

SECONDARY TRAUMA AND THE MANAGEMENT OF SEX OFFENDERS: A Training Curriculum

Time Allotment: 2 hours and 30 minutes



TOPIC: RECOGNIZING SECONDARY TRAUMA IN THE MANAGEMENT OF SEX OFFENDERS

(60 minutes, including Learning Activity)

Introduction

As we have discussed in previous sections, the potential for secondary trauma is an occupational hazard associated with managing sex offenders. Before we can begin to address it, we need to learn how to recognize it. This part of the training will help you to do just that. We'll talk about the aspects of secondary trauma and highlight a number of symptoms or indicators of it. We'll also spend some time participating in a learning activity designed to provide you with an opportunity to engage your colleagues in a discussion about this important topic.

Understanding some of the specific aspects or aspects that relate to the development of secondary trauma – including qualitative aspects, the length and severity of exposure, and contextual factors – can help to mitigate the impact that it may have on professionals in the field.¹

Aspects of Secondary Trauma

Qualitative Aspect/Nature of the Work

First and foremost is simply the *nature* of what we are exposed to when we work with sex offenders and the “sheer impact” that it has on us. The things that we tend to hear about – the abusive acts themselves, the harm that is caused to the victims, and the ways in which the offenders attempt to justify, minimize, or excuse their behaviors – run counter to what we expect from people in our society. Because what we encounter in this work is qualitatively different from what we are accustomed to, we may quickly find ourselves far outside of our comfort zone, so to speak.

As a result, the nature or quality of this kind of work in and of itself can cause some people to:

- Question their beliefs about human nature;
- Become more concerned about safety – for themselves and their families; and
- Have difficulties in their personal and intimate relationships, retreating emotionally and /or sometimes physically.

Something that may help offset this aspect of secondary trauma is to better prepare professionals entering the field about the kinds of

➤ Use Slide 1: Title Slide

➤ Use Slide #2: Aspects of Secondary Trauma

➤ Use Slide #3: Qualitative Aspect/Nature of the Work

Note: In this section, review each item and seek comments and reflections regarding

information and experiences that they will likely have as they embark on working with sex offenders. Sometimes, we make the mistake of allowing people to simply jump right into a treatment group, or pick up a sex offender caseload right off the bat, and we leave that person to fend for themselves or “sink or swim.” Oftentimes, the belief underlying this approach is that this is the best way for them to learn. But how might that impact a new employee?

So, the more that we can help them to anticipate what kinds of things they may hear, understand in advance how some of it may make them feel, and know where they can go to process their feelings and thoughts about it when they arise, the better off they will be.

Length and Severity

Another influential factor may simply be the amount of time that professionals have been “in the trenches.” In other words, the cumulative impact of this work can certainly take a greater and greater toll over time. This has already been found to be the case for those who work with victims—the longer that providers worked with victims of sexual assault, the more likely they were to experience secondary trauma.^{2,3,4,5,6,7} Similarly, but from more of a criminal justice perspective, researchers have found that being exposed to these kinds of cases over longer periods of time—as well as having greater numbers of these offenders on their caseloads—can lead to secondary trauma, particularly as officers tended to be more hypervigilant and concerned about the offenders’ activities and whereabouts.⁸

You may also find this next study particularly interesting. When judges were surveyed about the impact of their work, nearly two-thirds reported one or more symptoms that they identified as work-related secondary trauma, including sleep disturbances, intolerance of others, physical ailments, depression, and a sense of isolation.⁹ And these kinds of symptoms were more common for judges who had been on the bench for longer periods of time.¹⁰ Although this study wasn’t only about the impact of sex offense cases, it does show that anyone can be susceptible to experiencing secondary trauma or burnout, especially the longer they stay in the business.

Now one study actually *did* look at the impact of sex offense cases on judges¹¹. Of the judges who participated, the vast majority (88%) reported that—from a personal or emotional perspective—presiding over sex offenses cases is more difficult than presiding over other types of criminal cases. Beyond the personal and emotional toll, most of the judges also indicated that they experience more public scrutiny or pressure with sex offenses. And finally, a considerable proportion of the judges indicated that presiding over sex offense cases is more difficult from a technical perspective than other kinds of criminal cases.

So judges—like their other colleagues in the field of criminal justice—find

participants’ own experiences. In addition, consider including examples from your own work. If participants feel the need to share their stories, allow this with facilitation that provides emotional safety for the entire group.

➤ **Use Slide #4: Severity and Length of Exposure**

➤ **Use Slides #5–6: Severity and Length of Exposure—Research Findings**

these cases to be very difficult, and readily acknowledge that they are negatively impacted by them.

In the more general literature on secondary trauma, it has been suggested that susceptibility to secondary trauma can occur even in the absence of long-term or cumulative exposure to traumatic cases^{12, 13}. In fact, some professionals may experience a more acute form of secondary trauma following a single, particularly troubling case or work-related experience. This is the role of severity in the development of secondary trauma. Imagine then, what might happen to people who have been exposed to very extreme or severe cases of abuse over very long periods of time! We can only assume that this combination of length and severity increases significantly the likelihood that secondary trauma will result.

On a side note, you should also know that a few researchers have actually found that a professional's relative *inexperience* in providing treatment puts them at a higher risk to experience trauma^{14,15}. Why do you think that might be the case? As we suggested when we discussed the qualitative aspects of this work, it may be that these novice professionals have not been fully trained about or prepared for the kinds of information and experiences that they will experience when they begin their work, nor have they been provided tips about how to manage the thoughts and feelings that they may have.

Contextual Variables

Finally, it is important to consider the different personal characteristics, experiences, and vulnerabilities that we each bring to this work.¹⁶ These contextual variables are likely to impact how we react to our clients and jobs, and how well we are able to cope with the stress that is associated with them.

For example, people who are very good at establishing and maintaining healthy professional boundaries may be less prone to feeling susceptible to the potential manipulations of an offender, and they may feel more "protected" psychologically. Conversely, professionals who have more difficulty setting limits and maintaining appropriate boundaries may find themselves getting "sucked in" and eventually "burned" by a client. This can certainly impact how one feels about their work and their clients.

Another characteristic that can impact the development of secondary trauma is that of empathy. On one hand, empathy can be a very helpful tool or asset for professionals working with individuals who have experienced traumatic situations. Empathy helps us to understand and appreciate what others have experienced—to walk a mile in their shoes, if you will. On the other hand, empathy can also become somewhat of a vulnerability for us because it allows us to feel what our clients describe. For example, for those who work with or have frequent interactions with the victims of sex crimes, empathizing can become so intense that we may begin to experience the same kinds of emotions, physiological

➤ **Use Slide #7: Contextual Variables**

reactions, or physical symptoms as the victims with whom we are working.

With respect to personal experiences and the role that they may play in secondary trauma, a common example is that of one's own history of maltreatment or victimization. The extent to which a person has dealt with or resolved their own experiences from this perspective can certainly affect how resilient or vulnerable they may be to secondary trauma.

What are some other examples of contextual variables that might play a role in experiencing or preventing secondary trauma?



Learning Activity: Identifying the Characteristics and Potential Motivators of Those in the Field

Take a moment and reflect for yourself on why you chose to do this work and think about why others have been compelled to do this work. We may be compelled sometimes by strong emotions and beliefs about sexual victimization, as well as the desire to be of service to other people. We might be driven by the need to understand how and why people think, feel, and behave the way that they do. We may have experienced trauma ourselves and feel committed to trying to prevent the victimization of others. Whatever the reason, it is important to consider why we find ourselves in this line of work and how it might impact us.

Take a few minutes to answer the questions on the handout titled "Identifying the Personality Traits and Characteristics of Those in the Field." Once you are finished answering these questions, we will have a group discussion.

Indicators and Symptoms of Secondary Trauma: The Importance of Self Awareness

To begin a quick discussion of the indicators of—or the symptoms associated with—secondary trauma, I'd like to share something with you that I find to be sort of amusing, but that also reflects the impact of this work on us. You have probably heard of David Letterman's Top 10 Lists, right? A few practitioners in the field have come up with the following adaptation of a Top 10 list specifically for those of us who work in the sex offender management field. Here it is: The Top 10 Hints That You May be Suffering from Secondary Trauma. Think about how many items on this list apply to you.

10. Your career in sex offender management is more than five minutes long!

Yes, if you're doing this work, then you may be experiencing secondary trauma.

**Refer to Handout:
Identifying the Personality**

9. When you see a man with a child in his shopping cart at Super Wal-Mart, your first reaction is to contact the store manager and alert law enforcement.

Show of hands...how many of you have done this? That's what I thought.

8. When you meet someone new and they ask you what you do for a living, you fib or are very vague, and respond in one of these ways:

- "I sell insurance."
- "Oh, I just work in an office with a lot of paper, some desks, and a few computers."
- "I'm between jobs right now."
- "I don't remember."

How many of you are really comfortable telling someone you don't know well, "I treat sex offenders for a living." Or "I spend my days working closely with sex offenders who are on probation?." For those of you with kids, would your child's school teacher be interested in having you talk to their class about the work that you do? I suspect not.

7. When your favorite TV shows are:

- Cops
- Law and Order
- Law and Order, Special Victim Unit
- Law and Order, Criminal Intent
- Law and Order, Trial by Jury
- CSI: Miami
- CSI: New York
- BowFlex Infomercial at 3:00 a.m.

Isn't it interesting how those of us who work with offenders and victims sometimes spend our free time engaged in activities that remind us of our professions? Or are all up night reliving every aspect of our work day? 6. When your idea of a "leisurely," "relaxing," and "easy" weekend is filling out violation reports at your kitchen table.

How many of you actually work a normal, 40 hour week on a regular, consistent basis?

5. When you go to Sam's Club or Costco because they are the only places that sell pain killers and antacids in 1,000 count jars.

4. When everyone who walks through your front door has to go through security screening.

3. When you have background checks run on all of your acquaintances—old and new!

2. When you have no acquaintances!

Traits and Characteristics of Those in the Field

Note: List participant responses to the Learning Activity: Identifying the Personality Traits Characteristic of Those in the Field on a flip chart as they are submitted by participants. Potential responses could include:

- Rescue personality
- Extreme dedication—not just a job, but a mission!
- Driven by internal motivations
- High personal standards
- Difficulty accepting "failure"
- Strong need to be needed and to help others

➤ Use Slides #8–13: Top 10 Hints That You May Be Suffering From Secondary Trauma

Note to Trainers: Process with the group some of the most common answers to the exercise. Be prepared for

1. When you start getting holiday cards and large quantities of free merchandise (e.g., beach towels, duffle bags, coolers, BBQ grills, clothing, sample products, etc.) from your “friends”:

- The Marlboro Man
- Bud Weiser
- The Burger King
- Ty Lenol
- Mae Lox
- Java Joe
- Ben Gay
- Ronald McDonald

I always laugh when I go through this list and I’m really glad that you did too. I think our laughter reflects how much truth there is in this Top 10 list. It really speaks to me and it obviously speaks to many of you. I’m sure that each of you has items and examples you could easily add to this list. What we need to remember, though, is that what this list really reflects are some of our own poor coping skills. In order to protect ourselves from secondary trauma, we need to think about incorporating more healthy ways to cope into our daily lives.

While we are on the topic, I want to make a quick point about laughter. I really don’t think that we do enough of it. Although our business is extremely serious, one of the things we can do to mitigate some of the harsh impacts of it is to find a little humor in ourselves, in our colleagues, and in what we do, just as I’ve done here. Identifying an opportunity to let your hair down just a little bit and laugh is a really healthy thing. We’ll talk some more a little later about some other practical things that we can do to prevent and lessen the negative consequences of our work.

In all seriousness though, recognizing the psychological, emotional, and physical symptoms of secondary trauma and the occasional or frequent use of unhealthy coping strategies in yourselves and in your colleagues is a critical part of what you do, as it’s not possible to begin any problem solving or prevention work unless there is an acknowledgement that there is a problem—or the potential for one. As I alluded to in the Top 10 list, there are a number of indicators or manifestations of secondary trauma. They can include anger, sadness, depression, anxiety, fear, paranoia, mistrust, and an imbalance between work and personal life. The range of emotions possible with secondary trauma is almost endless.

Physically, we may find ourselves experiencing sleep disturbances or eating disorders. Perhaps we’re up at 3:00 in the morning watching infomercials or we eat way too much or—alternatively—way too little. We may also be hyper-vigilant as we try to protect and save every child from

some respondents to share that they have experienced abuse or have had a friend or family member who may have been abused.

the offenders who live among us.

As I mentioned earlier, mistrust of others is also pretty common. While we may not require our friends and family members to go through a security checkpoint, we may begin to isolate ourselves from them—from those in our lives who should be the closest to us, those who are there for us. Feelings of hopelessness, helplessness, and despair can be the end result—in both our personal and professional lives.

We also know that our psychological and emotional health is directly related to our physical well-being (or lack thereof). When we're not well in our minds, we're often not well in our bodies either. To illustrate, secondary trauma can manifest itself in the following physical ways:

Mild to moderate symptoms

- Headaches
- Heartburn
- Gastrointestinal problems
- Skin rash/hives
- Lower immunity
- High blood pressure

Extreme reactions

- Migraines
- Gastric ulcers
- Colitis (gastrointestinal disorder)
- Eczema
- Heart attack
- Stroke

So it is absolutely crucial to be aware of all of these signs and symptoms so we can protect ourselves and our colleagues from—or more effectively manage—secondary trauma. When we're affected by secondary trauma, we can't always live up to our potential as friends to others, as mothers and fathers to our kids, as sisters and brothers to our siblings, as aunts and uncles to our nieces and nephews, and as grandparents to our grandchildren. This is the biggest tragedy, because I believe that these personal jobs are far more important than any of our work-related responsibilities.

Conclusion

In this section, we have examined the signs and symptoms of secondary trauma and the impact of secondary trauma on our personal and professional lives. In the next section, we will examine strategies and techniques to help us prevent or address secondary trauma. We have acknowledged that the potential for secondary trauma is high for those who manage sex offenders and that working with this population is difficult

- **Use Slide #14:
Psychological Indicators
of Secondary Trauma**
- **Use Slides #15–16:
Physiological Indicators of
Secondary Trauma**

for everyone involved.	
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¹ Pullen, C. (1999). The Therapist's Experience of Sexual Abuse Treatment. In G. Ryan & Associates (Eds.), *Web of Meaning: A Developmental-Contextual Approach in Sexual Abuse Treatment*. Brandon, VT: The Safer Society Press, 118–132.

² Brady, J.L., Guy, J.D., Poelstra, P.L., & Browkaw, B. (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.

³ Chrestman, K.R. (1999). Secondary Exposure to Trauma and Self Reported Distress Among Therapists. In B.H. Stamm (Ed.) *Secondary Traumatic Stress: Self Care Issues for Clinicians, Researchers, and Educators, 2nd Edition*. Lutherville, MD: Sidran Press, 37–47.

⁴ 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, 558–565;

⁵ Pullen, C. (1999). The Therapist's Experience of Sexual Abuse Treatment. In G. Ryan & Associates (Eds.), *Web of Meaning: A Developmental-Contextual Approach in Sexual Abuse Treatment*. Brandon, VT: The Safer Society Press, 118–132.

⁶ Rich, K. (1997). Vicarious Traumatization: A Preliminary Study. In S. Edmunds (Ed.). (1997). *Impact: Working with Sexual Abusers*. Brandon, VT: The Safer Society Press.

⁷ Steed, L. & Bicknell, J. (2001). Trauma and the Therapist: The Experience of Therapists Working With the Perpetrators of Sexual Abuse. *Australasian Journal of Disaster and Trauma Studies*. Available online at <http://www.massey.ac.nz/%7Etrauma/issues/1998-2/steed.htm>.

⁸ Cumming, G. & McGrath, R. (2005). *Supervision of the Sex Offender: Community Management, Risk Assessment & Treatment, 2nd Edition*. Brandon, VT: The Safer Society Press.

⁹ Jaffe, P., Crooks, C., Dunford-Jackson, B., & Town, M. (2003). Vicarious Trauma in Judges: The Personal Challenge of Dispensing Justice. *Juvenile and Family Court Journal*, Fall 2003, 1–9.

¹⁰ Jaffe, P., Crooks, C., Dunford-Jackson, B., & Town, M. (2003). Vicarious Trauma in Judges: The Personal Challenge of Dispensing Justice. *Juvenile and Family Court Journal*, Fall 2003, 1–9.

¹¹ Bumby, K. M., & Maddox, M. C. (1999). Judges' knowledge about sexual offenders, difficulties presiding over sexual offense cases, and opinions on

sentencing, treatment, and legislation. *Sex Abuse: A Journal of Research and Treatment*, *11*, 305-315.

¹² Figley, C.R. (Ed.) (1995). *Compassion fatigue: Coping with secondary traumatic stress in those who treat the traumatized*. New York: Brunner/Mazel.

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¹⁴ Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious Trauma: A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Offenders. *Journal of Interpersonal Violence*, *19*(1), 49–71.

¹⁵ 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*, 558–565.

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