

Traumatized by Association: The Risk of Working Sex Crimes

Shiloh A. Catanese, Psy.D.
Clinical Coordinator, Sharper Future

[The Who](#)
[The What](#)
[The Why](#)
[The How](#)

PROFESSIONALS WORKING WITH the victims or offenders of crimes that result in trauma have the potential to be deeply affected by the stories and the images they are exposed to during their work. Vicarious, or “secondary,” trauma occurs in someone who is not the primary person experiencing the trauma. A trauma is described as an experienced or witnessed event that involves actual or threatened death or serious injury. This event causes the person to respond with intense fear, helplessness, or horror. Vicarious trauma occurs when a secondary person is exposed to the original victim or offender, likely in the course of their profession. In this case the person now referred to as the “vicarious trauma victim” can experience symptoms and feelings of trauma just by being exposed to the victim’s pain or the offender’s history of offending. By familiarizing themselves with the situations that cause vicarious trauma and the symptoms that may occur, professionals regularly exposed to victims or offenders of crimes may prevent vicarious trauma development.

[back to top](#)

The Who

As we know, there are many people involved in the investigation, prosecution, and rehabilitation of crimes with vulnerable victims, specifically sexual offenses. There are first responders, such as police officers, fire fighters, and emergency medical personnel, who encounter the victim when the crime is still fresh. They are on the scene to comfort the child who is developing a swollen black eye or the woman who is unable to describe her attacker because she is ashamed and sobbing. Victim advocates and forensic nurses are called out of bed in the middle of the night to go over the crime in detail with the victim and witness the physical damage inflicted. Investigators and forensic technicians collect the hundreds of images of child pornography from suspects’ computers and book the evidence in necessary detail. Judges and attorneys who specialize in sexual assault cases also go over the narratives and images to make the best decision possible during the adjudication process. After the offender is convicted and “pays his debt to society,” he or she is released back into the community, where a supervision officer monitors the offender’s behavior. This officer often specializes in sex offender supervision and

is tasked with reading all of the accounts of the sex offense. Ideally, the offender is referred to sex offender specific treatment and a mental health professional spends one to four hours per week with the offender digging deeper into the sexual offense as well as past offenses and traumas. At a minimum, six people are professionally exposed to one sexual offender's crime. This example does not include dispatchers, polygraphers, halfway house managers, professional trainees, jury members, social workers, or support staff of the above listed players.

Professionals who work with sex offenders or victims begin their careers with their own sets of issues, personalities, and past experiences. As all humans do, they have their own baseline of emotional stability. Some may be able to handle stress abnormally well and others may "cry over spilled milk." If a person has been the primary victim of a trauma in his or her past, symptoms may resurface when faced with an offender or victim's traumatic situation. Often we do not recognize that we have experienced a trauma in our lives and it therefore goes unresolved. Similar situations or feelings of vulnerability may trigger traumatic symptoms; however, the past traumas do not have to be similar in nature to evoke similar emotions. For example, a man who experienced abuse as a child and then served in a combat zone in war can start experiencing traumatic symptoms by witnessing a car accident years later. If none of his previous traumas were resolved, they may have been bubbling below the surface, waiting for one more traumatic event to occur before the symptoms exploded. We know that with primary trauma, such as the above-mentioned Post Traumatic Stress Disorder (PTSD) example, multiple traumas can build up and surface at any time.

Resilience is an important factor in how a person will handle the exposure to a traumatic event. It is an innate buffer that allows people to compartmentalize work from the rest of life and, more specifically, the unpleasant situations of work from the rewarding experiences. People who are particularly resilient have the ability to emotionally detach for a short amount of time while they perform their job duties. However, at some point they need to cope with the resulting negative feelings in a healthy manner. For example, a federal agent and former local police officer reported several primary and vicarious traumatic experiences (including the death of a partner) in which he was able to perform his duties correctly, go home after his shift, and sleep a full eight hours. Occasionally, he reported taking a few days off to process the events, but he always felt 100 percent when he returned to work. He never felt the need to cope with alcohol or risky behavior (as many people do) to avoid facing unpleasant experiences and the subsequent emotions.

Resilient people also tend to have a more optimistic outlook on life in general, which encourages better social interactions and helps to reduce stress experienced from vicarious trauma. Those in law enforcement roles are simultaneously dealing with inherent stressors of their jobs such as shift work, dangerous situations, and public apathy. In general, police officers tend not to cope well with stressors and seek unhealthy or informal outlets to deal with overwhelming emotions or work-related stress (Turvey, 1995; Wright, Powel & Ridge, 2006). This can make them more prone to depression and feelings of despair. Of course, all of us are forced to deal with stressors outside of work that can make us less focused or more susceptible to negative coping skills on the job. It is important not to ignore symptoms. Those who are regarded as resilient can recognize when they are starting to experience symptoms of vicarious trauma. Additionally, they can take steps to protect themselves or seek assistance.

[back to top](#)

The What

The symptoms of vicarious trauma, just as with primary trauma or PTSD, can manifest in several ways. We often connect emotionally (whether in a positive or negative way) with our clients or the victims, and this can in turn cause us emotional turmoil. Some emotional indicators of secondary trauma include prolonged feelings of grief, anxiety or sadness. When the emotions experienced during the workday are so strong that the professional takes them home, it may be a sign of emotional symptomatology. Vicarious trauma can also manifest in such feelings

as irritability, cynicism, and mood swings. Another indicator of vicarious trauma occurs when the professional acts on these feelings through isolation or avoiding duties or clients. Some who experience vicarious trauma stemming from their work have experienced paranoia or a general mistrust of other people. This can have a significant impact on relationships at work and at home. Examples may include a sex offender therapist who is avoiding sexual contact with his or her spouse because of feelings of disgust brought up by an offender or a sex offender polygrapher who does not let his or her child go on outings with other adults due to the fear of the child being victimized because of the grooming habits the polygrapher has learned about from offenders. Vicarious trauma can even influence and change the way someone thinks about life and the world in general. It can cause people to second guess their spirituality, humanity, and the self. This is when views such as cynicism and loss of purpose can surface. Conversely, these emotions may cause the opposite to occur. Professionals may become too involved with their work, not setting proper boundaries with individuals on their caseload. They may find themselves staying at work longer or not being able to separate work from their personal lives.

Stressors, including those brought to the surface by vicarious trauma, can also manifest in physical symptoms. When we ignore the emotional indicators or “stuff” them down, they eventually will take the form of physical ailments. Common physical indicators can begin with headaches, hives or rashes, and heartburn symptoms. Eventually, if ignored, they may become more extreme, such as migraines, ulcers, or more serious problems such as heart attack or stroke. We often wait until our body is telling us that something is wrong before we get it checked out. Due to the stigma of mental health issues, it is easier to deal with the physicality of a problem rather than with the emotional component. The mind and body should be thought of as one; each affects the other and is of equal importance. The emotional symptoms should not be ignored, as they commonly occur first and therefore offer the opportunity for early intervention.

Not everyone wants to specialize in the area of sex crimes, so those who do are typically passionate about their work. A “specialty” takes a lot of time, money, and training to produce people who are exceptional at their tradecraft. The investment is worth the results, whether it is reflected in higher prosecution rates or more offenders successfully completing mental health treatment. However, it is best that an individual not work in the specialized area of sex offenses or sex crimes for more than a few years because of the risk of vicarious trauma. As a rule, research has found that the longer and more severe the exposure to such work, the more likely one is to suffer from vicarious trauma (Pearlman & Mac Ian, 1995). More recently, Perez, Jones, Englert, & Sachau (2010) found that when forensic computer investigators of child pornography cases had more exposure to disturbing material, they experienced higher levels of secondary trauma and cynicism. How do you justify rotating someone out of a specialized position given the investments that have been made, only to train someone new and start the process over? The reality is that some professionals who are not rotated out of their positions suffer from some very real traumatic symptoms. Rich (1997) found that 62 percent of those who work in sex offender management (psychologists, supervision officers, etc.) experienced such symptoms as flashbacks and intrusive images. These same professionals were also more likely to experience depression and isolation, which are common symptoms found in those suffering from trauma disorders. More specifically, mental health professionals who work with survivors of abuse and those who work with offenders were found to suffer from symptoms such as avoidance (of people and activities) and intrusion such as images or nightmares (Way, VanDeusen, Martin, Applegate, & Jandle, 2004).

Other research suggests that victim advocates are also emotionally affected by their work and that their personal lives have suffered in some cases (Carmody, 1997). When comparing attorneys to mental health and social workers, Levin and Greisberg (2003) found that the attorneys reported more secondary trauma symptoms, such as intrusion, avoidance, and poorer sleeping habits. Jaffe, Crooks, Dunford–Jackson, & Town (2003) found that 63 percent of judges who oversaw sex offense cases identified symptoms stemming from work such as interrupted sleep, intolerance of others, increased isolation, as well as physical problems. Judges with six or fewer years of experience had fewer symptoms than those with seven or more years on the bench. Parole officers who specialize in sex offender cases also reported experiencing emotional

turmoil outside of work, such as physical ailments, disrupted sex lives, and hyper vigilance (Pettus-Davis & Severson, 2009).

[back to top](#)

The Why

Although a majority of professionals who deal with victims or offenders enjoy their work and find it rewarding, it is still difficult to see and hear things that the general public do not have to deal with on a day-to-day basis. It can be emotionally draining to listen to graphic accounts of sexual assault or to witness gruesome crime scenes. Additionally, constant monitoring and supervision of offenders in the community can be very stressful when public safety is at risk. This stress can increase dramatically if the case is particularly high profile, especially with the rate of public interest and involvement of the media. The caseload, whether for a supervision officer or therapist, is constant. Recovery time between cases is essentially non-existent. The innate responsibilities of these jobs can contribute to stress, and professionals in sex offender management are often limited in whom they can talk to about the details of the day, whether out of confidentiality or pure respect. However, professionals working in the realm of sex offender management, treatment, or investigation need to have clear outlets for talking about their work. Of course this has to be done carefully, taking into consideration confidentiality issues or law enforcement-sensitive material. Ideally, the professional should have someone at work to talk to about feelings related to the job and someone outside of work with whom he or she can also speak freely.

[back to top](#)

The How

Fortunately there are ways to prevent professionals exposed to trauma victims or offenders from becoming susceptible to developing a secondary trauma or to assist in coping with the day-to-day feelings that they may experience. In the workplace they should try to maintain a light and humorous work environment. Most of us already excel in this area and it has been a successful coping skill for many years. It is important to steer clear of negative people and form relationships with colleagues who have positive attitudes. Additionally, professionals at risk should make sure that they have healthy intimate and family relationships to engage in when away from work. In their personal lives, they need to take time to enjoy activities that have no timeline or “goal.” This can include going for a hike or reading something not related to the job. Self-care can also be promoted by being involved in healthy social relationships. They should surround themselves with others who are not in the same profession to gain different outlooks on their personal lives. As with any stressful situations, professionals should avoid negative coping skills such as alcohol consumption, risky behaviors, or isolation. Most important, they should know the signs and symptoms and, if necessary, seek assistance from appropriate mental health professionals to ensure that symptoms do not increase in severity. Training and education on vicarious trauma should be provided to individuals working in the specialized area of sexual offenses. Training can help workers take a proactive stance in lowering their risk of developing vicarious trauma, as well as familiarizing them with the warning signs so that they may take proper action before symptoms get too severe. Professionals in the area of sex offender investigation, prosecution, and management have a unique but important role in the realm of public safety. We need to take care of ourselves so that we may continue to be of service to others.

[back to top](#)

[References](#)

not necessarily the points of view of the agencies and organizations with which these persons are affiliated. Moreover, *Federal Probation's* publication of the articles and reviews is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the Federal Probation and Pretrial Services System. Published by the Administrative Office of the United States Courts www.uscourts.gov
[Publishing Information](#)

Wortley, Richard and Smallbone, Stephen (2006). Situational Prevention of Child Sexual Abuse. *Crime Prevention Studies* Vol. 19.

[back to top](#)

Supervision of Sex Offenders: A Multi-Faceted and Collaborative Approach

United States Sentencing Commission, Statistical Information Packet, 11th Circuit, Fiscal Years 2003 to 2009.

Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis* (User report No. 2004-02).

Ottawa, ON: Public Safety and Emergency Preparedness Canada.

U.S. v. Carter, 566 F.3d 970, 11th Cir. 2009.

United States Probation Office, Middle District of Florida, District Manual, Chapter 15, April 2009.

Administrative Office of the United States Courts, Guide to Judiciary Policy, Vol. 8.

[back to top](#)

Traumatized by Association: The Risk of Working Sex Crimes

Carmody, M. (1997). Submerged voices: Coordinators of sexual assault services speak of their experiences. *AFFILIA Journal of Women and Social Work*, 12(4), 452–462.

Jaffe, P., Crooks, C., Dunford–Jackson, B., & Town, M. (2003). Vicarious trauma in judges: The personal challenge of dispensing justice. *Juvenile and Family Court Journal*, Fall 2003, 1–9.

Levin, A.P., & Greisberg, S. (2003). Vicarious trauma in attorneys. *Pace Law Review*, Fall 2003, 245.

Pearlman, L.A., & Mac Ian, P.S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26, 558–565.

Perez, L.M., Jones, J., Englert, D.R., & Sachau, D. (2010). Secondary Traumatic Stress and burnout among law enforcement investigators exposed to disturbing media images. *Journal of Criminal and Police Psychology*. Advance online publication. Doi:10.1007/s11896-010-9066-7

Pettus-Davis, C., & Severson, M. (2009, November). *Parole Officers Experiences of Secondary Trauma in the Supervision of Sex Offenders*. Paper presented at the ASC Annual Meeting, Philadelphia, PA.


Rich, K. (1997). Vicarious Traumatization: A Preliminary Study. In S. Edmunds (Ed.). (1997). *Impact: Working with Sexual Abusers*. Brandon, VT: The Safer Society Press.

Turvey, B. (1995, April). Police Officers: Control, hopelessness, and suicide. *Knowledge Solutions Library*. Retrieved from <http://www.corpus-delicti.com/suicide.html>

Way, I., VanDeusen, K.M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious Trauma: A comparison of clinicians who treat survivors of sexual abuse and offenders. *Journal of Interpersonal Violence*, 19(1), 49–71.

Wright, R., Powell M. B., & Ridge, D. (2006). Child abuse Investigation: an in-depth analysis of how police officers perceive and cope with daily work challenges. *Policing: An International Journal of Police Strategies & Management*, 29(3), 498–512.

[back to top](#)



The articles and reviews that appear in *Federal Probation* express the points of view of the persons who wrote them and not necessarily the points of view of the agencies and organizations with which these persons are affiliated. Moreover, *Federal Probation's* publication of the articles and review is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the Federal Probation and Pretrial Services System.

Published by the Administrative Office of the United States Courts www.uscourts.gov
[Publishing Information](#)