

**D**uring the 2013 American Probation and Parole Association (APPA) Winter Training Institute (Phoenix, AZ January 13-26), I had the opportunity to present a workshop on the topic of secondary trauma. Historically, the audiences in my workshops on this subject are relatively quiet. It is a sensitive topic, and I am respectful not to ask people to publicly disclose the impact of their trauma exposure just to generate conversation! So my recent solution to silent audiences is to incorporate interactive technology that allows participants to anonymously respond on keypads to questions in the PowerPoint presentation. Not only is it more entertaining for the attendees to actively participate in a workshop, but it is a wonderful opportunity to put a finger on the pulse of the group and record their collective responses. The APPA conference provided an extraordinary setting to collect this type of data as the attendees represented a cross section of all levels of probation/parole professionals throughout the United States and abroad.

At the start of the training, the question was posed, "Do you believe that working in community corrections has changed the way you view the world?" Ninety-nine percent of the workshop participants answered "yes" with their keypad responders (N=136). An active discussion ensued wherein audience members identified increased cynicism, hyper-vigilance, chronic suspicion of others, loss of empathy, and feeling desensitized as the most notable changes they had observed in themselves since working with juvenile and criminal offenders. The laughter that erupted as people related examples (i.e., scrutinizing Santa Claus for pedophilic ideations, watching the local news with trepidation and a caseload roster, or conducting silent risk assessments on all new acquaintances) illustrated both the prevalence of the impact and the point of the training. When the participants were discussing their experiences, they were unwittingly describing the classic signs and symptoms of secondary traumatic stress (STS) and vicarious traumatization (VT).

# SECONDARY TRAUMA:

## THE PERSONAL IMPACT OF WORKING WITH CRIMINAL OFFENDERS

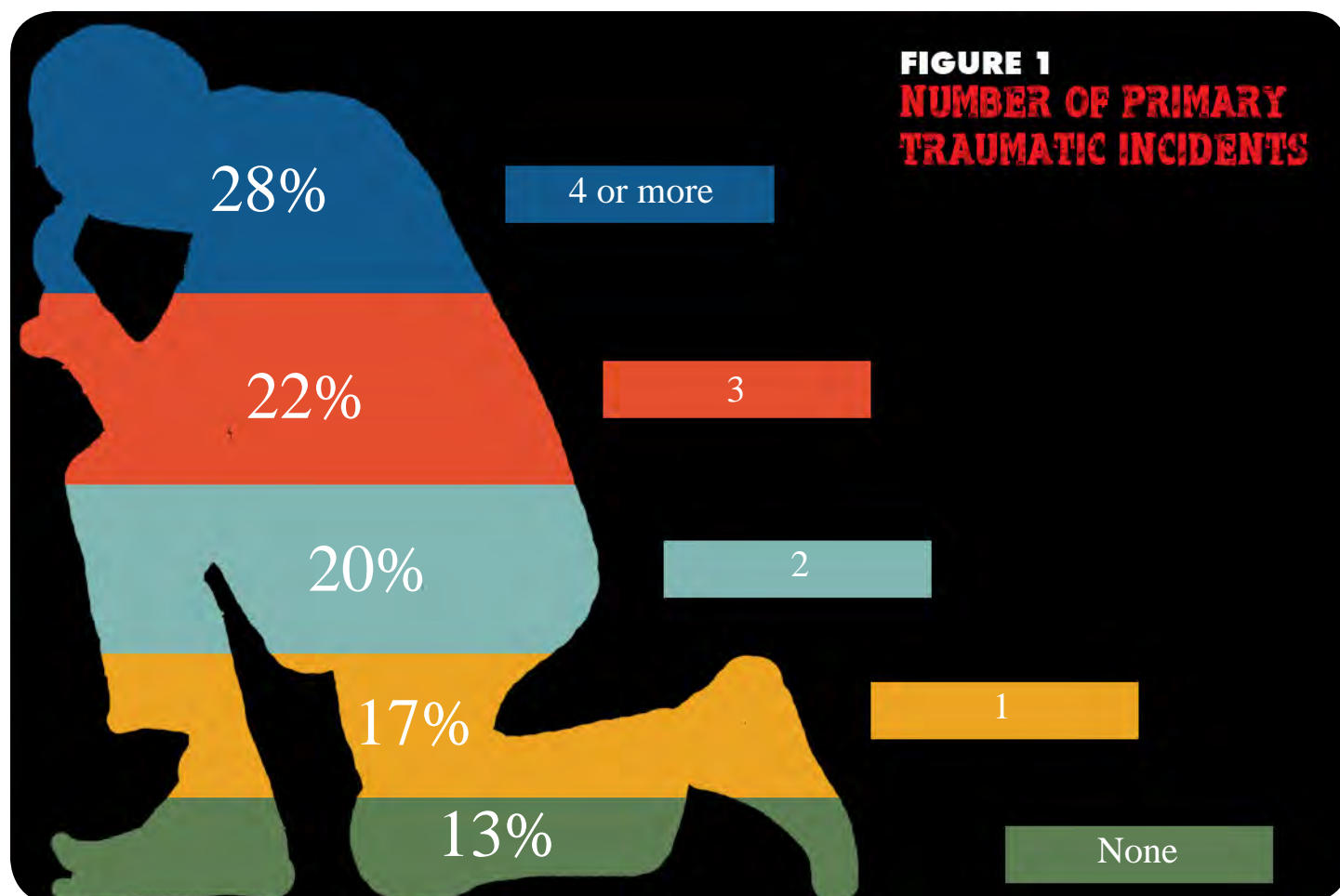
By Kirsten Lewis





## STRESS: IT COMES WITH THE JOB

Although the field of community corrections has long been recognized as a stressful profession, it has only been recently that traumatic stress was identified as a contributing factor to the taxing nature of the work. Primary (direct) traumatic stress can occur after an individual experiences an extreme or life-threatening event (i.e., officer assaults, receiving threats of physical harm and/or death, stalking of officers, being attacked by animals, false accusations of criminal/unethical conduct, being named in a lawsuit or sued directly, and/or witnessing violence, death, or suicide). Due to the lack of uniform practices among agencies and inconsistent reporting of critical incidents, there are no national statistics regarding the primary victimization of community corrections officers. Consequently, this was a valuable opportunity to poll the APPA workshop participants for their responses, which are illustrated in *Figure 1*.



The limbic system, one of the oldest parts of the brain, activates the “fight or flight” response during primary traumatic events to enable the individual the greatest likelihood of survival. Neurological research suggests that secondary (indirect) exposure to trauma can cause similar physiological stress responses in professionals when they observe, listen to, or even read about the graphic details of traumatic events (Leonhardt & Vogt, 2011). Brain imaging technology demonstrates the presence of mirror neurons that are activated when observing others, causing parallel stimulation of brain regions in the spectator to that of the person experiencing the event (Fogassi, 2011).

While the neurological reactions may be less intense through secondary exposure, they can nonetheless be damaging to observers and result in depression, anxiety, and altered values, beliefs and worldviews (Leonhardt & Vogt, 2011).

The ability to empathize with others is believed to be a by-product of the mirror neuron system, a special form of neural resonance wherein the emotional state of one individual is neurologically reflected in another (Molnar-Szakacs, 2011). Since current evidence-based practices (EBP) emphasize a high degree of empathetic communication between officer and offender (Kennealy, Skeem, Manchak, & Loudon, 2012; Taxman, Shepardson, & Byrne, 2004), this has important implications for community corrections. It is ironic that empathy, the very quality that makes officers most effective in their work, also makes them most vulnerable, because empathy is the pathway through which trauma is vicariously transferred. Therefore, when I asked the attendees in the workshop if they had experienced any changes in their empathetic abilities, it was not surprising that 64 percent indicated that their empathy had decreased since working in community corrections.

Secondary (indirect) traumatic stress (STS), also termed *compassion fatigue*, occurs when professionals begin to experience trauma symptoms as a result of their exposure to the pain and suffering of others (Figley, 2002). From their initial involvement with a case, probation and parole officers are exposed to varying aspects of traumatic material: they read police reports, interview victims, and assess offenders’ criminal and social histories. In addition,

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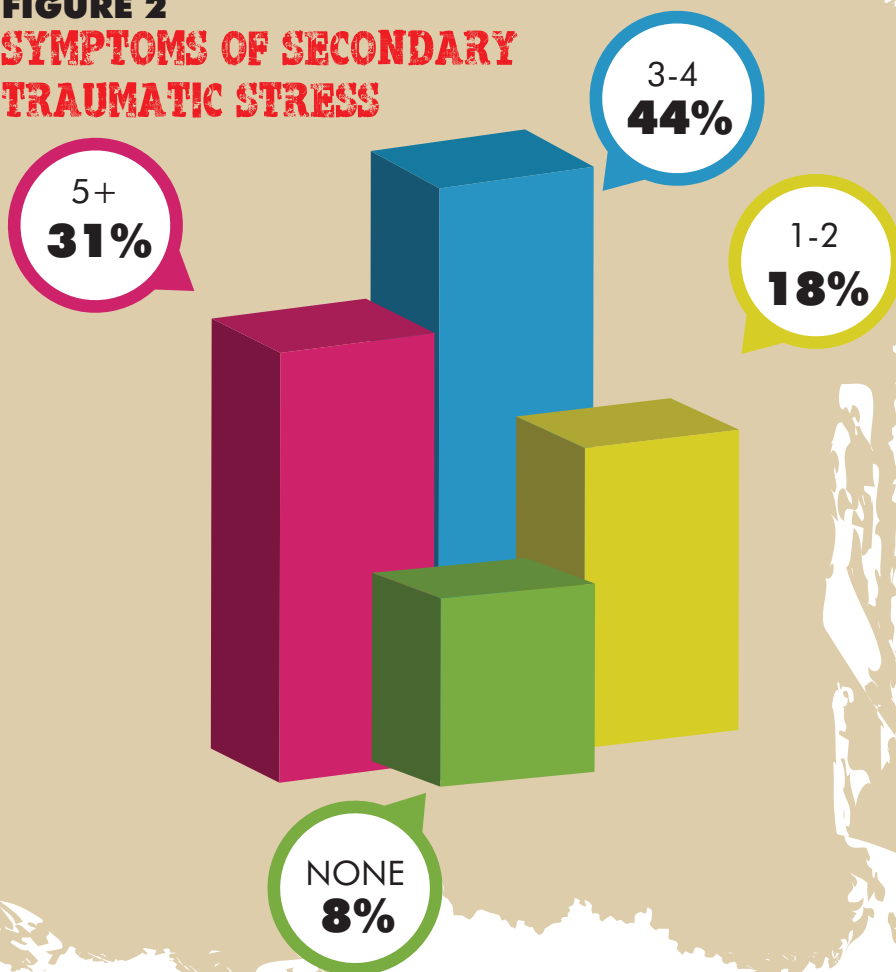


officers regularly meet with offenders and conduct residential field visits where they often bear witness to dysfunctional lives and, at times, observe horrific and deplorable living conditions.

The responses from the workshop indicated that the majority of attendees described their daily exposure to traumatic material as “frequently” or “always.” Consequently, it was quite conceivable that 75 percent of them reported experiencing three or more of the following STS symptoms in the past two months: loss of trust, loss of innocence, safety concerns, intimacy problems, difficulty in relationships, boundary issues, and increased anger, disgust, sadness, and/or distress (Salston & Figley, 2003) (see Figure 2).

A recent study of probation employees discovered heightened STS symptoms in staff members who experienced challenging caseload events such as offender suicide, sexual recidivism and violent re-offenses that resulted in death to a victim or injury of a child (Lewis, Lewis, & Garby, 2013). Other types of secondary (indirect) traumatic incidents that can occur in community corrections include the violent or unexpected

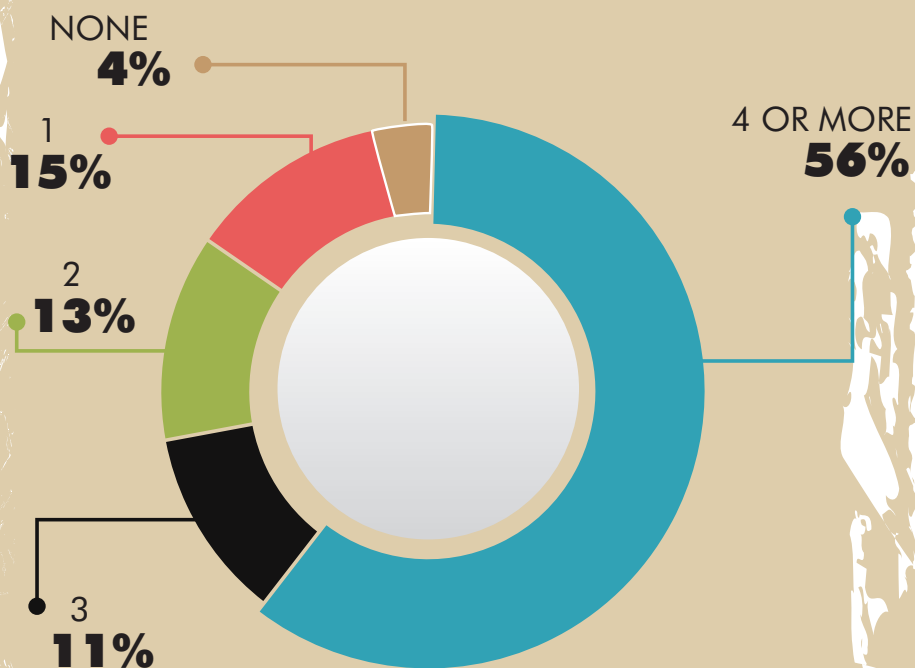
**FIGURE 2**  
**SYMPTOMS OF SECONDARY TRAUMATIC STRESS**



death of an offender, involvement in defending lawsuits against the department and line of duty violence, injury or death of a co-worker. More than half (56 percent) of attendees at my APPA workshop indicated that they had experienced four or more secondary traumatic incidents in the course of their career (see Figure 3).

Vicarious trauma is a related concept that focuses on cognitive shifts in a professional's beliefs about humanity, safety and relationships as a result of empathetic engagement with individuals who experienced distressing life events (McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995). Constant exposure to graphic accounts of victimization can challenge basic faith, create a pervasive distrust about the motives of others, and contribute to a pessimistic attitude about the overall human condition (Herman, 1992). In the recent workshop, 88 percent of attendees reported experiencing three or more of the following VT symptoms in the past two months: increased cynicism, chronic suspicion of others, interpersonal relationship problems,

**FIGURE 3**  
**NUMBER OF SECONDARY**  
**TRAUMATIC INCIDENTS**





# SECONDARY TRAUMA:

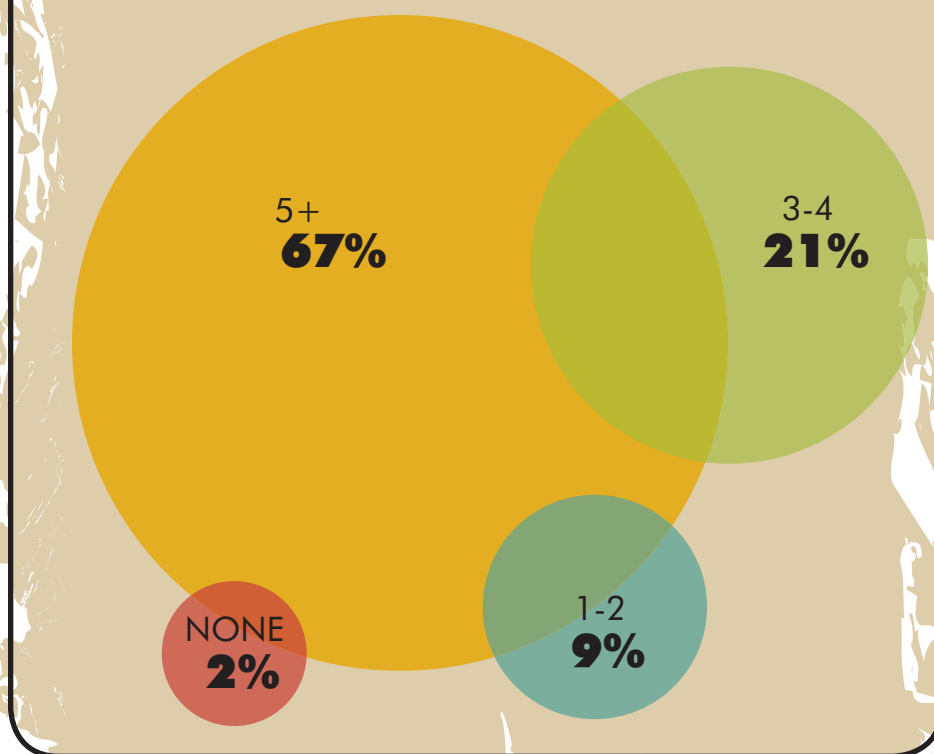
distorted world view, intimacy difficulties, questioning of spirituality, decreased tolerance, loss of empathy, intrusive imagery and disturbing thoughts (McCann & Pearlman, 1990) (see Figure 4).

## CORRECTIONS FATIGUE

A team of researchers recently conducted the first study in the United States investigating primary and secondary traumatic stress on correctional officers (Spinaris, Denhof, & Kellaway, 2012). As a result of their study, Spinaris, et al. coined the term “corrections fatigue” and pointed out that VT and STS, which originated in the clinical arena, did not entirely capture the unique and complex work of community corrections. Whereas most helping professionals assist motivated clients in physically and psychologically safe environments, probation and

parole officers work with involuntary clients, are repeatedly exposed to a variety of potentially traumatic incidents, must maintain heightened and sustained levels of mental vigilance for officer safety and have the dual (and at times conflicting) responsibility for both offender rehabilitation and control (Spinaris & Denhof, 2012).

**FIGURE 4**  
**SYMPTOMS OF VICARIOUS TRAUMA**



After a brief overview of the neurological and physiological effects of chronic trauma exposure and sustained mental vigilance, I posed a final question to the audience, "Is your current stress level sustainable without significant costs to your body?" An astonishing 69 percent of the workshop participants said "no," - their stress levels were *not* sustainable without significant costs to their bodies. This was compelling data to see and poses a significant challenge to the field.

## **EBP AND TRAUMA EXPOSURE: UNINTENDED CONSEQUENCES**

Over the past decade, evidence-based practices (EBP) in community corrections have dramatically shifted the role of officers from "rule enforcement" into "active agents of change" in offender rehabilitation (Lowenkamp, Holsinger, Robinson, & Cullen, 2012; Taxman, 1999). While implementing EBP, probation/parole officers conduct risk assessments, collaborate with offenders to create problem-oriented case plans, model pro-social behavior and use enhanced communication and motivational techniques to promote behavioral change (Taxman, 1999; Taxman, Shepardson, & Byrne, 2004; Walker, Clark, Gingerich, & Meltzer, 2007). Never before has a greater emphasis been placed on the officer's ability to warmly engage and emotionally connect with offenders (Lowenkamp, Holsinger, Robinson, & Cullen, 2012). In fact, recent research suggests "high quality relationships"

(characterized as firm, fair, and caring) between officers and offenders are an essential component of core correctional practices and protect against offender recidivism (Kennealy, Skeem, Manchak, & Loudon, 2012).

While evidence-based practices are showing positive results through a national increase in probation success rates (Glaze and Bonczar, 2010), there is a departmental duty to safeguard the welfare of officers and to preserve and maintain their emotional well-being (Klein & Alexander, 2011; Tehrani, 2011). Therefore, it not only is essential to evaluate the impact of traumatic stress on officers for humanitarian reasons, but also to determine the residual effect it may have on their ability to effectively implement the very practices that can positively affect offender success and public safety.

## **MANAGING STRESS IN THE WORKPLACE**

Research suggests that probation officers relieve pressures of the job by taking extra sick leave, requesting transfers and/or applying for early retirement (Finn & Kuck, 2005). This can become costly for departments, increase the workload for remaining officers and decrease the quality of care for offenders. Other areas of agency expense are officer discipline and potential lawsuits for negligence, caseload abandonment, judgment error and personal DUI offenses. By no means can officer





misconduct be excused or solely blamed on burnout and/or trauma exposure, but it is fair to speculate that a portion of the poor decision making and problem solving behavior that leads to disciplinary problems may have been exasperated by unaddressed stress factors.

Programs designed to alleviate officer stress can save money, improve staff performance, and enhance healthy coping (Finn & Kuck, 2005). Studies in other high stress professions and in the general work population highlight the benefits of stress management programs. One study of New York City employees who attended work-sponsored crisis interventions after the terrorist attacks on September 11, 2001, showed significant benefits two years later. Employees who attended the interventions [debriefing type session(s) with a trained professional] reported lower rates of binge drinking, symptoms of Post-Traumatic Stress Disorder (PTSD), alcohol dependence, major depression, anxiety, global impairment, and somatic complaints compared to employees who did not utilize the crisis services (Boscarino, Adams, & Figley, 2005).

A pilot study involving the German Air Traffic Control Services conducted an economic evaluation of a newly implemented peer support / Critical Incident Stress Management (CISM) program. The results indicated air traffic controllers who voluntarily attended a CISM intervention (individual

session or group debriefing) following a critical incident recovered faster, were less risk-averse (overcautious), more efficient upon their return to duty, and showed a sharp reduction in violence compared to the controllers who opted not to use CISM services. Eighty-three percent of employees reported that CISM was extremely worthwhile to their personal wellbeing and 75 percent perceived the benefit of CISM for the organization as extremely high. Of particular interest was the finding that the majority of employees who never used CISM services perceived the program as very beneficial. It appeared that the mere presence of the program, the validation demonstrated by their employer through investing in CISM, and the availability of services if needed was valuable for the vast majority of employees. Furthermore, CISM created a better culture of trust, accessibility, and the handling of errors, which significantly improved job satisfaction. The overall fiscal benefit for the organization was a 257 percent return on investment for the CISM program as a result of reduced time off and increased recovery speed (Vogt, Leonhardt, Köper, Pennig, 2004).

## **A PILOT PROGRAM**

In 2011, Maricopa County Adult Probation Department (MCAPD) began the development of an employee stress management program to specifically target the impact of trauma exposure. The goals of the program are to enhance protective coping strategies that better prepare officers

for the emotional challenges of work in community corrections, minimize the cumulative stress associated with longevity and chronic trauma exposure and promote a work culture that supports and safeguards the welfare of employees. The following is an outline of the employee stress management model:

## **PART I.**

Pre-incident prevention strategies to manage stress in the workplace primarily consist of staff education. As the saying goes, if it is predictable, it is preventable! Training employees about the physical, psychological, emotional, social and spiritual challenges of their work is beneficial on multiple levels. Officers who are mentally prepared for the various types of job stressors are able to create a “psychological body armor” that can buffer them from long-term negative impacts (i.e., PTSD) (Everly & Mitchell, 2000; Tehrani, 2011). The purpose of pre-incident education is to offer anticipatory guidance, normalize stress reactions, enhance protective coping strategies (fostering resistance and resilience), and provide resource information before an incident occurs. In addition, stress management training and education demonstrates support from the organization and helps promote a cultural environment wherein self-care, health, and well-being are revered as professional competence. Education / Training Topics should include the following:

### **OFFICER SPECIFIC TRAINING:**

- Recognizing compassion fatigue, vicarious trauma and burnout
- Understanding caseload events (i.e., offender suicide, violent recidivism, etc...) and the unique stressors of probation work
- Reviewing the neurological and physiological impacts of heightened and sustained hyper-vigilance (officer safety) and traumatic stress
- Managing empathy
- Improving personal awareness / identification of stress symptoms
- Recognizing the effects of cumulative stress
- Developing protective coping strategies
- Enhancing resilience
- Accessing support and resources

*Administration Specific Training* (includes all of the officer training with the addition of the following):

- Identifying stress in officers
- Supervising stressed and/or traumatized officers
- Managing supervisory stress
- Recognizing the impact of chronic traumatic stress on organizations
- Detecting the effect of trauma on leadership and communication in crisis and peacetime
- Understanding organizational culture and influence



A top-down, training rollout strategy is highly recommended starting with administration, prioritizing assignments where the exposure is intensified due to the frequency, volume, duration and concentration of trauma material/content (i.e., assignments containing high-risk offenders, transferred youth, sex offenders, seriously mentally ill, and domestic violence offenders). The support, buy-in and commitment at an executive level are imperative to the long-term success of any new program. And the ability to model healthy behavior and support employees are essential elements to the stress management model. Additionally, managers need to be prepared for a shift in the personal awareness of staff, create a forum that is receptive to open communication, acknowledge officer's experiences without judgment, and to have information about the referral process and available resources for employees (i.e., peer support and employee assistance program). Lastly, the goal of the initial rollout is to train the existing employees within the department, after which the focus will shift toward new hires. Annual trainings to maintain awareness for veteran employees should be performed after the original rollout is complete.

## **PART II.**

Post-incident interventions in the employee stress management program provide supportive resources to manage trauma exposure, cumulative stress and the

impact of critical incidents. The goal is to decrease acute reactions after a traumatic event and/or to minimize the effects of chronic stress factors that can lead to burnout (Handa, Krantz, Delaney, & Litz, 2011). An essential aspect of the stress management program is the utilization of a peer support program which should include the following components and interventions:

*Critical Incident Stress Management (CISM) Team:* A team of employee volunteers with specialized training in group and/or individual crisis management. The primary responsibilities of the team include pre-incident preparation and training, responding to critical incident scenes, providing individual and/or group crisis interventions and disseminating resource information and referrals for professional services.

*Individual Crisis Intervention (ICI) / Decompression:* Individual, one-to-one contact between a CISM team member and an employee who has experienced a stressful or traumatic event. Generally ICI/decompressions consist of one to three contacts conducted face-to-face or via telephone. The goal is to reduce stress, manage crises and provide immediate, short-term assistance. ICI/decompressions may be appropriate following a critical incident or for employees experiencing high levels of cumulative stress. CISM members conducting ICI/decompressions must have received specialized training in individual

crisis management and refer employees for additional services when the needs of the employee exceed the training of the CISM team member. ICI/decompressions should not be considered a forum for psychological counseling nor should it be viewed as a substitute for mental health services.

ICI/decompressions could be employed upon officer request and/or offered as protocol following caseload events that research has shown to be correlated with increased levels of stress:

- Offender suicide
- Violent recidivism involving children
- Violent recidivism resulting in death to a victim
- Sexual recidivism
- Officer victimization

*Group Crisis Interventions:* CISM team members assist groups of employees who have been involved in or impacted by a critical incident. Several types of interventions may be conducted depending upon the circumstances (i.e., crisis management briefings – a medium in which information is disseminated to large groups, or small debriefings – a forum that affords individuals the opportunity to process the event in a group setting).

*Stress Assessments:* Annual or bi-annual stress assessments using validated instruments such the Probation Personal Impact Survey (Lewis, Lewis, & Garby, 2013)

or Compassion Satisfaction/Fatigue Self-Test for Helpers (Figley, 1995) can provide insight into the gradual increases of job impact throughout an employee's tenure and allow for proactive interventions.

### **PART III:**

Pre/post measures that may be associated with stress (see below) can be analyzed after the training rollout is complete and repeated on an annual basis to examine long-term program efficacy and guide program development.

- Sick leave (number of officers, number of hours)
- Long-term, short-term disability (number of officers, number of hours)
- Disciplinary action (number of employees)
- Terminations (number of employees)
- Resignations (number of employees)
- Lawsuits filed against the department (number)
- Use of CISM services
- Number of ICI/decompressions referrals
- Number of ICI/decompressions conducted
- Number of group crisis interventions

### **CONCLUSION**

I've had the honor to present my research on traumatic stress in community corrections at workshops and conferences around the country, where the topic appears to





universally resonate with staff at all levels. I can attest to the evidence I've consistently witnessed over the years in these trainings confirming the impact: the number of officers in the audiences who nod their heads in recognition as we discuss the symptoms of trauma exposure, the eyes that well with emotion as they remember the haunting cases they carry with them, the relief in their voices when they learn that their reactions are normal and shared by many, and probably most importantly, the pride in their faces when the personal cost of their work is acknowledged and valued.

Despite all that I know and have personally experienced regarding the risks of my job, I love being a probation officer. I take tremendous pride in my work and view community corrections as a noble profession which is dependent on a healthy workforce to carry out its mission. There may be little that can be done to minimize our exposure to trauma; it is, after all, inherent in the work we have chosen to do. There is, however, much that can and should be done for employees to prevent, mitigate and treat the impact of traumatic stress, and it starts with acknowledging the issues. Providing training and stress management programs for employees to address trauma exposure not only validates their experiences in the field, but their sacrifices become permanently honored when used to safeguard the next generations of officers! >>>

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