Chapter 4
Secondary Trauma in Children and School Personnel

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ABSTRACT

A review of childhood secondary trauma is presented. Secondary trauma involves the transfer and acquisition of negative affective and dysfunctional cognitive states due to prolonged and extended contact with others, such as family members, who have been traumatized. As such, secondary trauma refers to a spread of trauma reactions from the victim to those who have close contact with the traumatized individual. Assessment devices are reviewed and most of these appear to be designed to assess secondary or vicarious traumatization in therapists rather than in the general population of adults. The majority of scales lack cutoff scores and this is a significant weakness. The modified Stroop procedure is presented as non-paper and pencil method of assessing secondary trauma reactions. The evaluation of the efficacy of therapeutic interventions for secondary traumatization is virtually non-existent. Systematic studies of secondary trauma are in their infancy and a good deal of further research is needed.

INTRODUCTION

Secondary trauma of childhood typically encompasses negative psychological experiences that are due to a child having a close bond with someone who has been traumatized. This bond could be with a parent, guardian, relative, or anyone else with whom the child is emotionally close. It is not appropriate to call these reactions "secondary PTSD" as there is little evidence that the trauma-exposed child actually

develops PTSD. In general, the term, "secondary trauma," refers to the experience of negative affective, cognitive, and behavioral states which result from extended and close contact with others who have been traumatized. School personnel who work extensively with traumatized children can also acquire secondary trauma reactions from the children with whom they work.

BACKGROUND

Those experiencing secondary trauma have not directly experienced a traumatic event but have acquired trauma symptoms vicariously, often through close contact with trauma victims (Figley, 1995; McCann & Pearlman, 1990). One might conceive of secondary trauma as a "spread of effect" of trauma from the impacted person or situation to those who have close involvement with the traumatized person. Hearing about or witnessing trauma situations, and an inclination to identify with those in the trauma situation, can also result in secondary trauma reactions, especially if these vicarious experiences evoke fear reactions in the witness (e.g., Marshall & Galea, 2004; Propper, Stickgold, Keeley, & Christman, 2007). The range of secondary trauma symptoms can include anger, anxiety, depression, low self-esteem, emotional exhaustion, difficulty concentrating, body aches, sleep problems changes in eating habits, startle responses, increase in addictive behaviors, and withdrawing from others. Not only is the study of secondary trauma is in its infancy and comparatively lacking in empirical studies, but systematic, controlled research on secondary trauma in children is almost non-existent.

Secondary trauma or vicarious trauma, are terms that have been used in somewhat different contexts. Secondary trauma, or secondary traumatic stress, parallel the diagnostic categories that are presented for posttraumatic stress disorder (PTSD) and acute stress disorder in the *Diagnostic and Statistical Manual of Mental Disorders*(4th ed., text rev.; *DSM-IV-TR;* American Psychiatric Association [APA], 2000). Vicarious trauma refers more specifically to the alteration of cognitive schemas and core beliefs. For example, therapists who have extensive contact with children who have undergone traumatic experiences may acquire the negative emotional states of these children. In vicarious traumatization the focus is the alteration of one's cognitions and basic life assumptions such as beliefs in environmental stability, safety, and a secure sense of self. However, it is increasingly recognized that vicarious trauma and secondary trauma are not entirely distinct concepts (Bober & Regehr, 2006; Jenkins & Baird, 2002) in that they both involve the transfer of trauma symptoms to others. For this reason the terms "secondary trauma" and "vicarious trauma" will be used synonymously in this review. The overarching issue between the terms is the disturbance of one's emotions and/or cognitions as a result of experiencing the impact of trauma on others.

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