

# Social Work, Secondary Traumatic Stress, and Vicarious Trauma

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## Abstract

*Secondary traumatic stress (STS) and vicarious trauma (VT) are common experiences of social workers arising from exposure to the suffering of others. Both STS and VT can have long and short-term emotional, physical, and behavioral symptoms affecting the professional and personal lives of social workers. This paper emphasizes the importance of recognizing and actively addressing STS and VT through effective supervision practices and organizational support. This paper highlights evidence-based practices recommended to help mitigate the effects of STS and VT among social workers. This paper also shares the potential for positive outcomes, such as post-traumatic growth, when appropriate support is provided to social workers. Ethical considerations regarding self-care, competence, and the well-being of social workers are also discussed.*

## Introduction

Social work is often described as the ‘helping profession,’ with practitioners regularly exposed to the trauma and suffering of those they are helping. This exposure can lead to adverse effects on social workers’ well-being, leading to the risk of developing secondary traumatic stress (STS) and vicarious trauma (VT). STS and VT are potential job hazards for social workers, adversely affecting psychological well-being, job performance, and overall life satisfaction. However, awareness combined with organizational support and evidence-based supervision practices can mitigate the risks of STS and VT, ensuring preservation of the profession at large.

## Definition and Symptoms of STS and VT

STS refers to symptoms that emerge shortly after exposure to a single traumatic event, while VT develops from chronic exposure to others’ trauma over time (Middleton et al., 2022). Both conditions can have lasting impacts on social workers’ ability to perform their duties and can reduce performance, job satisfaction, retention in the field and overall wellness of the social worker (Ashley-Binge & Cousins, 2020; Jirek, 2020; Perron & Hiltz, 2006; Starcher & Stolzenberg, 2020; Yu et al., 2023).

Social workers experiencing STS or VT may show various psychological, physical, and behavioral symptoms.

Psychological effects may include emotional numbness, feelings of helplessness, anger, sadness, irritability, anxiety, and distrust (Perron & Hiltz, 2006; Starcher & Stolzenberg, 2020; Yu et al., 2023). In some cases, social workers experiencing STS and VT may engage in maladaptive coping strategies, such as substance abuse or social withdrawal (Ashley-Binge & Cousins, 2020; Jirek, 2020). Physical symptoms may include sleep disturbances, appetite changes, and increased heart rate. Behavioral signs often include withdrawal, apathy, and heightened vigilance, as well as interpersonal conflicts at work and in personal relationships. The short- and long-term effects of STS and VT can result in a decline in social workers' well-being, professional efficacy, and job satisfaction, with potential consequences for both the individual and the organization (Perron & Hiltz, 2006; Starcher & Stolzenberg, 2020; Yu et al., 2023).

### **Organizational and Supervisory Recommendations**

STS and VT should be viewed as common, predictable risks within social work organizations. Supervisors should incorporate evidence-based tools, such as the VRS, into their regular supervision practices. Regular check-ins and the provision of emotional and psychological support can help social workers identify and manage symptoms of STS and VT before they escalate. Organizations should provide ongoing support and resources for social workers under their supervision. This can include peer support networks, mental health services, and professional development opportunities. Organizations must prioritize employee well-being by ensuring manageable workloads, providing work-life balance, and offering adequate compensation and benefits to contribute to a positive organizational culture. Lastly, ongoing training and education on

trauma-informed care, resilience-building, and self-care strategies should be integrated into the professional development opportunities and supervision provided to social workers.

### **Protective Factors and Effective Supervision**

Despite the risks, several protective factors can help mitigate the effects of STS and VT. These include both internal factors, such as personal resilience, and external factors, such as the quality of social work supervision. Studies show that social workers with higher self-efficacy are better equipped to manage stress and that high-quality supervision plays a critical role in reducing the impact of trauma exposure on social workers' well-being (Deaton et al., 2021). Supervisors can help social workers build professional resilience by providing emotional support, promoting healthy coping strategies, and encouraging professional development (Deaton et al., 2021).

Research shows that evidence-based approaches, such as the Vicarious Resilience Scale (VRS) and the Regenerative Supervision Model, are effective in helping social workers assess and cope with the effects of STS and VT (Killian et al., 2017; Neswald-Potter & Simmons, 2016). These tools allow supervisors to monitor the symptoms of STS and VT and provide targeted interventions to promote resilience. Social workers with adequate support may experience "vicarious post-traumatic growth," in which exposure to trauma leads to positive personal outcomes, such as increased empathy, job satisfaction, and a stronger sense of purpose (Neswald-Potter & Simmons, 2016).

### **Ethical Considerations**

The ethical obligations of social work, as outlined by the National Association of Social Workers (NASW) Code of Ethics (2021), require that social

workers prioritize self-care and professional competence. Social workers must be provided the opportunities to ensure that their emotional and psychological well-being is protected to prevent burnout, decrease the risk of harm to clients, and maintain high standards of practice. Supervisors and organizations are ethically obligated to support social workers in managing STS and VT to ensure that their ability to perform their duties is not compromised. The principle of "doing no harm" extends not only to clients but also to social workers themselves. If organizations fail to address the risks of STS and VT, they risk both the well-being of their employees and the quality of services provided to vulnerable populations. By prioritizing the mental health of social workers, organizations can help them continue to

provide high-quality, competent, and compassionate services to benefit society.

STS and VT are significant risks in the social work profession, particularly for those exposed to trauma regularly. These conditions can negatively impact social workers' well-being, job satisfaction, and the quality of care they provide. However, with adequate organizational support, evidence-based supervision, and the implementation of protective strategies, it is possible to mitigate the effects of STS and VT. By taking a proactive approach to these issues, social service organizations can improve the performance of their employees while simultaneously ensuring the sustainability of the profession and the quality of services provided to groups that are in the most need.

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