protective or domestic violence services. Working with victims of trauma and disasters is draining, but the fallout has been identified as something different from burnout. Pryce, Shackelford, and Pryce (2007) differentiate **secondary traumatic stress (STS)** from burnout. Burnout occurs in jobs where there is some combination of insufficient support, long hours, high caseloads, burdensome paperwork, and a long-term degradation of energy and spirit. STS is the secondhand exposure to traumatic events. For example, social workers involved in the care of survivors and family members of survivors of the 9/11 attacks reported that "they felt as if they were re-experiencing the trauma of 9/11 when their clients discussed their own stories. They also reported experiencing flashbacks of their clients' stories" (Pulido, 2007, p. 280). These reports reflected the symptoms of trauma—intrusive thoughts, avoidance, and feelings of anger and irritability. They were secondary because the social workers were reacting to the reports of their clients, although not themselves having experienced the trauma directly. And in cases of disasters, some of the social workers are local and have their own experiences related to the trauma, but not as directly as the clients.

Figley (1995) coined the term *compassion stress* to describe the natural and not pathological outcome of prolonged exposure of helping professionals to stressful situations. Cronin, Ryan, and Brier (2008) describe the symptoms of compassion fatigue as feelings of helplessness, confusion, and isolation. Long-term exposure to stressful situations causes physical, mental, and emotional exhaustion and mild, normal stress reactions in most cases. However, one out of three disaster workers will experience severe stress symptoms (Fullerton, Ursano, & Wang, 2004).

The importance of self-care and preventative measures for relief workers cannot be stressed enough. It is akin to the metaphor of being on an airplane and being told, in case of emergency, to put on your own oxygen mask first and only help others, even your own children, with their masks after. Obviously, the message is that if you do not take care of yourself first, you cannot continue to effectively help others. Awareness is important, and thus recognizing secondary traumatic stress is the first step in dealing with it. Other ways to address it include basic care, such as sufficient sleep, exercise, and eating well; social support; asking for and receiving supervision and guidance on the job; and understanding your own history of trauma (Stoesen, 2007; van Heugten, 2011). Peer support can also be a tool for coping with stressful conditions, including the impact of STS (Cronin & Jones, 2015). Social workers will continue to be among the frontline workers providing care to disaster survivors and their families. In addition to having the knowledge and skills to deal with people in crisis, social workers must be aware of their own feelings and of the possibility of experiencing the trauma secondhand.

Social Work Practice LO 4

As discussed earlier, stress and trauma can be experienced by individuals, families, small groups, and entire communities. Social workers have opportunities to intervene to prevent crises, trauma, and disasters at all of these levels and to provide a variety of interventions to help reduce stress and assist in healing

at all levels after traumatic events have occurred. Part of social work practice is the unexpected nature of trauma and disasters. Consider the experience of one social worker addressing the stress of divorce for a family and investigation of child abuse when suddenly the family faces the disaster of a fire and the loss of their home and all their belongings. See Box 14.5.

Box 14.5 From the Field

We Didn't Start the Fire Jennifer Mullins Geiger, PHD

I still can never imagine what it would be like to lose everything. Your favorite things, your pets, your home, your sense of safety and comfort, or your family can all be gone within a matter of hours. A disaster or an event, no matter how little or big, can change your life forever, and how you react immediately to help can make all the difference.

Samantha, Nick, and Amy grew up in a normal family—at least it was to them. Their mother and father fought a lot, and sometimes the police came to the house, but the kids always thought it would work out. However, their parents ended up filing for divorce. A nasty custody battle ensued. The father, Michael, worked many jobs over the years, and the mother, Tina, stayed at home with the kids. When they decided to get divorced, the kids stayed in the home with Tina, and Michael moved into an apartment. At first, the visitation worked out. Then came the fights about money and who was going to spend how much time with the kids. In court, the fights brought out the worst about Michael's drug use, taking the kids out of state, and hitting them.

One day, Tina was cooking dinner for the kids, their favorite-corn dogs cooked in grease in a frying pan on the stove. She thought she had enough for all three kids, but then decided to run down the street to the grocery store to get some chips and more corn dogs. She left nine-year-old Samantha in charge. Samantha was mature for her age and responsible.

When Tina was walking back, she saw that there were two fire trucks in front of the house, along with police cars, news vans, and a group of people watching her house burn. She began running frantically, screaming the children's names. She spotted them clutching their neighbor Angie, and holding the family cat and dog. The kids were in shock. Tina grabbed them while news reporters tried to ask her questions about the fire. "What happened? Where were you? Why were the kids alone?"

When the police came over and questioned her, she was so distraught that she could not speak. The police called Child Protective Services to investigate the case because it appeared as though the kids were alone during the fire.

We workers at the CPS office were familiar with this family; there had been reports before. We had talked to the kids, the parents, and others who knew the family. I stood with the family and watched as firefighters tried to save the home and its contents. Although this was the main concern at the time, I also had to focus on the safety of the kids. The kids were concerned about their toys and schoolwork. I can only imagine the desperation and feeling of powerlessness they felt watching their home engulfed in flames, not knowing where they would sleep that night. All the things they had worked so hard to buy were gone.

There are the short-term effects of a crisis: the physiological response, the emotional response, the physical consequences, the panic and hopelessness. Most people cannot be prepared for a crisis or disaster to occur. And even when they feel as though they are prepared for a storm or a death, they still cannot be completely prepared for how they will feel or deal with the aftermath.

Social workers have always been an essential part of an emergency response team, whether it be a crisis intervention team that works with police and fire crews or one that works on a larger scale with natural disasters, school shootings, or terrorist acts. Social workers work with people on an individual level to attend to the immediate emotional and psychological shock, to calm and reassure while providing follow-up and resources to ensure safety after the event.

Following an event such as a fire or a tornado, there are long-term effects that can affect an individual or family. There are stressors put on a family, such as the financial consequences of a loss of job or income, the loss of a home and having to deal with an insurance company, or managing to pay bills on time. Dealing with these unexpected losses is much more difficult when a person's emotional stability is compromised. Many individuals who lived through events such as 9/11 or Hurricane Katrina

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