates the STS sector, consisting of two important factors that can increase the chances of exposure to STS: traumatic memories and other life demands. The final sector covered was compassion fatigue resilience (CFR) which relies on self-care, detachment, a sense of satisfaction, and social support. The above factors help to develop a CFR model. The CFR model provides both adaptation and resistance to STS, permitting the traumatize individual to socialize more with people while feeling confident.




## IV. The Purpose of the Study

The purpose of this exploratory study is to investigate the importance of studying secondary traumatic stress (STS). Specifically, social workersmust have a better understanding of STSand how it will affect their lives and work. Social workers should be aware of the coping strategies for work stress to help them provide a better service for their clients. This study focuses on social work students in field education or training programs.

Itincludes training programs such as in schools, mental health services, child welfare agencies, family services, and nursing homes. The sample also collected data from social workers who are still studying or in training programs. It is the author's belief that in helping social work students learn how to cope with stress, this will help them to be more productive and provide clients and agencies with a high quality of performance.

## V. The Importance of the study

These five variables (i.e. self-care,compassion satisfaction,detachment, traumatic memories, and difficult life demands) were investigated in the field of social work as well as other fields separately. However, none of these studies investigated the relationships among all those variables along with STS in one single model. Therefore, this study investigates the relationships among these five independent variables: selfcare, compassion satisfaction,detachment, traumatic memories, difficult life demands, and the dependent variable STS among social workers.

## VI. Methodology

**Participants:**

The sample of the study consisted of 627 participants. The majority were female, 410 (65.39%), and male participants were 217 (34.60%). The participants with a social worker license were 424 (67.62%), while participants who werenot licensed were 203 (32.37%). The data was collected from social workers who work in different locations such as schools, hospitals, agencies, courts, prisons, and others. The highest percentage was in the agency locations, 172 (27.43%);however, the lowest percentage was in prisons, 12 (1.913%), while school social workers were 157 (25.03%) and hospital social workers were 134 (21.37%). There were 130 (20.73%) working in other locations while 22 (3.50%) were working in courts. Regarding ethnicity, Asian or Asian-American were 305 (48.64%), White or Caucasian were 223 (35.56%), black or African-American were 41(6.53%), Hispanic or Latino were 36(5.74%), Indian or Alaskan Native were 11(1.75%), 10 (1.59%) identified as another race while Native Hawaiian or other Pacific Islander was 1 (0.15%),

## VII. Survey

The survey consisted of four demographic items and six scale items. Four items were designed for demographics (gender, ethnicity, location, and social worker license), ten items for STS, eight items for self-care, 11 items for detachment, four items for traumatic memories, 11 items for difficult life demands, and ten items for compassion satisfaction. The responses of the scale items ranged from *never* (1) to *always* (5) (*see items in the appendix*).

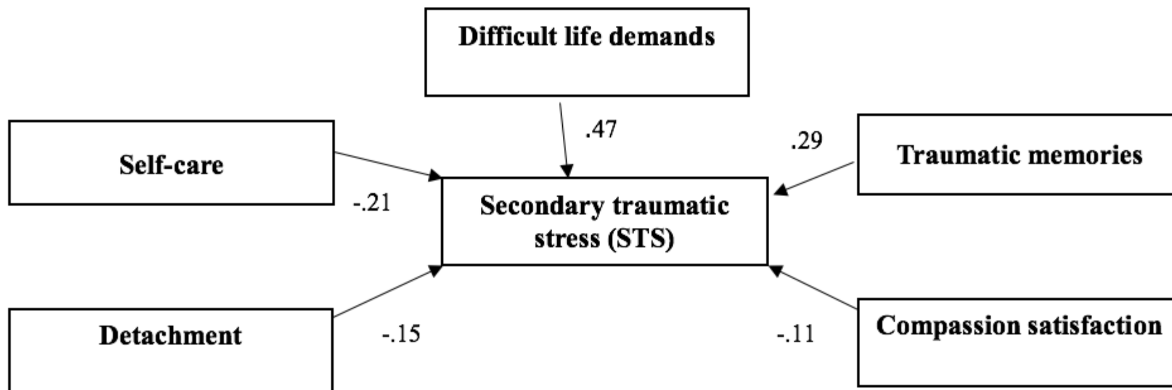
## VIII. Results

**Multiple regression model:**

A multiple regression model was conducted to examine the relationship between the criterion variable (secondary traumatic stress, STS) and the predictors (i.e. self-care, detachment, traumatic memories, difficult life demands, compassion satisfaction). The overall model was statistically significant. The five predictors explain approximately 60% of the variance in STS significantly, $p < .001$. For the individual predictors, the results indicated a statistically significant negative relationship between self-care and STS, $B = -.21$, $p <.001$. We can conclude, therefore, that for a one-unit increase in self-care, STS would decrease by .21 standard deviation.Satisfaction is also a negative significant predictor of STS; for a one-unit increase in satisfaction, STS would decrease by .11 standard deviation, $B = -.11$,$p < 001$. Another significant predictor of STS is detachment. The relationship between STS and detachment is negative. For a one-unit increase in detachment, STS would decrease by .15 standard deviation, $B = -.15$, $p< .001$.

On the other hand, there is a positive relationship between STS and difficult life demands. For a one-unit increase in difficult life demands, STS would increase by .47 standard deviation, $B = .47$, $p < .001$. Moreover, another significant predictor of STS is traumatic memories; the relationship between STS and traumatic memories is positive. When traumatic memories increase for one unit, STS would increase by .29 standard deviation, $B = .29$, $p< .001$.

Figure1: Results.




| | Beta | Std. Error | Pr(>\|t\|) |
|---|---|---|---|
| (Intercept) | 0.16 | 0.19 | 0.42 |
| Self-care | -0.21 | 0.05 | 0.00 |
| Compassion satisfactions | -0.11 | 0.05 | 0.03 |
| Detachment | -0.15 | 0.05 | 0.01 |
| Difficult life demands | 0.47 | 0.04 | 0.00 |
| Traumatic memories | 0.29 | 0.02 | 0.00 |

## IX. Discussion

***Self-care.*** This study explains the relationship among several independent variables such as self-care, compassion satisfaction,detachment, difficult life demands, and traumatic memories. The results show that there is a negative relationship between STS and self-care. This is a very important factor for individuals outside of work because one must take time for oneself to avoid burnout and being left with nothing to provide for the clients with whom one is working. When social workers practice self-care regularly, they have a low risk of experiencing STS.

***Compassion satisfactions***. Compassion satisfaction helps reduce STS and burnout. Compassion satisfaction means that the social worker feels happy about helping clients. The relationship between STS and compassion satisfaction is negative. Several studies have found compassion satisfaction can help social workers improve their functioning, personal growth, or therapeutic gains as they share positive outcomes and feelings of empowerment, energy, and exhilaration (Pooler, Wolfer, & Freeman, 2014). Other study findings have found increasing compassion satisfaction helps to prevent both STS and burnout (Wagaman, Geiger, Shockley, & Segal (2015).

***Detachment.***The study demonstrates a negative relationship between STS and detachment. It is important for social workers not to take anything too personally and unburden themselves of the clients' problems. It is vital that social workers separate one's personal and professional life. When a social worker separates these, it helps them to be more proactive in their work. Social workers will then provide the best service to clients. Ludick (2013) found social workers able to successfully detach from client traumas, while exhibiting low negative effects.

***Traumatic memories.***The results found a positive link between STS and traumatic memories. Social workers who experienced emotional, physical, or sexual abuse in their childhoods have a high risk of having STS in the future. Several studies found a positive relationship between STS and traumatic memories. (Bride 2007; Hensel, Ruiz, Finney, & Dewa, 2015; Ivicic& Motta, 2017; Sprang et al., 2018).

***Difficult life demands.***Unexpected event changes in routines or schedules will affect one's quality of work. These changes could be a difficult financial situation, changes in social status, illness, and added professional or

personal responsibilities. Since difficult life demands affect the social worker's life, they also have a high risk of experiencing STS. The resultsshow a positive relationship between STS and difficult life demands.

## X. Limitations and implications

This study has several limitations that should be noted. First, the survey questions do not include a category for the social worker working with specific age groups, such as children, adults, orthe elderly. It is important to include that information since a social worker who works with children might have a higher chance of experiencing STS. Second, the sample was from one country, the United States; it does not include social workers from different countries. For future study, the authors would endeavor to collect data from different countries as it wouldhelp to know how social workers experience STS. Moreover, it will help to find several ways to prevent STS. Since STS is considered an international social work problem, it is likely that most social workers around the world have beenexposed to the possibility of experiencing STS.

The present study does not study social support as a dependent variable. Social support helps an individual to have the abilityto deal with traumas (Lerias& Byrne2003). Other studies have found that communication with supportive people can help a social worker to protect and preserve their health and positive cognitive schemata. (Ludick 2013). It is important to future studies to investigate social support and find the relationship between STS and social support.

## XI. Conclusion:

Working with traumatic clients might affect social workers more than anticipated. Social workers may be exposed to STS. In the present study, the author explained several dependent variables which affect the independent variable STS. These variables include selfcare, compassion satisfaction,detachment, traumatic memories, and difficult life demands. Self-care, detachment, and compassion satisfaction affect STS negatively, therefore, social workers should make every effort to incorporate these three variables into their practice to avoid experiencingsecondary traumatic stress in their own lives.

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**Appendix**

| Number | Items | Scales |
|---|---|---|
| 1 | I eat healthy food | Self-care |
| 2 | I exercise on a regular basis | |
| 3 | I take a break from work | |
| 4 | I do something for fun | |
| 5 | I get enough sleep | |
| 6 | I make time for self-reflection | |
| 7 | I say no to extra responsibilities | |
| 8 | I spend enough time with people who I love | |
| 9 | I do not take anything personally. | Detachment |
| 10 | I feel completely clear-headed about the whole thing. | |
| 11 | I decide it's useless to get upset and just get on with things. | |
| 12 | I see a situation for what it actually is and nothing more. | |

| | | |
|---|---|---|
| 13 | I feel completely calm in the face of any adversity. | |
| 14 | I get things into proportion-nothing is really that important. | |
| 15 | I feel independent of circumstances. | |
| 16 | I see a problem as something separate from myself so I can deal with it. | |
| 17 | I take my frustrations out on the people closest to me. | |
| 18 | I have presence of mind when dealing with a problem or circumstances. | |
| 19 | I try to keep a sense of humor and laugh at myself or the situation. | |
| 20 | I experienced emotional abuse as a child. | Traumatic memories |
| 21 | I experienced physical abuse as a child. | |
| 22 | I experienced sexual abuse as a child. | |
| 23 | I witnessed domestic violence as a child | |
| 24 | Being married makes it difficult to be a social worker. | Difficult life demands |
| 25 | I have many problems with my boss. | |
| 26 | I have had a major change in my sleeping habits. | |
| 27 | I have experienced the death of a close family member or friend. | |
| 28 | I have changed in my eating habits. | |
| 29 | I have had a difficult financial situation. | |
| 30 | I have had law troubles. | |
| 31 | I may be fired from work | |
| 32 | I have had a change in my responsibilities at work | |
| 33 | I have changed my social activities | |
| 34 | I have seen change in the health or behavior of a family member. | |
| 35 | I get satisfaction from being able to help people. | Compassion satisfaction |
| 36 | I feel invigorated after working with those I help. | |
| 37 | I like my work as a helper. | |
| 38 | I am pleased with how I am able to keep up with helping techniques and protocols. | |
| 39 | I have happy thoughts and feelings about those I help and how I could help them. | |
| 40 | I believe I can make a difference through my work. | |
| 41 | I am proud of what I can do to help. | |
| 42 | My work makes me feel satisfied. | |
| 43 | I have thoughts that I am a "success" as a helper. | |
| 44 | I am happy that I chose to do this work. | |
| 45 | I am preoccupied with more than one person who I help. | Secondary Traumatic Stress |
| 46 | I jump or am startled by unexpected sounds. | |
| 47 | I find it difficult to separate my personal life from my life as a helper. | |
| 48 | I think that I might have been affected by the traumatic stress of those I help. | |
| 49 | Because of my helping, I have felt "on edge" about various things. | |
| 50 | I feel depressed because of the traumatic experiences of the people I help. | |
| 51 | I feel as though I am experiencing the trauma of someone I have helped. | |
| 52 | I avoid certain activities or situations because they remind me of frightening experiences of the people I help. | |
| 53 | As a result of my helping, I have intrusive, frightening thoughts. | |
| 54 | I can't recall important parts of my work with trauma victims. | |