

Shedding Light on Secondary Trauma Through a Care Provider Survey

By The Rev. Dr. Ebony D. Only

In our roles as caregivers, supporters, and pillars of our communities, we often bear witness to the trauma and adversity faced by those we serve. However, this constant exposure to others' pain can take a heavy toll on our own well-being, leading to a phenomenon known as secondary traumatic stress.

To better understand the extent of this issue and its impact on various care provider groups, Bishop Anderson House recently conducted a survey targeting professionals from diverse backgrounds, including clergy, spiritual care workers, teachers, school administrators, and hospital staff.



The survey aimed to gather insights into the following key areas:

- 1. Exposure to Community Safety Events:** We inquired whether respondents had experienced a community safety event involving death, severe illness due to violence or trauma within the past year. Alarming, nearly 42% reported such an occurrence, highlighting the pervasive nature of trauma exposure.
- 2. Provision of Support to Trauma Victims:** Recognizing the role of care providers as a lifeline for those grappling with adversity, we asked if they had provided support to individuals affected by violence, economic hardship, housing insecurity, or incarceration in the previous 12 months. A staggering 87% responded affirmatively, underscoring the immense demands placed on these professionals.
- 3. Access to Support Resources:** Despite their unwavering commitment to serving others, care providers often find themselves without adequate support systems to cope with the emotional toll of their work. Our survey revealed that only 28% of respondents received any form of support in dealing with the traumatic events they encountered.
- 4. Psychological Impact:** The survey delved into the personal experiences of care providers, asking about instances of anxiety, depression, or doubts about continuing their work or ministry. A concerning 60% reported experiencing such challenges, shedding light on the profound psychological impact of secondary trauma.
- 5. Willingness to Discuss Further:** Recognizing the importance of open dialogue and continued research, we inquired about respondents' willingness to engage in further discussions. Encouragingly, 86% expressed an interest, signaling a desire for greater awareness and action on this critical issue.

The survey garnered responses from a diverse range of care providers, including teachers, school administrators, clergy, spiritual care providers, hospital staff involved in direct patient care, and support personnel.

While the survey results paint a sobering picture of the challenges faced by care providers, they also highlight the urgent need for comprehensive support systems, trauma-informed training, and institutional policies that prioritize the well-being of these essential professionals.

As we move forward, it is crucial that we not only acknowledge the burden of secondary trauma but also take concrete steps to address it. By nurturing spiritual wellness through proven and innovative practices including fostering open conversations, promoting self-care practices, and advocating for systemic changes, we can ensure that those who dedicate their lives to serving others are not left to shoulder the weight of trauma alone.

Attached is our report of the survey results. If you would like to support our mission of equitably caring for the human spirit, donate or consider volunteering today! Should you desire to discuss support for yourself or your organization, please contact our Community Chaplain and Director of Community Engagement, Rev. Dr. Ebony D. Only at ebony_only@rush.edu.

SURVEY REPORT

Introduction:

Care providers such as clergy, spiritual care workers, teachers, and healthcare personnel are routinely exposed to traumatic events experienced by those they serve. This indirect exposure can lead to secondary traumatic stress, a condition marked by symptoms akin to post-traumatic stress disorder (PTSD). Despite the prevalence of this issue, support systems for affected care providers remain inadequate. This survey aimed to assess the extent of secondary trauma and its impact on various care provider groups.

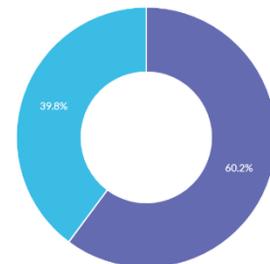
Methods:

An online survey was conducted with 108 participants from diverse care provider roles, including clergy, spiritual care providers, teachers, school administrators, and hospital staff. The survey inquired about their exposure to community safety events, provision of support to trauma victims, personal experiences of anxiety or depression, and availability of support resources.

Results:

The survey results revealed a significant burden of secondary trauma among care providers. Nearly 42% of respondents reported experiencing a community safety event involving death or severe illness due to violence or trauma within the past year. Furthermore, 87% had provided support to individuals affected by violence, economic distress, housing insecurity, or incarceration during the same period.

Despite this high level of exposure, only 28% of care providers received support to cope with the associated emotional toll. Alarming, 60% reported experiencing anxiety, depression, or concerns about continuing their work or ministry within the previous 12 months, highlighting the profound impact of secondary trauma.



The survey also shed light on the disparities in support systems across different care provider groups. While spiritual care providers and clergy reported higher rates of exposure to traumatic events, they reported receiving no support potentially exacerbating their vulnerability to secondary trauma.

Discussion:

The survey results underscore the pressing need for comprehensive support systems and resources to address secondary traumatic stress among care providers. The high prevalence of anxiety, depression, and doubts about continuing one's work or ministry is a concerning trend that demands immediate attention.

Potential interventions could include:

1. Establishing peer support networks and spiritual care services tailored to specific care provider groups.

2. Implementing regular debriefing sessions and trauma-informed training to enhance coping strategies.
3. Promoting self-care practices and encouraging care providers to prioritize their mental well-being.
4. Raising awareness about secondary trauma and advocating for institutional policies that acknowledge and address this issue.

The limitations of this survey include the relatively small sample size and the self-reported nature of the responses, which may be subject to recall bias.

Conclusion:

Secondary traumatic stress is a pervasive challenge faced by care providers across various sectors. The emotional toll of indirect trauma exposure can profoundly impact their well-being and ability to carry out their vital roles effectively. Implementing robust support systems, fostering self-care practices, and promoting awareness are crucial steps towards mitigating the detrimental effects of secondary trauma and ensuring the resilience of these essential professionals.