

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

Time Allotment: 2 hours and 30 minutes



TOPIC: UNDERSTANDING SECONDARY TRAUMA IN THE MANAGEMENT OF SEX OFFENDERS

(30 minutes)

Introduction

As we move forward, I'd like to ask you to reflect on your work experiences with sex offenders and their victims. During the course of your day-to-day efforts, have you ever said any of the following things to yourself?

- "Wow, these cases are really getting to me!"
- "How in the world could someone possibly do these things to another person?"
- "I'm not naïve, I've been doing this work for a long time, and I thought I'd seen just about everything—but this is the worst one yet!"
- "The assessment tools say this guy is low risk. How in the world could that be?"

You know what? I've said these things to myself quite often and I know that a great many of the supervision officers, treatment providers, victim advocates, and others I've worked with have too. For some of us, there are days when we think that we are absolutely going to go insane. For others, we begin to feel numb as we're exposed day after day, hour after hour, to the details of sexual abuse.

So as you all know, there are a great many emotional and psychological challenges and risks associated with working with sex offenders and their victims. Unfortunately, many of us have been unprepared to address these challenges and risks as they arise, but there are some relatively easy things that we can all do and that our agencies can do to make our lives a little easier and our work a bit more tolerable.

As I think about our professional roles and responsibilities, I also really find it interesting that no job advertisement adequately describes what it is that most of us experience on a daily basis. Consider for a moment the following:

Wanted: Experienced Professional to Participate on a Sex Offender Management Team¹

Applicants must be willing to do the following:

➤ Use Slide #1: Title Slide

➤ Use Slide #2: Have You Ever Thought...?

➤ Use Slide #3: Wanted: Experienced Professional to Participate on a Sex Offender Management Team

- Protect victims from sexual assault;
- Hold sexual offenders accountable for their actions;
- Investigate every detail of sex offenders' lives;
- Be exposed to the dark side of humanity on an ongoing basis;
- Carry the burden of community safety;
- Risk personal and professional isolation; and
- Run a high risk for secondary trauma.



Does this job description sound at all familiar to you? Do you think it would attract many responses from those seeking a new job or career? Would you jump at the opportunity to be responsible for all these things? I'm not sure that I would. The first couple of bullets seem quite noble and important. But what about those last ones? "Risk personal and professional isolation." "Be exposed to the dark side of humanity on an ongoing basis." Who in their right mind would want to pursue those things? Yet here we all are, willing to do these things in service of victim and community safety, and the reduction of recidivism.

Understanding Secondary Trauma

Being able to effectively manage sex offenders means that we are in the position of having to understand both the trauma experienced by the victim *and* the intimidation and manipulation used by the offender to coerce or abuse his victim(s). It is, as one would expect, extraordinarily difficult to be exposed to this kind of information on a daily basis without being "traumatized" ourselves. As trauma expert Judith Herman puts it, "Those who work with offenders are called upon to bear witness to the crime,"² which can obviously have a very real impact on us as practitioners in the field. It is unreasonable to think that we can continuously hear about sex crimes—and be constantly trying to help offenders manage their behavior so that they do not reoffend again—without being affected in some way. The phenomenon of professionals experiencing negative psychological, emotional, and physical effects as a result of interacting with and processing information from victims and offenders, will be defined as "secondary trauma" in this curriculum. You may have heard this term before, or you may have heard this experience referred to as "vicarious trauma," "burnout," or "compassion fatigue," as some people use these terms interchangeably. *Burnout*

Burnout is a term used by Maslach and Leiter (1997) to describe what can happen to employees when there is a "mismatch" between the employee and their work environment³. Frequent causes of burnout include hectic work schedules, feeling a lack of control, an employee's perception that they are being treated unfairly, or a disconnect between the employee's individual values and the work they are doing⁴. The authors suggest that burnout "represents an erosion in values, dignity, spirit, and will."⁵ If these feelings are left unchecked, employees can get "burned out," which can lead to chronic exhaustion, becoming cynical and detached about their work, and being more and more unproductive on the job. Obviously, the

Note: Lead the group in a short discussion of the questions relating to this job description—getting their reactions vocalized since their initial reactions may be to laugh or smile in recognition of what they may well be experiencing, but they may not have felt safe to vocalize to anyone else until now.

Note: In this training we will use masculine pronouns when referring to sex offenders. We recognize that females do sexually offend; however, the majority of sex offenders are male and our language throughout the curriculum will reflect this.

➤ **Use Slide #4: Judith Herman Quote**

tendency to become burned out is not specific to sex offender management, but can be a potential problem for those of us in this difficult field, where some of the sources of burnout (like a hectic work schedule, for example) are prominent. Experiencing secondary trauma may also increase our risk of burnout.

Vicarious Trauma

Because it is a common term that you have probably heard used to describe the impact of this work on those who do it, I'd like to spend a moment talking about vicarious trauma. This is defined as the notion of helping professionals experiencing trauma themselves as a result of treating trauma survivors. This concept stems from the previous research and literature pertaining to the emotional impact working with victims of trauma—such as survivors of traumatic experiences—can have on the very people who help or serve them.⁶ Vicarious trauma was a specific term coined by McCann and Pearlman's pivotal research in 1990.⁷ The authors stressed that vicarious trauma goes beyond the simple recognition that working with trauma survivors is hard and distressing to helpers and service providers.⁸ Rather, McCann and Pearlman described the pervasive effects of doing trauma therapy—particularly with survivors of incest—on the identity, world view, psychological needs, beliefs, and memory system of the therapist.⁹ For the purpose of our training today, however, we will use “secondary trauma” to refer to the very specific type of trauma experienced by many who work with sex offenders and their victims.

Defining Secondary Trauma Within the Context of Sex Offender Management

In the mid 1990s, additional attention began to be focused on the personal and professional toll that working specifically with sex offenders may have on individuals. For example, Pullen and Pullen used the term secondary trauma to capture the unique problem facing supervision officers and others who work with sex offenders: not only must they become familiar with the trauma experienced by the victims of sexual assault, but in order to do their jobs effectively, they must also gain insight into the unhealthy tactics and approaches used by offenders when abusing those victims. Pullen and Pullen suggest that “a significant part of many of our jobs is to get inside the minds of sex offenders; we must understand their thought processes and devious patterns.”^{10, 11} Other researchers have also found that there can be a significant negative impact for those who provide treatment to sex offenders for some of the same reasons identified above. Being exposed to details about sexual victimization and offending can evoke a variety of issues for some providers.¹² Secondary trauma, then, is multi-layered: it is the dual experience of feeling traumatized by the victims' pain and the offenders' history of offending.

There may be similarities between the posttraumatic responses of someone who has been victimized and our own feelings and responses

➤ **Use Slide #5: Secondary Trauma**

after working with sex offenders. In fact, some authors have noted that the continuous exposure to the profound trauma caused by victimization may lead us to manifest the same or similar symptoms as the victims with whom we directly and indirectly interact.^{13, 14} As professionals who work with victims and offenders, we may be overcome with powerful, persistent emotions— isolation, sadness, fear, guilt, anger, or stress—and sometimes these emotions can have physical and psychological effects (e.g., sleep disturbance, anxiety, and depression) on us. The symptoms we might experience certainly tend to be less severe than the symptoms experienced by victims, but can still be harmful to our personal and professional lives. It is important to acknowledge that not everyone who works with sex offenders incurs secondary trauma, but the potential is surely there, and those who do experience it can be affected in a variety of negative ways.¹⁵

Why Might Those Involved with the Management of Sex Offenders in the Community Experience Secondary Trauma and/or Burnout?

We have already talked about how our work can negatively impact us and that it is not uncommon for us to experience and endure feelings of isolation and lack of support similar to those who have been victimized. I'm sure that it will not be a surprise to you to hear that secondary trauma can afflict practitioners from a variety of disciplines that work with sex offenders and victims of sexual assault, including nurses, doctors, victim advocates, social workers, therapists and treatment providers, clergy, law enforcement personnel, attorneys, judges, supervision officers, and release decision makers, among others. In a 1997 study examining secondary trauma among professionals in the sex offender management field, a substantial number (62%) of respondents identified themselves as experiencing symptoms associated with secondary trauma, including flashbacks, bad dreams, and intrusive images.¹⁶ These respondents were more likely than those who did not identify themselves as experiencing secondary trauma to report anxiety, depression, and isolation, and tended to view the world as less "predictable" than their colleagues who did not report being negatively impacted by their work.¹⁷ These feelings are often very characteristic of secondary trauma. Often those of us who are facing it may feel out of control, and like we are living and working in a chaotic world over which we are sometimes unable to exercise the influence that we would like.

Another study found that clinicians who treated survivors of sexual abuse and clinicians who treated sex offenders both experienced high levels of secondary trauma, including avoidance (e.g., of people, activities, etc.) and intrusion (e.g., images, nightmares, etc.).¹⁸

Other research has revealed that victim advocates, in particular, struggle with many symptoms and characteristics of secondary trauma, including feelings of anger, fear for their safety, and a sense of loneliness and isolation.¹⁹ Advocates in this study reported that their work with victims impacted their personal lives, and challenged their positive relationships

➤ **Use Slide #6: Who Is Susceptible to Secondary Trauma?**

➤ **Use Slides #7–9: How Can Secondary Trauma Affect Us?**

with friends, family members, partners, and others.²⁰

These are but a few examples of the significant toll managing sex offenders can exert on our personal and professional lives, regardless of the discipline in which we work. There are a number of reasons why we, as professionals in the management of sex offenders in the community, experience these effects of secondary trauma and/or burnout. We've mentioned a number of them already. They include the following:

- Routine exposure to criminal values, attitudes, and behaviors can create an intense sense of mistrust of others.
- It is difficult to hear about and actually see the impact of sexual abuse on victims and their families.
- It is also difficult to be constantly monitoring the offender in the hopes of interrupting his offending cycle and reducing his risk to reoffend.
- Worrying about what will happen if a case “blows up” can be extremely stressful.
- It is emotionally draining to read sexual histories of sex offenders and to listen to their offense disclosures. As we discussed already, after we have heard hundreds or thousands of sex offense cases, it can distort our perceptions of “normal” behavior.
- Sex offenders can be manipulative; being vigilant about not getting manipulated by them can be exhausting.
- Confidentiality and privacy protections sometimes do not allow us to process the details of these cases with others.
- The need to remain fair and impartial may lead to our internalizing and “stuffing” our reactions and feelings.
- In sex offense cases, we often attempt to balance multiple—and sometimes competing—demands and interests, including:
 - Victims and their families;
 - Offenders;
 - Community members;
 - Criminal justice agencies;
 - Public officials; and
 - The news media.
- The fact that we often have insufficient recovery time between cases, generally because of high caseloads, large amounts of paperwork, and deadline pressures²¹ can make it difficult for many of us to find the time to manage our caseloads properly, which often leads to feelings of exhaustion and being overwhelmed. We can't always give each and every case the time it deserves.
- Making release and revocation, treatment, and other decisions about these high stakes cases is complicated and challenging. How many of you feel as though you're under a microscope because of the public's high level of interest in these cases?
- The responsibility for protecting community and victim safety weighs very heavily on our shoulders and the huge stakes associated with these cases make this responsibility very, very onerous. Just one sexual reoffense can be devastating.

Given these factors, it seems quite natural that many of us may

➤ **Use Slides #10–14: Why Might You Experience Secondary Trauma?**

experience some level of secondary trauma, which can ultimately lead us to become “burned out.” As one professional in the field expressed: “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”²²

➤ **Use Slide #15: Secondary Trauma Is a Natural Response**

Conclusion

Being in this profession means that we must give a tremendous amount emotionally, psychologically, and physically. We must be willing to do things that many others would not do, to hear things we would rather not hear, see things we would rather not see, and to remember things, even in our off time, that we wished we never knew. It is no surprise, then, that we might experience some level of difficulty. Given the challenging nature of our jobs, we need to make sure that we are informed about secondary trauma: what it is, how to recognize it, and how to combat or manage it. In this section, we defined secondary trauma, and explained the concept in the context of our work with sex offenders. We will now move on to informing ourselves about how to recognize the signs of secondary trauma—in ourselves and our colleagues. We'll also discuss ways in which we—and our respective agencies—can take steps to overcome it.

¹ Adapted from Pullen, C. & Pullen, S. (1996). Secondary Trauma Associated with Managing Sex Offenders. In K. English, S. Pullen, & L. Jones (Eds.), *Managing Adult Sex Offenders on Probation and Parole: A Containment Approach*. Lexington, KY: American Probation and Parole Association, 10-1–10-11.

² Herman, J. (1992). *Trauma and Recovery*. New York, New York: Basic Books.

³ Maslach, C. & Leiter, M. P. (1997). *The Truth About Burnout*. San Francisco, CA: Jossey-Bass Inc., Publishers.

⁴ Maslach, C. & Leiter, M. P. (1997). *The Truth About Burnout*. San Francisco, CA: Jossey-Bass Inc., Publishers.

⁵ Maslach, C. & Leiter, M. P. (1997). *The Truth About Burnout*. San Francisco, CA: Jossey-Bass Inc., Publishers.

⁶ McCann, L. & Pearlman, L. (1990). Vicarious Traumatization: A Framework for Understanding Psychological Effects of Working with Victims. *Journal of Traumatic Stress*, 3(1), 131–149.

⁷ McCann, L. & Pearlman, L. (1990). Vicarious Traumatization: A Framework for Understanding Psychological Effects of Working with Victims. *Journal of Traumatic Stress*, 3(1), 131–149.

⁸ McCann, L. & Pearlman, L. (1990). Vicarious Traumatization: A Framework for Understanding Psychological Effects of Working with Victims. *Journal of Traumatic Stress*, 3(1), 131–149.

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- ¹¹ 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.
- ¹² Edmunds, S. (1997). *Impact: Working with Sexual Abusers*. Brandon, VT: Safer Society Press.)
- ¹³ Pullen, C. & Pullen, S. (1996). Secondary Trauma Associated with Managing Sex Offenders. In K. English, S. Pullen, & L. Jones (Eds.), *Managing Adult Sex Offenders on Probation and Parole: A Containment Approach*. Lexington, KY: American Probation and Parole Association, 10-1–10-11.
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- ¹⁵ Edmunds, S. (Ed.). (1997). *Impact: Working with Sexual Abusers*. Brandon, VT: The Safer Society Press.
- ¹⁶ Rich, K. (1997). Vicarious Traumatization: A Preliminary Study. In S. Edmunds (Ed.). (1997). *Impact: Working with Sexual Abusers*. Brandon, VT: The Safer Society Press.
- ¹⁷ Rich, K. (1997). Vicarious Traumatization: A Preliminary Study. In S. Edmunds (Ed.). (1997). *Impact: Working with Sexual Abusers*. Brandon, VT: The Safer Society Press.
- ¹⁸ 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.
- ¹⁹ Carmody, M. (1997). Submerged Voices: Coordinators of Sexual Assault Services Speak of Their Experiences. *AFFILIA Journal of Women and Social Work, 12*(4), 452–462.
- ²⁰ Carmody, M. (1997). Submerged Voices: Coordinators of Sexual Assault Services Speak of Their Experiences. *AFFILIA Journal of Women and Social Work, 12*(4), 452–462.
- ²¹ White, W., Gasperin, D., Nystrom, J., Ambrose, T., & Esarey, C. (2005). The Other Side of Burnout: Exemplary Performance and Health Among Probation Officers.

Perspectives: The Journal of the American Probation and Parole Association, 29(2), 26–31.

²² Remen, R. (1996). *Kitchen Table Wisdom: Stories That Heal*. New York, New York: Riverbend Books, Penguin Putnam.