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## Addressing Secondary Traumatic Stress: Philanthropy's Role in Fostering Grantee Resilience

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### What is Secondary Traumatic Stress?

Secondary traumatic stress (STS) – defined as behaviors and emotions resulting from knowing about a traumatizing event experienced by a client and the stress resulting from helping or wanting to help that client - is an occupational hazard for community-based organizations (CBOs) working with traumatized populations. STS symptoms mirror the symptoms of Post-Traumatic Stress Disorder (PTSD) experienced by the primary victim of trauma, including nightmares, insomnia, chronic irritability, angry outbursts, fatigue, difficulty concentrating, avoidance of clients, hypervigilance, startle reactions, detachment/withdrawal, crying, illness/pain, frustration, missing work, lateness, procrastination, and lack of motivation.

Among the many traumatized populations in society are immigrants (particularly those who are undocumented), refugees and asylees, asylum seekers, and other displaced populations. Their experiences are characterized by a triple trauma paradigm, including traumas during a pre-migration stage (e.g., violence in the country of origin), the transit stage (e.g., dangerous border crossings, detention), and the resettlement stage (e.g., poverty, fear of deportation, culture shock). The current federal administration's harsh anti-immigrant rhetoric and policies have substantially increased traumatic stress among immigrant and refugee populations, and hence, those who help them.

*We often use the term that we are trauma-bonded. Our peers are very, very close because we do share the weight of the work that we do. We support each other a lot, not as much through management. The culture here is to just work real hard and do whatever you have to do to get it done. - Interviewee*

### How does STS impact CBOs?

Without adequate organizational support and self-care CBOs, STS impacts not only the affected staff members, but also their clients, their families and friends, and their agencies through organizational dysfunction and costly employee turnover. STS has been documented among diverse staff roles, including asylum attorneys, immigration judges, caregivers working with immigrants, refugees, and asylum seekers, educators, refugee resettlement staff, and torture treatment providers, among others.

**Agencies that experience STS are the same agencies that funders entrust with addressing some of the most challenging problems in our communities. The quality of services and support that clients receive may be compromised when staff's well-being suffers. Thus, philanthropic support for education, prevention, and mitigation of STS is a crucial component of effective, efficient, and humane community engagement and services.**

GCIR embarked in a national research study to better understand how STS impacts front-line professionals in a range of professions from case manager, to lawyer, to medical provider, and across a variety of populations including immigrants, children, and incarcerated persons. The findings suggest that funders should incorporate resources for STS prevention and mitigation in grantmaking for CBOs. Access the full research report, executive summary, and data at: (<https://www.gcir.org/report-2020-07/Addressing-secondary-traumatic-stress>).

## What are Best Practices to Mitigate STS?

GCIR's research project identified models and promising practices for supporting staff of CBOs who experience STS, using a rapid literature review covering a variety of professions including nurses, first responders, and other healthcare personnel; interviews with 15 administrators/managers of programs or agencies from 11 states that serve immigrant and refugee populations; and focus groups in 4 cities with 29 staff who work directly with immigrant and refugee populations. The organizations included both general providers that include immigrants and refugees among their clients (e.g., social service agencies, hospitals) and organizations that primarily work with refugees and/or immigrants.

*I do feel like in this field that is their responsibility to have supports in place that happen during work hours. That it's not just an employee's responsibility to take care of themselves because the work that we do is inherently traumatizing. I mean, literally, we work with torture survivors. I sit through exams and it's traumatizing. I think it's up to the organization to see what works best and how to support, whether that's doing a group supervision or therapy or individual, whether that's having an art group, or even something stupid like a potluck...I think that the organization needs to figure it out and offer that support on the company's dime. - Interviewee*

**Secondary trauma mitigation strategies fall into two primary categories: those that can be utilized by organizations, and those that can be undertaken by individual staff members.** Organizational best practices that emerged included adjusting work schedules, lower caseloads, more diverse caseloads, job rotation, organizational support, improved work environment, collegial support, and team-building. Best practice individual interventions included psychoeducation about trauma and STS, stress management training, debriefing and communication skills, relaxation and mindfulness, coping strategies, social support, counseling, and resiliency training. All strategies require buy-in as well as a time and resource investment, meaning funders are in a critical position to support grantees in managing STS.

There are also key domains where interventions could be implemented by organizations at risk of STS:

- **Leadership:** Senior leadership are educated and engaged on the need to address STS
- **Workload:** Staff workloads are at a sustainable level
- **Supervision:** Supervisors practice proactive, trauma-informed supervision
- **Peer Support:** The organization provides opportunities for peer support
- **Workspace:** Workspaces are comfortable and confidential
- **Individualization:** The STS approach is individualized for each staff member by honoring preferences and providing options.

*...[when a note is written that is] humanly impossible to sing, and so the choir members take staggered breathing....: To me, that's a beautiful way of thinking of what we do. The work is always ongoing and more demanding than we're ever gonna finish, so we have to know when it's time to tap out, and we have to provide those spaces, and that's okay. You take time away, and I've got you right now, and then you'll get me later. - Focus Group Participant*

## What Can Funders Do to Respond to STS Among Grantee Organizations?

This project found a dearth of investments related to STS education, prevention, and mitigation. Yet philanthropy is uniquely positioned to identify and provide resources in response to this “invisible” need due to ongoing funder investments in supporting organizations serving immigrants, refugees, and other traumatized populations. The historical moment these organizations and their staff find themselves operating in—amidst a global pandemic, a national movement for racial justice, environmental catastrophes, and a toxic political landscape—means these groups need to be nourished and sustained more than ever, and that includes ensuring they have the resources and space necessary to manage the secondary trauma that comes from working on the front lines of these issues.

Just as no singular strategy for responding to STS will be equally applicable to all organizations working with impacted communities, so too will funder approaches vary. Funders seeking to tackle these challenges can take a number of immediate steps, including:

- ✓ **Assessing the funder’s internal understanding of the impact of secondary traumatic stress on their grantees**
- ✓ **Investing additional resources in grantees to pursue a diverse range of STS education, prevention, and mitigation strategies**
- ✓ **Developing learning opportunities or communities, in partnership with funded programs, to learn about STS and ways to respond (recognizing the inherent power differential in blended learning communities)**
- ✓ **Recognizing that STS is a complex phenomenon that cannot be addressed through a single intervention and will require sustained attention and support**

*It needs to go all the way to the funder because they’re the ones who are requesting this from us. That’s why I’m saying that the director, kind of her hands are tied ‘cause it’s either we do this, or our funding gets cut... The funders also need to be aware of this, and the monitoring and evaluation portion, the audits that they do, all this stuff, it’s something that needs to be on their radar. - Focus Group Participant*

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**For the full GCIIR report, *Addressing Secondary Traumatic Stress; Models and Promising Practices*, visit (<https://www.gcir.org/report-2020-07/Addressing-secondary-traumatic-stress>).**

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