

The Other Side of

DARKNESS:

Working through Trauma with Victims of Crime

BY ELIZABETH JOYCE

In late fall 1990, victim advocate Carroll Ann Ellis of Fairfax County, Virginia, found herself losing sleep over one of her cases. Destiny Souza—an eight-year-old girl—had been beaten to death by her aunt’s boyfriend in the basement of her home. As Ellis struggled to comfort Katie, the girl’s mother, she became overwhelmed by the brutal crime. “It was shocking. It was shattering. It was evil and unjust,” said Ellis. “Katie’s life would never be the same again, and in some sense, neither would mine.”

Despite Ellis's years of experience working with crime victims, the Souza case crashed into her life with unexpected force. "I had never been so close to such pain," said Ellis. "I could feel it and touch it, it was so strong," she remembered. Driven by the need to "do something," she felt powerfully drawn into the tragedy. "She [Katie Souza] had my beeper number. She had my telephone number. I was there for her anytime she needed to call." So intensely involved was Ellis that her family became concerned about the effect of the case on her.

Yet as the process of helping Katie started taking hold, both Carroll and Katie began to move forward. Carroll listened for hours as Katie talked about her murdered daughter. She accompanied her to the morgue and through the funeral, the trial, and the empty hours after the murderer was sentenced. Then slowly, over a period of months and years, Katie began to reclaim her life. She delivered the child she was expecting when Destiny was murdered, remarried, had another child, and eventually became an effective victim advocate. Fourteen years later, Carroll remains awed by Katie's resilience and courage; Katie credits Carroll with saving her life. Although no murder story has a happy ending, the healing process transformed and strengthened both survivor and advocate in unexpected ways.¹

Vicarious Trauma

Just hearing their stories, you become part of those stories. If you really allow yourself to be a fully caring presence, you cannot help but be impacted.²

When Carroll Ellis started losing sleep, she was experiencing a phenomenon victim service providers know well—vicarious trauma. It is defined as "the transformation that occurs in the inner experience of a therapist [or worker] that comes about as a result of empathic engagement with clients' trauma material."³

Trauma is contagious. When victim service providers, counselors, and other "helping" professionals empathize with survivor clients, they may develop, more or less, some of the same symptoms they see in their clients: disturbed sleep, anger, fear, nightmares, flashbacks, irritability, anxiety, alienation, feelings of insanity, loss of control, and suicidal thoughts,⁴ as well as physical distress and low self-esteem.⁵

The effects of vicarious trauma may disrupt a provider's sense of meaning, connections, identity, and views of the world. These shifts appear and are often felt in subtle to radical changes in providers' interpersonal relationships and sensory memories as they begin to visualize the same disturbing images described by their clients.⁶

In recent years, research has begun to explore in depth the incidence and negative effects of vicarious trauma.⁷ One important study, for example, showed that seven out of ten therapists treating women raped in adulthood reported negative, long-term changes in their cognitive schema (important beliefs about themselves, other people, and the world).⁸ Other research showed that 38 percent of social workers experienced moderate to high levels of vicarious trauma⁹ and that 37 percent of child protective service workers showed clinical levels of emotional distress associated with vicarious

RESOURCES FOR COPING WITH VICARIOUS TRAUMA

Sidran Institute, www.sidran.org, offers education, resources, training, and advocacy on trauma and trauma-related stress.

Gift from Within, www.giftfromwithin.org, offers resources and educational materials on posttraumatic stress disorder and related traumatic stress syndromes, as well as peer support for victims.

National Victim Assistance Academy, 2002 Textbook. "Chapter 6.2: Stress Management," www.ojp.usdoj.gov/ovc/assist/nvaa2002/chapter6_2.html#1.

American Psychological Association Practice Directorate, www.apa.org/practice, provides free materials on professional health and well-being.

trauma.¹⁰ The problem attracted considerable attention after many mental health-care professionals who treated World Trade Center survivors reported having symptoms that appeared to be linked to their exposure to survivor narratives.¹¹

Considering the nature of their work, it is hardly surprising that victim service providers sometimes feel much like their clients—trapped, overwhelmed, and somewhat out of control. To support victims of crime, providers willingly enter into the traumatic impact of rape, murder, and terrorism—despite the known risk of developing their own traumatic reactions—in the hope that their presence, witness, and support will positively affect victims of crime.

Jeff Dion, deputy director of the National Crime Victim Bar Association of the National Center for Victims of Crime, says the effects of victims' stories build up like "smoke trapped in a room." Providers can be choked and overwhelmed by their own powerful emotions and, says Dion, may need to "ventilate." They must also find ways to integrate the effects of contact with traumatized victims into their lives and work. Encountering trauma as they do—even vicariously—providers are as challenged as their clients to cope and

adjust. (See Box, "Resources for Coping with Vicarious Trauma" on preceding page.)

"Secondary exposure to trauma through crime victims puts you in the same predicament," says Kevin O'Brien, Ed.D., director of education at the National Center for Victims of Crime and former counselor to families of homicide

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victims at the Wendt Center for Loss and Healing in Washington, DC. "When we ask them to integrate, strive, move on, the same must be true of us. We also must find resilience. Just as we believe that our clients have the innate ability to do this, we have that same ability."

Resilience: The Other Side of Vicarious Trauma

Professionals who work directly with victims of crime provide many different services: counseling, safety planning, education, advocacy, assistance with compensation and restitution applications, court accompaniment, information, referral, and case planning. Working with

traumatized victims in all of these roles exposes professionals to the effects of incomprehensible brutality. Yet from witnessing the strength and compassion of victims as they cope with trauma, providers can gain personal satisfaction, deep enrichment, and personal and professional growth they might never otherwise attain.

Vilma Torres, clinical director for families of homicide victims at Safe Horizon in New York City, recalls an unforgettable instance of deep inspiration from the days after September 11. When Torres was about to leave her station after a long, difficult day of helping victims, a mother who had lost a child motioned her back. "What did I forget to do for her?" Torres wondered. "Please don't go yet," said the woman. "I forgot to give you a hug." "When I think about 9-11," says Torres, "that woman's courage and warmth always come back to me." Providers see



How does our work with victims foster our own professional and personal growth?

BROWN BAG TOPIC

Organize a brown bag lunch to share positive experiences you and your colleagues have had working with victims of crime. Discuss constructive ideas for building the resilience of victim service providers. Adopt specific strategies that not only ameliorate the impact of vicarious trauma, but also encourage a work environment that appreciates the positive aspects of helping victims rebuild their lives.

Share your ideas with us at networks@ncvc.org.

bravery in the face of brutality, resilience in the wake of tragedy, and personal growth and health as victims cope, make adjustments, find support, and surmount the myriad consequences of crime. While they often appreciate the effects of their work on their clients, providers are not always aware of how they themselves are changed through exposure to their clients.

Research on Providers' Experience


As researchers look more closely at vicarious trauma, they have begun to explore the full experience, both positive and negative, of the provider. The findings of such initial research—conducted primarily on psychologists, social workers, and sexual violence counselors—indicate that the effects of working with victims are not limited to vicarious trauma and that the ultimate outcomes of such work can be positive. In one study, counselors of sexual violence survivors described the satisfaction of watching victims grow and change and how much they had learned about themselves from reacting to victims throughout the counseling process.¹²

Faced with essentially the same challenge as their clients, providers find ways—not yet fully identified or understood—to emerge from trauma. One study that found negative long-term changes in cognitive schema also reported that eight out of ten therapists experienced positive changes, which included developing a broader emotional range, an awareness of increased connectedness with others, and

a sense of personal enrichment. The study also found that providers undergo a developmental process in understanding trauma work, coming to better understand, for example, how their approach to and processing of trauma material have changed over a period of repeated exposure. These changes may appear in improvements in counselors' clinical skills in supporting the traumatically bereaved.¹³

Another study of therapists treating survivors of torture also found that despite negative effects (e.g., increases in pessimism about human nature and about the efficacy of treatment), some therapists developed a broader emotional range, an awareness of increased connectedness with others, and a sense of personal enrichment, as well as increases in political involvement, and improved clinical skills.¹⁴ This research suggests that the negative effects, while present, were short-lived. In fact, these negative, short-term consequences appear to have been crucial to developing the longer-term effects—suggesting that providers' growth and well-being, like that of clients, depends on how they cope and integrate the early negative features of trauma work.

Providers also report increased understanding of trauma, including “a deeper awareness of the connections among the physical, emotional, and social symptoms that develop in victims as the numbness wears off,” says Kevin O'Brien. “Providers learn the emotional triggers (like sights, smells, sounds) that intensify these symptoms, as well as how to help victims identify and cope with the ways they change as they find resilience in the wake of trauma.



For example, when I'm out walking my dog and hear a car backfire, I'm now more likely to associate the sound with gunfire than I was before I worked with homicide survivors. By understanding the effect of such triggers on me, I can prepare victims to recognize and prepare for the effects of

sensations that trigger traumatic memories," O'Brien adds. "Experienced providers ask better questions and pay more attention to the significance of the details the client mentions. They know from their own experience what adjustments victims make as they cope with trauma and what approaches may be more helpful than others in supporting them."

The View from the Field

PERSONAL REWARDS

When I leave at the end of the day, I feel like I have done something useful with my time, my time on earth that calendar day.

Sharing in the pain, growth, and healing of another person often extends deeply into the personal lives of providers. "You know *immediately* that the simplest gesture—just listening—can make an enormous difference to a victim," said Carroll Ellis. "So many times, I come in with nothing—no smart answers—just a Kleenex box and a sincere wish to help. And victims will tell you later, 'You were so important in my life.'"

As the leader of homicide survivor support groups at Safe Horizon, Vilma Torres creates a haven for victims feeling anger, rage, pain, and stigma. Victims whose suffering has caused non-victims to avoid them help one another cope with their grief. "When people become victims," says Torres, "they find themselves in 'a club you never want to join.' They are in a hole and can't see their way out. But other people who understand can bring them out of the darkness."

"People who work with victims and enjoy it always tell me how much it means to them to be able to help," says Jeff Dion, a homicide survivor and victim advocate who knows firsthand the power of support from other victims. "In my case, I get up every morning knowing that I am doing what I should be doing, particularly because I know that survivors can be helped by someone who has walked that path." And the rewards of his work are

considerable, says Dion, remembering how he once helped convince the Virginia legislature to pass a law granting victims the right to present impact statements at sentencing. Even more meaningful was to have a minister whose son had been murdered tell Dion how much it meant to present such a statement at the murderer's sentencing.

SHARING IN VICTIMS' GROWTH

It is also very hopeful to me, in some way, how human beings are able to be in their pain and also in a way sort of use that heart-wrenching experience to really connect more deeply with other people.... Getting a family in that has fallen apart initially over a death and in a few months seeing the family actually appearing more vibrant, more capable of coping, or willing to consider the homicide in a different light....If I can touch just one family in some way, that is important.

Witnessing clients' resilience and capacity to grow and heal—a powerful antidote to the pessimism that characterizes vicarious trauma—increases respect for the human spirit and gives providers a strong sense of the value of their work.

The satisfaction can be “overwhelming,” says Carroll Ellis, to see a once-shattered victim take back control and begin functioning again. Counselors report how much they enjoy seeing “victims become survivors,” changing and growing despite profound trauma and pain.¹⁵ The success

stories are many and varied, says Vilma Torres. But the greatest victories are those victims who “get up every day, put their clothes on, and go out and face the world with the clear understanding that it is what it is.” Torres reports being

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amazed at the resilience of survivors who “go to work and provide for their families, laugh, and know they will cry sometimes, but that's OK.” Witnessing such triumphs, says Torres, inspires her and keeps her going.

PROVIDERS' INNER GROWTH

*What keeps me coming back every day?
It reminds me to live.*

Like their clients, providers often learn to work and live more effectively, building stronger relationships and expanding their view of the world. “As a white Irish Catholic from northeastern Pennsylvania,” says Kevin O'Brien, “I was surprised at how little my background mattered to the African American, Asian,

Latino, and immigrant survivors I worked with. All different kinds of people let me be with them through the pain of a homicide. That taught me a lot about different cultures and ethnic groups and how much we really are the same. The stereotypes broke down as I got to know people I probably wouldn't have gotten

to know otherwise. Now, when I walk down the street in the District of Columbia where I live, I know I'm still a white guy, but I feel more connected, knowing that people can count on each other during the bad times, regardless of what we look like or where we come from,” O'Brien says.

For Jeff Dion, working with victims produced a spectrum of complex changes. “I've learned that by doing something, I can help others and myself at the same time. I've become more protective of my children, more sensitive to depictions of violence, and much more balanced. I've learned how very different people are and how differently they deal with the same gaping wound. I've learned not to make assumptions about people, their backgrounds, and their ways of thinking.”

To Vilma Torres, working with victims made her part of a vast, extended family that has both helped and strengthened her. “I had so much support from survivors when my father died,” she says. “People remembered that I had helped their families, and they came back to help

me. Survivors do not ‘get over’ things,” she continued, “but they adapt, and being part of that makes me a different person. I have grown because of the love of my extended family of survivors.”

PROFESSIONAL GROWTH

I think the work changes you all the time—the more human suffering I encounter and realize I can handle, the more I am willing to expose myself to even worse trauma and worse conditions.

The kinds of professional growth providers experience from working with victims are as varied as the practitioners themselves. One counselor described once having feared that in the counseling process, he would lead victims to a juncture he did not know how to get beyond. But when he reached such impassés several times—and then figured out how to keep going—he learned not to fear where working with victims might lead. “Providers who facilitate integration of trauma for their clients and themselves usually gain clinical, social, and educational advantages,” says Kevin O’Brien. “They may learn, for example, how to support people from different cultures, to help novice counselors, to understand gaps in their own knowledge and empathy, and to know when (and when not) to self-disclose. They can help create less intrusive programs for victims and educate the public about the effects of trauma and how to help,” O’Brien says.

For Elizabeth Vermilyea of the Sidran Institute in Towson, Maryland, vicarious trauma is a signal, a “red flag” that warns providers to take stock and change

course. Vermilyea recalls how she once recognized that she needed to stop visualizing the horror stories she had heard from traumatized victims. As she struggled to “shake off” these disturbing images, she realized that she was gradually paying closer attention to her clients. When providers find ways to move beyond the trauma, says Vermilyea, they can help both clients and themselves.

Power of Resilience

Research and provider accounts paint a complex picture of vicarious trauma.

Although the associated problems are undeniable, victims and their advocates can and often do succeed in moving beyond tragedy. “No matter how broken a person may be,” said Carroll Ellis, “there is something inside that I can’t identify, but I know it’s there. It drives us to overcome—to go on and even excel. That is what I have seen at work with so many victims. Far be it from me to take credit for what that core strength is or where it comes from. I am just grateful to be a part of it.”

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- 1 For a detailed discussion of the Souza case, see John Douglas and Mark Olshaker, *Obsession* (New York: Pocket Books, 1998).
- 2 Italicized inserts in this article are excerpts from a series of interviews by Kevin O’Brien, Ed.D.—with eight social workers, psychologists, counselors, and volunteers—held in conjunction with research on vicarious trauma for a doctoral dissertation.
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- 4 M. Cunningham, “Vicarious Traumatization: Impact of Trauma Work on the Clinician” (Doctoral Dissertation, Adelphi University, 1996), *Dissertation Abstracts International* 57 (1997): 09, 4130; M. Hollingsworth, “Responses of Female Therapist to Treating Adult Female Survivors of Incest” (Doctoral Dissertation, Western Michigan University, 1993), *Dissertation Abstracts International* 54 (1993): 3342.
- 5 L.A. Pearlman and K.W. Saakvitne, “Treating Therapists with Vicarious Traumatization and Secondary Traumatic Stress Disorders,” in C. Figley, ed., *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (New York: Brunner Mazel, 1995), 150-177.
- 6 I.L. McCann and L.A. Pearlman, *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation* (New York: Brunner Mazel, 1990); I. L. McCann and L.A. Pearlman, “Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims,” *Journal of Traumatic Stress* 3 (1990): 131-149; and L.A. Pearlman and K.W. Saakvitne, “Treating Therapists with Vicarious Traumatization and Secondary Traumatic Stress Disorders,” in C. Figley, ed. (1995).
- 7 I.L. McCann and L.A. Pearlman, *Psychological Trauma and the Adult Survivor*; I.L. McCann and L.A. Pearlman, “Vicarious Traumatization,” 131-49; and L.A. Pearlman and K.W. Saakvitne, “Treating Therapists with Vicarious Traumatization.”
- 8 J. Lobel, *The Vicarious Effects of Treating Female Rape Survivors: The Therapist’s Perspective* (Doctoral Dissertation, University of Pennsylvania, 1996), *Dissertation Abstracts International* 57 (1997):11, 7230.
- 9 T.A. Cornille and T.W. Meyers, “Secondary Traumatic Stress among Child Protective Service Workers: Prevalence, Severity and Predictive Factors,” *Traumatology* 5 (1999): 1-17; L.E. Dalton, *Secondary Traumatic Stress and Texas Social Workers* (Unpublished doctoral dissertation: The University of Texas at Arlington, 2001).
- 10 T. A. Cornille and T.W. Meyers.
- 11 R. Zimmerman, J. Munroe, and S.B. Gulliver, “Secondary Traumatization in Mental Health Care Providers,” *Psychiatric Times* 20 (2003): 4, www.psychiatrictimes.com/p030443.html [Accessed June 25, 2004].
- 12 L.J. Schauben and P.A. Frazier, “Vicarious Trauma: The Effects on Female Counselors of Working with Sexual Violence Survivors,” *Psychology of Women Quarterly* 19 (1995): 49-64.
- 13 J. Lobel, Vicarious Effects.
- 14 L.A. Miller, “Impacts of Treating Torture Survivors on Psychotherapists’ Personal and Professional Lives,” *Dissertation Abstracts International* 61(2001): 6713.
- 15 L.J. Schauben and P.A. Frazier, “Vicarious Trauma,” 49-64.