



NASW SPECIALTY PRACTICE SECTIONS  
FALL ■ 2016

# Administration/ Supervision

SECTION  
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## Letter from the Chair



Social workers pursue social change, particularly on behalf of vulnerable and oppressed individuals and groups. Social workers' social change efforts focus primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities also seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity (*NASW Code of Ethics*, 2015).

Today, social workers are faced with increasingly complex issues as we seek to fulfill our mandate to promote sensitivity to the oppressed and cultural and ethnic diversity. The Pew Research Center projects that the population of the United States will increase to 441 million people in the next 50 years.

Cultural competence will become essential to expanding the perceptions and worldview of social workers. The cultural diversity of our clients must be considered an important factor to effective treatment. We must be aware of how these factors motivate and assist clients in treatment as well as how they can be barriers to engagement, treatment, and recovery.

With shifts in education policy, rising mental health needs, and demographic changes in this country, there has been a call for a multilevel reliance on evidence-based practice. Statistics show an alarming spike in firearms-related fatalities among both police and young black males. The rise in violence is an ongoing issue that affects the level of trust between us and our clients.

We are also called upon to remain sensitive to the individual needs of both clients and staff. We must learn to let our increasingly diverse staff and clientele tell us what they need and how we can help. The social work profession will continue to be asked to remain responsive to the great variety of communities that constitute the racial, social, cultural, economic, and political fabric of America.

Janice Hawkins, PhD, LMSW  
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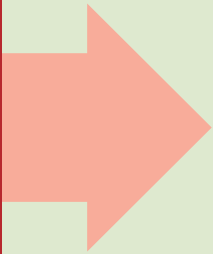
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## IT'S A FACT:

Despite federal and state civil rights legislation, these differences in the past several decades,

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# SEXUAL ABUSE & Assault

LATANIA THOMAS, MPA, MSW, LISW-S, ACHE



In today's society, the terms "sexual abuse", "assault" and "exploitation" are words that are heard too often. Sexual assault is a crime of power and control. The term sexual assault refers to sexual contact or behavior that occurs without explicit consent. Sexual assault and abuse have been defined as including "any type of sexual activity that a person does not agree to engage in..." (Office on Women's Health, 2015). According to the National Crime Victims Research & Treatment Center, "The vast majority of all types

of sexual abuse, assaults and rapes still go unreported, confirming the need for policies that address barriers to reporting" (Kilpatrick, Resnic, Ruggiero, Conoscenti, McCauley 2007)."

### STEREOTYPES AND DIVERSITY

It is important as practitioners that we fight the stereotypical ways of thinking when it comes to sexual abuse, assault, rape and sexual exploitation. It is also important to know such demonstrative events happen to not only adult women, but to

men, children and people of all races and ethnicities with devastating outcomes for all. For example, the National Crime Victimization Survey in 2014 asked 40,000 households about rape and sexual violence and the survey uncovered that 38 percent of incidents were against men. (Rosin, 2014)

Here are some harrowing statistics of sexual assault:

- Bureau of Justice Statistics, (BJS) data analysis shows that of the male sexual assaults, "46 percent of male

victims reported a female perpetrator" (Rosin, 2014). More than a quarter of male victims of completed rape (28%) were first raped when they were 10 years old or younger (Black et. al 2011, NISVS, 2014)

- Approximately 1 in 5 Black women in the U.S. experienced rape at some point in their lives. (Black et. al, 2011)
- 1 in 7 Hispanic women have experienced rape at some point in their lifetime; over half of Hispanic women have experienced sexual violence

# affirmative action programs, and other legislative and policy efforts to reduce workplace discrimination has not disappeared.

other than rape in their lifetime. (Black et. al, 2011)

- One in three multiracial non-Hispanic women will be the target of rape in her lifetime. (Black et. al, 2011)
- The Washington Post reports that “married women are the least likely to be victimized by an intimate partner. They are also less likely to be the victims of violent crime in general. Overall, another U.S. Department of Justice study found that never-married women are nearly four times more likely to experience violent crimes, compared to married women. Married women are less likely to be raped, assaulted, or robbed than their unmarried peers” (Wilcox, Wilson, 2014).
- 26.9 percent of American Indian or Alaska Native women have experienced sexual violence at some point in their lives. Nearly 1 in 2 American Indian or Alaska Native women have experienced sexual violence other than rape. (Black et. al, 2011)
- In a survey of college women, 13.3 percent indicated that they have been forced to have sex in a dating situation. (Black et. al, 2011)

## WORKFORCE IMPLICATIONS

It has been reported that sexual assaults do not have to occur where a person is employed to affect the survivor’s employment. The National Violence Against Women Survey identified 19 percent of females and 9 percent of male rape survivors who said being assaulted caused them to take time off from work (Tjaden & Thoennes, 2006). There are also health consequences that influence job

performance such as: frequent headaches, chronic pain, difficulty with sleeping, activity limitations and poor mental health (Black et. al 2011, NISVS, 2014). More than 1 in 4 women and more than 1 in 10 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported significant short- or long-term impacts, such as post-traumatic stress disorder symptoms and injury (Breiding, et. al., 2014). One study found that 38 percent of employed women had experienced some form of sexual harassment in the workplace (Potter & Banyard, 2011).

As social work administrators and supervisor we need to be aware of how this issue may intersect with the work environment. We need to assure that the work environment is safe for all employees and that we create an environment where employees feel supported if they need to report sexual assault. We should be aware of the resources available to help employees; both online resources and local resources. And we need to make it clear that we advocate for a zero-tolerance policy for any form of workplace violence, including sexual assault.

So where do we go from here would be a fair question to ask. We must as social workers use our sexual abuse, rape and sexual exploitation knowledge as power to help our clients and others. We need to listen to those who have been sexually assaulted, believe them, let them talk and let them tell us what they need so that we can help. Of course, we have to

adhere to legislative mandates and our professional code of ethics, but it all starts with paying attention, being available, listening and remembering to never blame or have an attitude of disbelief or indifference.

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# SECONDARY TRAUMATIC STRESS DISORDER: How to Identify It & How to Manage It



SETH J. MEYER, LMSW

While most organizations worry about staff burnout, one thing that is commonly overlooked by nonprofit professionals is secondary traumatic stress disorder (STSD), more commonly known as compassion fatigue. STSD occurs among those working with people who have experienced trauma. Though, we as social workers spend a lot of time worrying about how to care for other people in times of trauma, we often forget about the psychological toll of taking on other people's problems. As supervisors and social work managers, we must watch out for STSD within our ranks and learn how to mitigate its effects. STSD is an occupational hazard for those who work in trauma, and it is something that should not be ignored.

I first became aware of STSD as an intern working in mental health. One of my clients was suffering from severe psychosis and was also in the middle of a court case. Her lawyer sent me the information concerning the case, which I thought would provide me with some basic information around her psychiatric history. Instead, he sent a book with over 200 pages of notes, legal information, and discussion of past trauma. As a

new social worker, I felt confused about the information, and I started to react negatively, even having feelings of panic and confusion. Later, while discussing things with my supervisor, she talked to me about secondary traumatic stress, and we explored how I felt when received the court-related information. By providing an early intervention, she was able to make sure I was not going to experience STSD, and she helped me deal with the extreme feelings that the court-related information conjured.

Paying attention to symptoms of STSD is important for any organization that provides services to traumatized clients. Not only can STSD lead to turnover, it can also result in a lower level of service for the clients. Through this article, we will explore (1) what STSD is, (2) what to look out for, and (3) how to help a staff member who may be suffering from STSD.

## **SECONDARY TRAUMATIC STRESS DISORDER: WHAT IS IT?**

Secondary Traumatic Stress Disorder, also known as compassion fatigue, is a disorder that affects many social workers. For example, one study found that 55 percent of social workers experienced



some symptom of STSD (Bride, 2007). In another study, Bride, Robinson, Yegidis, and Figley (2004) identified three clusters of symptoms around STSD: intrusion, avoidance, and arousal. These symptoms are related to the *DSM-6* definition of PTSD.

A similar, though unique, issue that social workers sometimes face is vicarious trauma. This "refers to harmful changes that occur in professionals' views of themselves, others, and the world as a result of exposure to graphic and/or traumatic material" (Baird & Kracen, 2006, 182). While a personal level of trauma is associated with a social worker who experiences vicarious trauma, the proof around STSD has been mixed. Furthermore, although there is evidence that the amount of exposure to traumatic clients increases the

likelihood of STSD, the amount of exposure has not been shown to increase the possibility of vicarious trauma (Baird & Kracen, 2006).

## **HOW DO I IDENTIFY STSD?**

According to the American Counseling Association (2011), there are many signs and symptoms of STSD, such as anger and irritation, sleep disturbances, and dreams about others' trauma. Furthermore, STSD and vicarious trauma can also lead to worry that one is not doing enough for clients, difficulty talking about feelings, diminished joy from the work, and a feeling of hopelessness about the work that is being done. Indeed, apathy and a decline in work productivity and satisfaction can be clear signs that something is going on. It might be difficult to tell, based on

symptoms alone, if an employee is suffering from STSD, vicarious trauma, or burnout. If you are concerned that one (or more) of your staff members may be experiencing STSD, it might be time to intervene at either an individual level or an organizational level, or both.

### **MY STAFF MEMBER/ COLLEAGUE HAS STSD: WHAT DO I DO?**

Seeing a colleague or a staff member with STSD can be distressing. There are ways that you can help, though. First, provide support to your colleagues, including through supervision. Helping your colleague through this situation can get them to explore how they are reacting to the situations and work out their feelings.

Managing STSD and vicarious trauma does not just mean responding when individuals exhibit symptoms; instead, an organization can be proactive, by providing education and

literature for staff on the psychological effects of caring for traumatized clients. These talks can include discussions on how to relax outside of work. Indeed, one way to prevent STSD or vicarious trauma is to make sure that you have some hobbies and friends outside of work. Self-care is an important aspect of making sure your staff is healthy and happy in their day jobs.

As an organization, you want to provide an environment that both acknowledges STSD and allows staff to feel comfortable talking about these feelings. This includes providing adequate time off and respecting staff's time away from work. By having staff work even when they are away from the office, you are heightening the risk of STSD. Supervisory staff should be educated on how to detect STSD within their ranks and on how to talk to staff about the symptoms they are experiencing.

Secondary traumatic stress among social workers is a concern that cannot and should not be ignored. Caring for your staff is just as important as caring for your clients. By helping keep staff members aware of the psychological toll that working with the trauma-affected population may take, we can help foster awareness of STSD, prevention through education, and early intervention. Through this effort, not only can an agency avoid losing good staff but the overall profession can avoid losing good social workers.

**Seth J. Meyer, LMSW, is a PhD student at Rutgers University, Newark School of Public Affairs and Administration. His research interests include the use of social services by males, organizational management, and multisite nonprofit organizations. He is also a member of the NASW Administration/Supervision Committee. He can be reached at [seth.meyer@rutgers.edu](mailto:seth.meyer@rutgers.edu) or followed on Twitter @sethjmeyer.**

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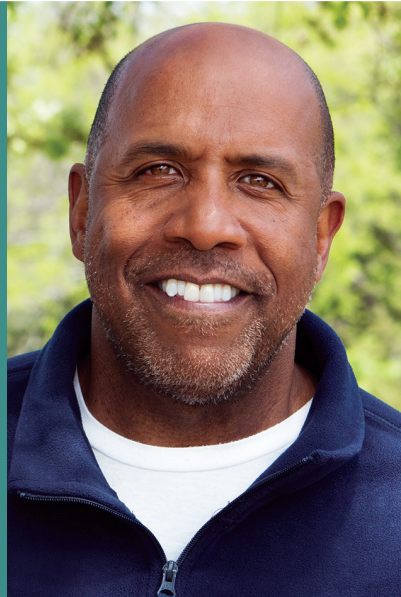


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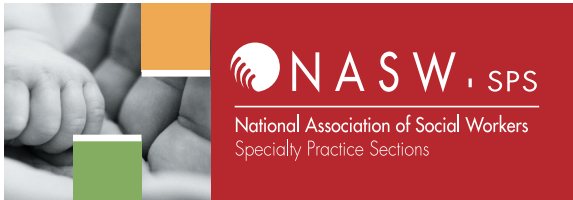
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