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Vicarious Traumatization: A Guide for Managing the Silent Stressor

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Call for Pilot Sites: National Vicarious Trauma Toolkit

An Evidence-based Approach to Understanding and Addressing Vicarious Trauma in Law Enforcement Officers, Firefighters, and Victim Assistance and Emergency Medical Services Providers

Northeastern University (Boston, Massachusetts), in collaboration with IACP and other partners, is seeking pilot sites to participate in a national-scope project to implement and evaluate a toolkit addressing vicarious trauma. Pilot sites are now being sought to test-drive the Vicarious Trauma Toolkit (VTT) to ensure that it meets the intended purpose of providing a practical resource for agencies to identify and respond to vicarious trauma experienced by law enforcement, firefighters, emergency medical services (EMS) providers, victim assistance professionals, and other first responders.

More information, including the pilot site application form, can be found here: www.northeastern.edu/iuhrp/projects/current/vicarious-trauma-toolkit-vtt. The deadline for applications is October 22, 2014, at 11:59 p.m. EST.

An Informational webinar to answer questions from prospective pilot sites for this ground-breaking project will be held on October 2, 2014, at noon EDT. If you need answers to help you complete your application, reserve your space by registering at https://www2.gotomeeting.com/register/179874266. Once you register, you will receive information about how to access the webinar.

For more information about the project, inquiries can be directed to VTToolkit@neu.edu.

Police work has long been understood to involve work that may be considered upsetting and shocking to the public. Police officers routinely have to respond to situations where they are exposed to the worst of people and the worst of what people do to each other. For instance, one patrol officer responded to a child sexual assault call involving a three-year-old child who was taken to the emergency room in critical condition after having been sexually assaulted and sodomized by her father. The officer was shocked to notice that the child's internal organs were pushed inward towards the upper part of her torso. It was a visual picture that was difficult to erase from his mind. In another case, an officer responded to the homicide of a one-year-old baby who was put in a pot of scorching water, and he observed how the infant is practically charred. These are calls for service that some officers must handle on a regular basis; yet, police agencies do not always recognize or acknowledge that these types of calls are disturbing to many of the officers, and that they may have a negative impact on the officers in a manner that is not immediately observed or understood. The psychological impact of such incidents is referred to as vicarious traumatization. Vicarious traumatization is the psychological cost of caring for victims who have been traumatized while feeling a sense of responsibility to help.[1] While most officers learn to maintain an emotional boundary in order to protect themselves from emotional contagion, it is more challenging to detach while dealing with victims of trauma, particularly when the situation involves a child. Furthermore, the duty to render help to the victim is inherent in the police mission of "to protect and to serve."

This article examines research concerning vicarious traumatization and its application to the law enforcement population. Vicarious traumatization will be defined and signs and symptoms explained within the context of the police profession. The article also makes program recommendations designed to mitigate the impact of vicarious traumatization on police personnel, with a special attention to those who work assignments that expose them to child victims.

Vicarious Traumatization

Vicarious traumatization (VT) is a concept that was designed to provide a framework for understanding the negative effects of exposure to trauma on crisis workers, including first responders and police officers.[2] It results from the repeated exposure to and empathetic engagement with traumatic experiences and those who experience the traumas. It is a process of change that occurs when individuals care

about other people who have been harmed and then feel committed and obligated to help them. The symptoms are far-reaching and encompass changes in identity, value systems and worldviews, beliefs about self and others, trust, interpersonal relationships, intimacy, tolerance, and sense of control. The effects are cumulative and potentially permanent.

When a person's frame of reference is disturbed, beliefs about other people and the world are affected, as well as beliefs about causality and higher hope.[3] Police officers may begin to see the world as a far more dangerous place than they did before their repeated exposure to victims; they may come to see other people as malevolent and evil, untrustworthy, and exploitative. It may become increasingly difficult for the police personnel to retain a sense of hope and a belief in the goodness of humanity.[4] Working with victims of violence shatters police personnel's protective assumptions about safety and mortality. As police personnel let in the reality of "it really happened," they come to recognize that "it can happen to me or it can happen to my loved ones." General distrust of the world and increased protectiveness of loved ones have been found to be the most common negative impacts of vicarious traumatization among police personnel.[5]

Vicarious traumatization is sometimes referred to as "compassion fatigue" or "burnout"; however, conceptually, it is not the same thing. Compassion fatigue is described as the natural, avoidable, and treatable consequence of working with suffering people, regardless of the cause of that suffering.[6] Vicarious traumatization, in comparison, is the cumulative transformative effect on the crisis worker who works specifically with victims of traumatic life events.[7] The term "burnout" refers to a collection of symptoms associated with an exhaustion of physical (or emotional) strength or motivation as a result of exposure to prolonged environmental and internal stressors.[8] Vicarious traumatization can emerge suddenly at any time during one's career, while burnout comes on gradually and usually is caused by dissatisfaction with compensation, lack of work incentives, or career goal re-evaluation. The treatment of burnout often involves employment or job change, while treatment of vicarious traumatization may not end with a change of employment. Vicarious traumatization can continue to have an impact on lives and work long after the interactions with the survivors of trauma have ceased.[9]

The concept of vicarious traumatization emphasizes not only the negative impact, but also the positive impact of bearing witness to traumatic events and the survivors of such events. While vicarious traumatization causes a change in one's sense of identity, worldview, and key psychological needs, these disruptions also can provide an opportunity for positive growth and higher consciousness as opposed to degradation and constriction.[10]

Vicarious Traumatization and the Law Enforcement Population

Several researchers and experts have addressed traumatic incidents in law enforcement.[11] Traumatic incidents in law enforcement are noted to occur within three categories: (1) incidents involving injury or violence to the officer or others; (2) incidents associated with major disasters involving carnage and fatalities; and (3) incidents involving public disorder.[12] Most traumatic incidents experienced by law enforcement personnel are intentional, human-made disasters as opposed to natural, accidental disasters.[13] These include incidents involving rape, assault, and abuse; officer-involved shootings; hostage situations; line-of-duty deaths; and the deaths of or serious injury to children.

One area of policing that has increasingly been characterized as traumatic is the exposure of officers to child abuse and child protection cases.[14] Dr. Sandra L. Bloom, a psychiatrist with expertise in trauma-related emotion disorders, states that the greatest traumas, and the ones most likely to result in negative symptoms, involve cases of family violence (e.g., child abuse, spousal abuse, rape, and child sexual abuse) due to the fact that this challenges the cherished cultural idea that the family is a safe place.[15] According to police psychologist Dr. Isaac Van Patten and professor Dr. Tod Burke, crimes involving children are the most difficult for investigators to work while maintaining a healthy state of psychological and emotional well-being.[16] In a 2009 survey, 90 percent of the police personnel respondents who worked Internet crimes against children cases reported problems such as insomnia, depression, weight gain, and problems with sexual intimacy, work, and their marriages. Law enforcement personnel embrace the societal view that children are innocent and need to be protected.[17] Many police personnel are also parents, making it increasingly difficult for them to deal with cases where children have been victimized. Many officers who have children of their own begin to see and replace images of the abused children with their own children.

Researchers examining the impact of working with survivors of sexual assaults on police officers found that post-traumatic stress disorder (PTSD) symptoms were much more prevalent among police officers who dealt with sexual assault victims

versus police officers who dealt with routine crimes.[18]

While all police personnel can be exposed to situations that can lead to symptoms related to vicarious traumatization, there are certain assignments that, on a regular basis, expose the police to the most difficult cases. These assignments will be referred to as "high-risk" assignments and include Internet Crimes Against Children, Crimes Against Children, and Sexual Assault units. It is imperative that police agencies adopt proactive programs to combat and mitigate the impact of vicarious traumatization for police personnel working these high-risk assignments.

Coping Strategies and Vicarious Trauma

A study in the late 1990s found that about 40 percent of the police sample reported the presence of psychological distress.[19] Psychological distress can occur as a result of a single stressor or, in some situations, the accumulation of stressors. According to experts on the physical and emotional effects of trauma, police officers do not always handle traumatic situations effectively. Ineffective coping may include the dissociation of emotions and a lack of processing of the incident. Some officers cope with traumatic situations by developing a mind-set of invincibility, as opposed to vulnerability.[20]

Most officers show resilience and adaptive coping strategies; however, some develop ineffective and maladaptive ways of coping with work-related stressors or the accumulation of them. A 2013 study examined differences in coping with secondary traumatic stress (STS) between UK and U.S. investigators. Overall, U.S. child exploitation investigators had higher STS scores than UK officers in equivalent postings. Higher STS scores were associated with increased interaction with child pornography, self-reported difficulty with the images, denial of stress, and increased alcohol use and tobacco consumption. Among U.S. child exploitation investigators, organizational support was a significant factor in their STS scores.[21] Another study found that 16.7 percent of officers reported problem drinking and found an association between critical incidents and negative and avoidant coping strategies, problem drinking, and PTSD symptoms.[22] Furthermore, gender differences have been found in the reporting of stress—research shows that female officers were more likely than male counterparts to report experiencing stressors.[23]

Implications for Agency Response

Law enforcement agencies must take measures to help their personnel combat the negative effects of vicarious traumatization. Strategies developed by police agencies to manage or mitigate the risk of vicarious traumatization need to consider the organizational culture, selection and orientation procedures, and training issues, as well as safeguard programs.

Organizational Culture

The values and culture of an organization set expectations about the work. They also set expectations about how police personnel will experience their exposure to trauma and deal with it, both professionally and personally.[24] Of particular concern is that an organizational culture should be cultivated that values the work of high-risk assignments.

Recruitment to these assignments need to be voluntary, and efforts should be made to recruit and select competent and experienced volunteers willing to face the challenges of the work. These assignments need to receive regular recognition for their contributions and be prioritized in the allocation of agency resources. Consistently troubled or problematic employees should not be administratively transferred to these assignments or units. Such transfers communicate a message that such work is not valued in the organization. Instead, the nobility of the assignment should be underscored, and any existing stigma related to such assignments should be corrected. All personnel should be educated about the work of such assignments and misperceptions about the work, such as "it's just kiddy porn," should be replaced with the understanding that these assignments involve intensive police work.

Efforts should also be made to monitor the workload of police personnel working the high-risk assignments. The severity of vicarious traumatization has been found to be related to increased time spent with traumatized clients, large caseloads, and long work hours.[25] Research has also shown that having a more diverse caseload is associated with decreased vicarious traumatization.[26] When possible, highly stressful cases, such as child homicides, child abuse cases that involve torture, or cases of incest, should be distributed among investigators who possess the necessary skills. High-performing investigators should not be burdened with the most stressful types of cases. Attempts should also be made to integrate diversity into the work of such assignments. Investigators can be given opportunities to provide training, such as Internet safety education to children, school personnel, and parents. These types of opportunities provide a psychological break for the investigators and increase their sense of control by including them in work that involves the prevention of child abuse.

Also, the agency can proactively develop relationships with adjunct support services such as rape crisis centers, domestic violence shelters, departments of children services, and community mental health centers. Such relationships will not only support the victims, but also decrease the workload for the investigators.[27] Developing collaborations between agencies that work with traumatized victims can provide material support and prevent a sense of isolation and frustration for all involved.

Selection and Orientation Procedures

It is vital for supervisors to assess the position and employee match before recruiting police personnel for high-risk assignments. The selection process should be bifurcated into educating the potential candidate about the realities of the job and assessing the employee's readiness and motivation for seeking such a position. The candidate needs to be advised of the risks and challenges associated with the assignment and provided a realistic preview of the work. Employees need to be questioned about their support systems, expectations of the position, general stress management strategies, willingness to seek assistance in dealing with emotional stressors, and reasons for applying to such an assignment. Employees who may be volunteering and are grappling with multiple personal stressors; have an immature coping system and may exhibit other vulnerabilities; or are volunteering to exact revenge for their own past, personal abuse, or to gain access to pornographic material should be screened out.

A formal orientation process should be developed for such specialized, high-risk assignments. Often personnel working such assignments describe their transition process as "baptism by fire." Instead, care should be taken to psychologically and procedurally prepare the investigator for the work, so as to bolster competency and sense of control—two psychological variables that serve as protective factors against vicarious traumatization.[28] Material to cover in the orientation can include training on vicarious traumatization and resiliency building, how to prepare for a child autopsy, the psychology of an abuser, and other assignment-specific topics. In order to maximize the efficiency of the investigator, the training must occur prior to entry into the assignment and at ongoing intervals during the assignment. Vicarious traumatization training not only diminishes the potential of developing vicarious traumatization, but also helps police personnel to name their experience and provide a framework for understanding and responding to it.

Resources for Self-Care

Police personnel assigned to high-risk assignments should be encouraged to attend voluntary safeguard debriefings on an annual basis. These safeguard debriefings should be facilitated by a licensed mental health professional with training and experience in police psychology, trauma, and vicarious traumatization. The purpose of the debriefing is for the investigator to reflect on the past year as a means to integrate his or her experiences in such a way that it leads to growth and learning. Police personnel should be permitted to attend the debriefings while on duty, and feedback provided to the agency by the mental health professional should be limited to attendance, with the exception of information that falls under mandated reporting requirements of the professional. Participants who have participated in such safeguard programs often report that the experience was valuable and that they appreciated receiving feedback from an objective, trained professional.[29]

Investigators should also be referred for a debriefing following any incidents that fall outside of the norm for their assignment, such as child homicides, cases of severe abuse or torture, and sadistic rape cases, as well as those cases an investigator has a strong emotional reaction to.

The unique demands of these high-risk assignments, coupled with repeated exposure to victims who have been traumatized, deserve great care and handling. The above recommendations form an organizational proactive commitment to prevent the occurrence of vicarious traumatization among police personnel.

Future Directions

Relevant to this discussion about vicarious trauma and its impact on law enforcement and other first responders is a current interdisciplinary project of national scope that is funded by the Department of Justice, Office for Victims of Crime (OVC). The Vicarious Trauma Toolkit (VTT) Project's primary goal is to develop and test the effectiveness of a state-of-the-field training and technical assistance toolkit to support agencies' responses to vicarious trauma. The VTT will be created for law enforcement officers, firefighters, emergency medical personnel, victim service providers, and other first responders who intervene in incidents where people are victimized by violence. The toolkit will have information applicable for those responding to mass casualty events, and for those chronically exposed to trauma when interacting with individual crime victims. While targeted at these specific populations, the expectation is that it will be relevant to other professional disciplines as well. Among the lead partners in this project are the International Association of Chiefs of Police (IACP), the National Association of Fire Chiefs (NAFC), and the National Association of State Emergency Medical Services Organization (NASEMSO).

Thus far, the project has been instrumental in surveying the literature and the field (including a specific focus on law enforcement) to gather and assess existing policies, practices, procedures, and programs and identify those that may be evidence-based or promising. In addition to the literature and Internet searches, the project is preparing to disseminate a survey through its national partners to numerous professional networks in the targeted fields. The survey is an additional step toward gathering and assessing the education, training, and organizational strategies and programs currently used in the field, especially those that have been evaluated or deemed highly effective. The results of these surveys will inform the development of the toolkit that will incorporate model policies, training curricula, and organizational strategies (e.g., supervision, human resource procedures, and self-care tools). The toolkit will then be tested in four pilot sites around the United States, which will require a lead role by law enforcement in collaboration with agencies in the other targeted disciplines. There will be an application process for communities seeking to be one of those pilot sites.

This project is groundbreaking and police chiefs have the opportunity to take a leadership role in the process, one that is strongly encouraged so as to ensure that

the vicarious trauma tools and strategies developed prove meaningful and relevant for law enforcement officers and their colleagues around the world.

Conclusion

Police personnel are required to work with and provide assistance to victims who have experienced traumatic events. Being repeatedly exposed to other people's suffering, anguish, and pain changes police personnel, as well as those in other victim assistance professions. Denial of such changes has been correlated with high levels of vicarious traumatization in police personnel. Identification of vicarious traumatization as a distinct concept encourages police to reexamine changes in their beliefs and worldviews that may stem from their repeated exposure to victims of trauma. It further encourages the use of effective coping strategies in combating stress. Organizational assistance plays an instrumental role in combating the negative effects of vicarious traumatization for police personnel. Such support has been found to have the strongest relationship to lower levels of vicarious traumatization.[30] It is imperative for agencies to be proactive and adopt a multi-prong approach to mitigating the effects of vicarious traumatization—one that includes recognition of and training on vicarious traumatization, examination of workload distribution, selection and orientation, and access to safeguard debriefings. ♦

Notes:

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