



CENTER PIECE

The Official Newsletter of the National Child Protection Training Center

VICARIOUS TRAUMA IN CHILD SEXUAL ABUSE PROSECUTORS

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Introduction

Studies demonstrate that child protection workers, law enforcement officers, forensic interviewers and therapists can experience vicarious trauma (VT) as a result of hearing about traumatic events and helping or wanting to help someone who has suffered trauma (Cornille & Meyers, 1999; Figley, 1995; Follette, Polusny & Milbeck, 1994; Perron & Hiltz, 2006). Recent studies demonstrate domestic violence attorneys and judges may experience vicarious trauma as a result of hearing reports of trauma and victimization from their clients and others who appear before them (Jaffe, et al., 2003; Levin & Greisberg, 2003). The symptoms of VT can resemble post traumatic stress disorder (PTSD), with professionals re-experiencing the trauma reported to them, avoidance of reminders of traumatic reports, withdrawal and isolation from others, anxiety and depression, psychological and physical problems and professional burn-out. This study attempts to assess the impact that repeated hearing of child sexual abuse reports have on child sexual abuse prosecutors.

This subject population was chosen due to the lack of research regarding traumatic impact in child sexual abuse prosecutors. However, there appears to be sufficient evidence to support that this population may suffer from VT due to their professional responsibilities. They may benefit from an increased understanding of the risks their jobs entail as well as the factors that may mitigate secondary trauma symptoms.

For a child sexual abuse prosecutor to adequately perform his or her responsibilities in charging a sex offense committed against a child, the prosecutor must meet with alleged child victim several times throughout the investigation and prosecution processes and repeatedly hear the child's detailed report of his or her sexual victimization. The first such hearing may take place during a multidisciplinary investigative interview, where the child is asked to recount his or her

experiences in graphic detail, including statements regarding vaginal, anal or oral penetration experienced by the child; fondling of sexual parts; sexual acts the child had to perform on the alleged perpetrator; and specifics relating to possible physical evidence, including information about ejaculation, pornography utilized or produced and any objects utilized during the alleged abuse (APSAC, 2002). Anatomical dolls or diagrams may be utilized during this interview to clarify statements from the child or to obtain additional information from a child who may be unable or unwilling to fully verbally report his or her experiences (Holmes & Finnegan, 2002; Holmes, 2000; Russell, 2008).

A prosecutor may elicit a child's detailed report of abuse several more times prior to trial, asking questions about sexual contact, penetration and the fear the child may have experienced in order to prepare herself and the child for trial. These repeated hearings of the child's abuse may take place during grand jury preparation, during the grand jury process itself, at pre-trial meetings with the child to develop testimony and prepare the child to testify and at pre-trial hearings. Finally, the prosecutor will be required to elicit a detailed report from the child during the trial itself. In addition, the prosecutor must read any police or investigative reports regarding the alleged crime, review any pornography that may have been produced with the child or utilized to entice or groom the child, review and elicit testimony regarding the child's alleged victimization from corroborative sources, conduct direct and cross examinations about the alleged victimization during court hearings and prepare and present opening and closing arguments that particularize the alleged abusive events to meet the legal requirements for successful prosecution. Child sexual abuse prosecutors experience these activities on a daily basis with multiple children. Discussions regarding specific acts of sexual encounters are, as a matter of necessity, a regular occurrence for these professionals.

UP COMING conferences

Forensic Interviewer at Trial:

This course is designed for teams of two- prosecutors and forensic interviewers. Prosecutors will be required to conduct a direct examination of forensic interviewers, and then conduct a re-direct examination after their forensic interviewers have been cross-examined. The prosecutors, working with forensic interviewers, must also respond to the critiques of their forensic interviews from a defense expert.

Location: Winona, Minnesota on Winona State University campus

Tuition Fee: Please submit \$50 payment with your registration. Make checks payable to: NCPTC. Or pay online, when you register at www.ncptc.org.

- September training session: We are accepting registration for ATTORNEYS ONLY!
- October training session: Please register in a team of two (one attorney and one forensic interviewer). Attorneys are also welcome to register without a forensic interviewer for the Oct. 11 - 13, 2010 session.

NCPTC has applied for MN POST Board credits for law enforcement professionals, for both training sessions offered.



OJJDP

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Some professionals believe there should be limits on the number of cases an attorney should carry to be effective in his or her role; however, there is no agreement in the field as to how many cases that should be. While the American Bar Association advocates for a maximum caseload of 60 (American Bar Association, 2004), the National Association of Counsel for Children places that number at 100 individual clients carried at one time (National Association of Counsel for Children [NACC], 2001). This individualized number assumes that cases may include representation of sibling groups in child abuse and neglect cases, and allows for 20 hours per case in a 2000-hour year (NACC, 2001 at p. 7). A comprehensive caseload study for dependency counsel was conducted in California in 2002, resulting in a recommendation of a maximum caseload of 77 clients per attorney for as “an optimal or best practice standard;” however, the Judicial Council adopted a maximum caseload of 188 clients for each attorney, with a half-time investigator/social worker assigned to each full-time attorney (Judicial Council of California, p. 7, 2008). In 2008, the State of New York enacted legislation prohibiting attorneys to represent more than 150 children in family court and dependency cases (NY CLS Standards & Admin. Pol. § 127.5, 2008).

Literature Review

Figley (1995) describes vicarious trauma as the stress resulting from helping traumatized or suffering people. It is

related to post traumatic stress disorder, secondary traumatic stress, compassion fatigue and professional burnout, and has similar symptomology, including fatigue, poor sleep, headaches, anxiety, irritability, depression, hopelessness, aggression, cynicism and substance abuse. Levin & Greisberg (2003) identified several risk factors that could be associated with increased rates of vicarious trauma. These risk factors included the female gender, long work hours, high caseloads, lack of professional success, a prior history of personal trauma, previous treatment for psychological disorders, lack of professional experience, lack of professional supervision and organizational dissatisfaction (Levin & Greisberg, 2003).

McCann and Pearlman (1990) describe how long-term exposure to the traumatic experiences therapists hear from their clients can alter or disrupt their own beliefs, expectations and assumptions (or schemas) about themselves and others. Included in these symptoms are re-experiencing images of their clients’ trauma reports, avoidance of reminders of traumatic incidences reported by their clients, a flat affect and withdrawal from others, incidences of victim-blaming to distance themselves from their clients, disruption of deeply-held “schema” and doubts about personal beliefs of safety, kindness of others, intimacy, trust, power, independence and justice.

Several additional studies on vicarious trauma were conducted with child protection workers (CPS). A Meyers & Cornille (2002) study of CPS workers indicates several factors may be associated with the development or intensity of secondary traumatic stress (STS). The longer a child protection professional worked in the field, the more exposure to trauma he experienced. Subsequently, the CPS workers experienced increased symptoms of secondary traumatic stress, including panic attacks and feelings of terror, and OCD symptoms such as irresistible thoughts, impulses and actions. In addition, CPS workers who worked more than forty hours each week demonstrated more symptoms of STS. This increased intensity of exposure to trauma lead to symptoms including irritability, jumpiness, exaggerated startle response, difficulty concentrating, nightmares and intrusive thoughts; and depressed, anxious, hostile, suspicious, paranoid and delusional thinking. The CPS workers’ caseloads did

not seem to impact these symptoms (Meyers & Cornille, 2002).

This study also evaluated more static distinctions and found female workers reported more symptoms than their male coworkers, including anger, irritability, jumpiness, exaggerated startle response, difficulty concentrating, nightmares and intrusive thoughts, and numbing responses (Meyers & Cornille, 2002). In addition, female CPS workers reported increased cardiovascular problems, gastrointestinal problems, respiratory problems, and muscular pain and discomfort than male workers. The authors postulated this finding may be attributed to women being more willing than men to disclose their emotions and physiological problems due to socialization or susceptibility to stress (Cornille & Meyers, 1999).

Family of origin functioning and trauma history also appeared to correlate with vicarious trauma in this population (Meyers & Cornille, 2002). CPS workers who grew up in enmeshed family systems demonstrated greater symptoms of secondary traumatic stress, including nightmares and intrusive thoughts and images. Finally, this study concluded that CPS workers who report trauma personally experienced prior to or while working with child victims also reported increased symptoms of vicarious trauma than those who had not personally experienced trauma. Common symptoms of these prior trauma victims included nightmares, intrusive thoughts, images and feelings; distress, anxiety, and anger; suspiciousness, fear of loss of autonomy, delusions, projective thoughts; isolated, withdrawn and schizoid lifestyles; and muscular pain, cardiovascular, gastrointestinal and respiratory complaints (Meyers & Cornille, 2002).

In addition, a 2006 study conducted by Conrad & Kellar-Guenther found county child protection staff in Colorado reporting a significantly high risk of compassion fatigue; however, they demonstrated low rates of burnout and a high level of compassion satisfaction. The authors speculated that because the turnover rates for these CPS workers were high, the workers did not have enough time in their positions to develop increased levels of burnout (Conrad & Kellar-Guenther, 2006). The CPS workers experienced symptoms including nightmares, depression and isolating behaviors (Id.).

A subsequent study was conducted with child sexual abuse forensic interviewers associated with children's advocacy centers. This study found as years of service increased, so did professional disengagement; however, the authors found minimal correlation between vicarious trauma and the number of interviews an individual conducted (Perron & Hiltz, 2006). Results of this study did find self-efficacy and organizational satisfaction appeared to moderate disengagement and secondary trauma in forensic interviewers.

A 1994 study determined law enforcement officers are not immune to vicarious trauma, either. Follette, et al., compared mental health and law enforcement professionals, and found law enforcement officers were significantly more likely than mental health professionals to suffer trauma symptoms (28.24 versus 13.84 for secondary trauma; 34.26 versus 25.76 for psychological distress; Follette, et al., 1994, p. 278). Additionally, professionals with a personal history of physical or sexual abuse as a child appeared to demonstrate significantly higher symptoms of vicarious trauma (Follette, et al., 1994). Symptoms of vicarious trauma in law enforcement officers included negative coping with drugs or alcohol, withdrawal from others, attempts to forget difficult case material and aggression against significant others. The authors theorize the lower levels of psychological distress experienced by mental health professionals could be attributed to participation in personal counseling. While nearly 60% of mental health professionals had received some therapy, only 15.6% of law enforcement officers had (Follette, et al., 1994, p. 279).

In a 2002 study conducted with current and former child abuse investigators and forensic interviewers, participants exhibited multiple symptoms of vicarious trauma, including hypervigilance, dissociation, relationship problems, isolation from others, changes in their world views and a loss of spirituality or sense of meaning in their lives (Atkinson-Tovar, 2002).

Several studies have examined vicarious trauma in the legal professions. One study was comprised of Canadian prosecutors of domestic violence and incest (Gomme & Hall, 1995). Results indicate that these prosecutors suffer

from quantitative role overload, qualitative overload and role strain. Quantitative role overload reflects the high numbers cases and varied responsibilities that require professional attention in conjunction with the lengthy process of case adjudication and understaffed offices. Qualitative role overload considers the specialized knowledge required to prosecute domestic violence and incest cases. Attorneys subsequently report role strain, with symptoms including demoralization, anxiety, helplessness, exhaustion, somatic problems and withdrawal from social interactions (Gomme & Hall, 1995).

In a study comparing attorneys working with victims of domestic violence and criminal defendants to mental health providers and social services workers, results found increased levels of burnout and vicarious trauma in the attorneys over in the other professions (Levin & Greisberg, 2003). The findings appear to correlate higher caseloads and lack of supervision with symptoms of trauma, including fear and revulsion of the topics of domestic violence and crime, over-involvement and enmeshment with victims, diminished performance and increased rates of turnover.

Judges in criminal, family and juvenile courts also appear to demonstrate increased symptoms of vicarious trauma, including sleep disturbances, lack of concentration, intolerance of others, somatic and physiological complaints, depression, isolation and loss of spirituality (Jaffe, et al, 2003). Male judges reported less symptoms of VT than female judges, and those with more than seven years of experience also reported increased symptomology. The authors surmised that the professional boundaries required of judges served to increase feelings of isolation and high caseloads correlated with VT symptoms.

Most recently, Vrkleviski and Franklin (2008) conducted a study comparing fifty criminal law attorneys and fifty non-criminal law attorneys in Australia. Results suggest that criminal law attorneys experience higher levels of vicarious trauma than their non-criminal law counterparts, as well as attorneys with multiple traumatic events in their personal histories. Symptoms of vicarious trauma demonstrated by criminal law attorneys included depression, high stress levels and cognitive changes to their

personal schema regarding safety and intimacy (Vrkleviski & Franklin, 2008). Professional satisfaction did not appear to impact levels of vicarious trauma in either group.

Purpose

The purpose of the present study was to determine the validity of the measurement tools used and the questions asked, and to assess levels of vicarious trauma (VT) in child sexual abuse prosecutors in major metropolitan areas across the United States. Specifically, there were three hypotheses to be tested in this study. Prosecution of child sex abuse involves eliciting and repeated hearing of children's experiences of violent and traumatic events, which is regarded as a source of stress. Therefore, it is hypothesized that prosecutors of child sexual abuse cases are associated with increased levels of burnout and vicarious trauma. In addition, previous research demonstrates that trauma response workers, victim service providers and social workers who have a personal trauma history are more likely to suffer from severe VT symptoms than workers who did not have a personal trauma history. Thus, it is hypothesized that a personal trauma history will be associated with higher rates of burnout and vicarious trauma in child sexual abuse prosecutors. Finally, while burnout and secondary trauma develop over time, past research suggests there is a stronger correlation between trauma symptoms and current caseloads than between trauma symptoms and cumulative exposure to traumatized clients. Therefore, it is hypothesized that higher prosecution caseloads will be more positively associated with trauma symptoms than years of service as a prosecutor.





Method

Participants

All attorneys with primary responsibilities for prosecuting child sexual abuse cases practicing in randomly-selected major metropolitan areas across the country where the encompassing counties have a population in excess of 500,000 were invited to participate in this research program. The United States was stratified into four quadrants based upon equal population distributions, and counties where the population exceeds 500,000 were targeted as possible recruitment sources from each quadrant. Eight counties with population counts of over 500,000 people each were randomly selected from each quadrant and attorneys with the primary responsibility of prosecuting criminal child sexual abuse cases were targeted for inclusion in this study. The definition of "primary responsibility" required that the subjects focused their prosecutorial responsibilities for a minimum of 30 hours per week on child sexual abuse cases.

Data was not collected from prosecutors reporting less than 30 hours per week spent on criminal child sexual abuse prosecutions. Because the purpose of this study was to isolate the impact prosecuting criminal child sexual abuse cases may have on attorneys and to validate the measures outlined in this protocol for this population, the 30-hour-a-week condition attempted to exclude vicarious trauma that may result from working with other crime victims, and restrict data collected to the vicarious trauma experienced by these prosecutors to their current child sexual abuse caseloads. Accordingly, part-time prosecutors were also excluded as they would not experience the full effect of prosecuting child sexual abuse cases as compared to their full-time colleagues, and they may have available to them external mitigating factors or support systems not available to full-time child sexual abuse prosecutors. If a participant did not qualify

based on the 30-hour criterion, the following message appeared on their on-line survey:

"Thank you for your interest in this study. We appreciate your willingness to participate. Unfortunately, your child sexual abuse prosecution responsibilities do not meet the criteria required to fully qualify and complete this study. Thank you for your time and your opinions, and the work you do on behalf of child victims."

No individuals were excluded from participation in this research program based on race, ethnicity, gender or religion.

Informed Consent

A full explanation of the assessment and research procedures was provided to criminal child sexual abuse prosecutors through a written informed consent process. Prosecutors were asked to sign an informed consent form prior to participating in an anonymous online survey. All prosecutors participating in the study gave their written consent to participate. Ethical approval for the study was obtained through the State University of New York at Buffalo Human Subjects Review Committee (UB HSR).

In the e-mail invitation to participate in this study, prosecutors were asked to sign an informed consent form and return it to the primary investigator. Participants were invited to contact this researcher via telephone, mail or e-mail with any questions or concerns. Once the signed informed consent form was returned to this investigator, the individual participant was provided the link to the online survey via e-mail for completion and submission. As an additional measure to ensure informed consent was obtained, the survey began with a question asking whether the participant has completed a signed consent form. If the participant answered s/he had not, s/he was redirected to print out a form and submit it to this researcher prior to completing the online survey.

To safeguard participants as well as researchers, informed consent documents clarified that information would be kept confidential to the extent allowed by the law. Standard safeguards and rights were stated in recruitment materials and in informed consent documents. These include statement of the purpose of the research and of the voluntary nature of participation; disclosure of risks and benefits; statement of how confidentiality

and anonymity would be maintained in records; statement of rights to decline to participate without repercussions, to withdraw, to withdraw one's data, and to be informed of the outcome of the research; and statement of the right to have any questions answered.

Procedures

The study was conducted via an online survey with a sample of criminal child sexual abuse prosecutors practicing in counties with a population in excess of 500,000 across the country. An e-mail invitation and an informed consent form were sent to the identified sample of child sexual abuse prosecutors asking them to participate in the study. Once consent forms were returned to this researcher, the prosecutors were provided a link to the online survey via e-mail. No survey respondent was individually identifiable to the researchers.

The randomly-selected prosecutors' offices were contacted to enable their staff to participate in this study. Several offices declined to participate, indicating it was against their internal policies to have prosecutors answer questions either about their personal lives or about their work in the public offices. Many offices agreed to disseminate the invitation and informed consent form to their prosecutors, who could then individually determine whether they would participate.

The initial invitation process was not successful in recruiting a significant sample size, so permission was requested from and granted by the UB HSR to present the study and solicit participants at a national child abuse conference sponsored by the National District Attorney's Association. Only one prosecutor responded to the invitation; however, because that person did not work in a county with a population of at least 500,000, the individual was excluded from this study.

Measures

The instrument itself was comprised of several research measures established to assess trauma symptomology, self efficacy, compassion satisfaction and trauma history. Each measure was used with permission of the author, and minor modifications of instruments, when necessary, were made with author consent. These measures have been previously validated with other helping professionals, but not with child sexual abuse prosecutors.

The Professional Quality of Life Scale with Compassion Satisfaction and Fatigue Subscales – Revision IV (Stamm, 2005) measures the positive and negative aspects of prosecuting child sexual abuse, and contains three subscales: compassion satisfaction, burnout and compassion fatigue. This tool evaluates whether a person believes she is positively contributing to her environment or society as a whole, assesses feelings of hopelessness and helplessness in a person's work environment and measures symptoms of post-traumatic stress.

Brier's Initial Trauma Review – Revised (Brier, 2004) was utilized to obtain personal history of stressful or traumatic experiences of the respondents. In particular, the detailed questions from this measure were specifically developed to evaluate helping professionals for symptoms of post-traumatic stress. The types of questions posed in this tool seek to elicit the same information prosecutors are required to elicit from child victims in order to establish the elements of certain types of criminal sexual acts committed against a child.

The Trauma Symptom Check-List 33 and 40 (Briere & Runtz, 1996) was used to quantify symptoms experienced by prosecutors within the two months preceding completion of the online survey, including thoughts, feelings or physical reaction. This tool includes six subscales, including evaluation for Dissociation, Anxiety, Depression, Sexual Abuse Trauma Index, Sleep Disturbance and Sexual Problems. Similar to the Initial Trauma Review, prosecutors must ask child victims and their families for these types of details to support the charges of sexual abuse in court.

Finally, this study employed the General Self-Efficacy Scale (Schwarzer & Matthias, 1993), which identifies beliefs and coping skills of respondents from the last 30 days. The Scale was developed as a method to predict a person's ability to cope with stressful events as well as everyday problems.

Results

Nineteen prosecutors initiated the online survey, and seventeen completed it. Of the remaining fully-participative respondents, ten were women and seven were men (58.8% and 41.2%, respectively). The majority of the respondents were between thirty-one and

forty years old (58.8%) with three each between forty-one and fifty and fifty-one and sixty years of age (17.6% each). One respondent was between twenty and thirty years old (5.9%). Over ninety percent of the respondents were white (94.1%; n=16) and one was African American (5.9%). Most of the respondents were married (82.4%; n=14), and one each reported being single, in a long-term living relationship or separated or divorced (5.9% each). Just less than half reported both being a member of an organized religious group and practicing their faith (47.1%; n=8 each).

As expected, all respondents reporting having a law degree, and one respondent possessed a master's degree in English, as well. The respondents reported regularly working between 30 and 50 hours each week on child sexual abuse cases, including time spent in hearings and trials, case review, client interviews, witness preparation and case planning (47.1% spent 30-40 hours per week; 52.9% spent 41-50 hours per week.). Most of the respondents (64.7%) had less than four years of experience; one (5.9%) had 4-6 years of experience; three (17.6%) had seven to ten years of experience; and two (11.8%) had eleven to thirteen years of experience. Eighty-two percent reported having received specialized training in working with victims of CSA and/or prosecuting CSA cases (n=14), with the most receiving between 25 and 40 hours of training (40%). Three respondents reported having received no specialized training at all.

Seven respondents reported having up to five dedicated child sexual abuse (CSA) prosecutors in their offices and seven reported having between six and ten dedicated prosecutors (41.2% each). Three reported having between eleven and fifteen CSA prosecutors in their offices (17.6%). The majority of the respondents (58.8%) reported carrying up to twenty-five open child sexual abuse cases on average, with twenty-nine percent (n=5) carrying between twenty-six and fifty cases, six percent each (n=1) with seventy-six to one hundred cases and more than two hundred cases. Eighty-eight percent of the respondents indicated that there was a victim advocate for CSA cases in their office (n=15) and nearly sixty percent reported collaboration with a children's advocacy center (n=10).

Generally, the respondents indicated that they derive a good deal of professional satisfaction from their positions as child sexual abuse prosecutors. However, seventeen percent (n=3) indicated experiencing problems with their job, with two respondents indicating extreme dissatisfaction (SD>2.7). Thirty-five percent (n=6) reported some issues with burnout or feelings of ineffectiveness in their positions, although the variances were not statistically significant. Forty-one percent (n=7) demonstrated some signs of work-related vicarious trauma, 11.7% (n=2) of whom demonstrated statistical significance in this area (SD>2.67).

Several prosecutors reported traumatic experiences in their lifetimes. Forty-two percent indicated that prior to their eighteenth birthday, they had been a victim of sexual abuse by someone five or more years older than them (n=7). Two of these respondents reported feeling very afraid, horrified or helpless as a result of their victimization.

Five participants reported having seen someone else killed or badly hurt as an adult; two of these respondents indicated they thought they might also be killed or badly hurt, and one reported feeling very afraid, horrified or helpless. Sixty-four percent (n=11) of the participants reported experiencing multiple traumatizing incident in their lives, including violent crimes, natural disasters and accidents.

Overall, the women reported slightly more symptoms of trauma than men on average, although the range for responses was much greater. Both genders reported highest scores on the sleep disturbances and depression subscales of the Trauma Symptom Checklist; however, women again scored higher than men on average. The lowest subscale for all participants was dissociation, and while women scored higher on average on the Sexual Abuse Trauma Index, the men reported more sexual problems on average.





On the whole, the participants expressed confidence that they were able to overcome adversity in their professional lives. The relatively high scores of all the participants demonstrated feelings of self-efficacy and good coping skills, demonstrating internal strength. Comparison between genders did not reveal a statistical difference on this scale.

There appeared to be no correlation between high caseloads and increased trauma symptoms; however, only one respondent (5.8%) exceeded the NACC recommended caseload for child protection attorneys, and one (5.8%) was at the recommended level. The remaining respondents were well below the recommended levels for individual client cases.

Discussion

This study attempted to validate the measures with prosecutors and assess vicarious trauma in full-time child sexual abuse prosecutors. As a whole, the prosecutors in this study appeared to be satisfied with their jobs and expressed pleasure in doing their work well. They generally appeared to perceive their work as positively contributing to society and demonstrated collegiality with their peers. The prosecutors in this sample appeared to demonstrate an optimistic belief that they are able to overcome adversity and cope with difficult situations. This appears to demonstrate traits of self-efficacy in this sample. Unfortunately, some participants expressed dissatisfaction and hopelessness that the work they performed did not matter, and some demonstrated signs of vicarious trauma.

There are a number of limitations that need to be noted. First, the very limited number of respondents renders any findings of this study not generalizable to the population as a whole. In addition, limiting the study to prosecutors working in metropolitan areas or counties with a population of more than 500,000 renders

the outcomes not generalizable to smaller communities and may result in a clustering of data in particular locations.

Second, the measure of vicarious trauma was a mere snapshot of the prosecutors' experiences at the time they completed the online survey. While asked to recall traumatizing events in their recent and distant past, current experiences and feelings could possibly negatively or positively impact their responses on the instant study.

Another limitation of this study is its inability to distinguish prosecutors' experiences with child pornography cases from more traditional child sexual abuse cases of fondling, exposure or penetration. It is necessary in pornography cases for prosecutors to actually see the graphic and vivid images of the children being abused, possibly resulting in increased vicarious trauma and its symptoms. Prosecutors who are not exposed to the explicit visual image of the abuse taking place in photographs or other recorded images may not experience the same level of vicarious trauma.

Fourth, there were no questions in this study, with the exception of marital or intimate relationships, regarding family composition. Anecdotal information gathered through the course of this study and other professional encounters with child sexual abuse prosecutors indicate there is an increased negative impact, and possible correlational vicarious trauma, when the prosecutor personalizes child abuse cases to their own lives. It is surmised that a prosecutor working on a case where a child victim resembles or reminds the prosecutor of his own child or someone with whom the prosecutor has a close emotional tie, the more likely the prosecutor is to experience vicarious trauma.

Future research should focus on varying levels of vicarious trauma experienced based on hours worked or broken down by types of cases prosecuted once appropriate measures are validated. Moreover, additional studies are required to determine whether the findings reported here would be observed across different samples and using different methodologies. A complete understanding of the impact prosecuting child sexual abuse cases has on prosecutors will help improve and expand understanding of individual factors that may mitigate vicarious trauma.

Research suggests that training is critical to recognize and normalize symptoms of vicarious trauma (McCann & Pearlman, 1990; Meyers & Cornille, 2002), and may lead to ameliorization of the problems prosecutors may face as a result of the job they do. A better understanding of vicarious trauma may lead to preventative training and support for workplace programming, reduction of vicarious trauma and burnout and enhanced feelings of self-efficacy.

Recommendations for Practice

Division managers of child sexual abuse prosecutors, in both the criminal and civil child protection arenas, are encouraged to monitor the vicarious trauma levels of their employees. All staff involved in child sexual abuse cases, including supervisors, prosecutors, secretaries and paralegals, investigators and victim advocates, should receive ongoing training regarding child abuse and signs and symptoms of vicarious trauma. Organizational policies should include limits on individual caseloads, mandatory vacations on an annual basis and quality supervision. Opportunities should be made for debriefing after particularly difficult cases, coworkers should emotionally support each other and staff should be encouraged to process their own issues in a safe environment. Child abuse professionals should be encouraged on a systemic level to celebrate their successes and to have some personal autonomy and power in their jobs.

Individually, child abuse professionals should maintain a healthy balance between work and professional activities. Identify safe, pleasurable and relaxing activities and engage in physically, spiritually and emotionally healthy behaviors. Professionals should be aware of their own personal trauma history and seek counseling or support to address these issues. Professionals should additionally recognize moments of hilarity and honor their place in both their personal and professional lives. Finally, professionals should identify and acknowledge the positive aspects of the work they do.

Vicarious trauma is a very real and destructive concern in the field of child abuse. By studying and recognizing its symptoms, and implementing organizational, professional and individual strategies to mitigate its effects, child abuse professionals can be much more effective in the field.

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End Note

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For More Information

The National Child Protection Training Center (NCPTC) at Winona State University provides training, technical assistance and publications to child protection professionals throughout the United States. In addition, NCPTC assists undergraduate and graduate programs seeking to improve the education provided to future child protection professionals. In partnership with CornerHouse, NCPTC also assists in the development and maintenance of forensic interview training programs utilizing the RATA[®] forensic interviewing protocol. For further information, contact NCPTC at **507-457-2890** or **651-714-4673**. Please visit our website at **www.ncptc.org**.

