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## ASSOCIATION BETWEEN COPING STRATEGIES AND SECONDARY TRAUMATIC STRESS AMONG FORENSIC SOCIAL WORKERS IN SOUTH AFRICA

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### ABSTRACT

Forensic social work in South Africa is challenging, increasing the likelihood of secondary traumatic stress among its practitioners. Proactive coping strategies are necessary to reduce the impact of secondary traumatic stress on forensic social workers. The aim of this study was to describe the association between the frequency of different coping strategies and the frequency of secondary traumatic stress symptoms in forensic social workers. The study applied a quantitative approach with a cross-sectional descriptive design. An all-inclusive willing participation sampling method was used, focusing on all qualified forensic social workers who graduated from a South African university. The study found that avoidant and emotion-focused coping strategies were linked to an increase in secondary traumatic stress symptoms. Employers and therapists can support forensic social workers by offering techniques that encourage the use of problem-focused coping strategies, aiming to alleviate symptoms of perceived secondary traumatic stress.

**Keywords:** Coping; forensic social work; secondary traumatic stress; symptoms

### INTRODUCTION AND PROBLEM STATEMENT

Forensic social work is considered a highly specialised and exclusive activity that involves providing qualified testimony on legal and psychological aspects of sexual assault, child abuse, neglect and violations of parental rights (Newlin *et al.*, 2015). The South African Council for Social Service Professions (2017:2) defines a forensic social worker as:

*a social worker with scientific and specialised knowledge, skills, training and education and experience in forensic social work, who provides the court with written or oral impartial and factual expert testimony.*

Child sexual abuse is viewed as a heinous infringement of human rights, a matter of public health concern, and a pervasive societal problem in South Africa (Naidoo & Van Hout, 2021). According to the South African Police Service's (SAPS) 2019/2020 annual crime statistics, over 24 000 children were sexually abused in South Africa during that time period. One in every five children, or 19.8%, is a victim of sexual abuse, compared to a global average of 18% for girls and 8% for boys (Gwala, 2021). Violence against children continues to be a substantial problem in South Africa, with 4 375 individuals apprehended for offenses against women and children between July and September 2022 (Cele, 2022). Forensic social workers often encounter these distressing and traumatic situations, including cases of violence, abuse, sexual assault and other criminal activities involving children (Ruiz-Fernandez *et al.*, 2021). They bear witness to the accounts of trauma survivors, listen to their narratives, and engage with their emotions and experiences. (Ruiz-Fernandez *et al.*, 2021). Research has shown that these long, tedious and intensive contacts can lead to psychological distress and mental illness (Binder *et al.*, 2020; James, 2014; Kagan & Greenblatt Kimron, 2021; Tosone, McTighe & Bauwens, 2015).

Several terminologies have been proposed in this context to describe the emotional impact of indirect trauma on victims. Secondary traumatic stress (STS) is one of several terms used interchangeably with others to describe the effects of trauma; others include vicarious trauma, burnout and compassion fatigue (Williamson *et al.*, 2020). Secondary trauma, also known as "the cost of caring" (Figley & Ludick, 2017), was first identified as an occupational hazard for mental health professionals because of their repeated exposure to detailed information about their clients' traumas. It was eventually recognised as a risk for anyone who is exposed to the graphic descriptions of other people's trauma at work or in their personal lives. Figley (1995:573) defines STS as:

*the natural consequent behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other – the stress resulting from helping or wanting to help a traumatised or suffering person. In the process of learning about the client's trauma and trying to understand and identify with their experience, the therapist may experience emotions and other symptoms that are very similar to those of the victim.*

The mental and emotional state of forensic social workers, who bear the duty of safeguarding vulnerable children, can be greatly affected by the distressing accounts of the perpetrator's cruelty towards them (Baugerud, Vangbaek & Melinder, 2018). Unlike generalist social workers, who frequently pay attention to the traumatised person's feelings, experiences and even memories to understand and empathise with their clients during interviews (James, 2014), forensic social workers must control their emotions (Richardson, 2010). Despite the painful information being disclosed, it is crucial for the interviewer to always remain objective and neutral and to avoid any bias, which will make them emotionally unavailable for support. (Rapholo & Makhubele, 2018). It would be erroneous to believe that a forensic social worker's

ability to control their emotions will shield them from the effects of STS (Murray & Royer, 2008; Theodosius, 2006). On the contrary, emotional detachment, in the opinion of Starcher and Stolzenberg (2020), can be very demanding, unpleasant and emotionally tiring. This could be specifically applicable to social work in South Africa, where building rapport and trust are regarded as critical elements for successful interventions, particularly in the context of indigenous communities. Emotional detachment may impede the comprehension of and connection with clients' experiences and emotions, as highlighted by Cowling (2018). The lack of a connection exacerbates the difficulty of addressing the emotional repercussions of the work, potentially making forensic social workers significantly more susceptible to STS. Research has demonstrated that the symptoms of STS are nearly comparable to those of post-traumatic stress (PTS) symptoms, such as repeating the traumatic incident, avoidance or hyperarousal, although the severity of the symptoms tends to be lower (Kianpoor, Rahmanian, Mojahed and Amouchie, 2017; Oginska-Bulik, Gurowiec, Michalska & Kedra, 2021). Those suffering from STS will exhibit at least some of the symptoms associated with post-traumatic stress disorder (PTSD). As a result of secondary trauma exposure, a small percentage of these people will develop full-scale PTSD. The DSM-5 TR (American Psychiatric Association [APA], 2022) confirms this assertion by classifying STS as a disorder characterised by intrusion, avoidance and arousal.

The forensic social worker's responses to secondary trauma, or coping, are an important factor to take into account. It can have negative consequences in this specialised group of social workers, including anxiety, depression, sleep disorders, intrusive thoughts, maladaptive coping strategies and negative feelings such as anger and feelings of inadequacy (Bock *et al.*, 2020). Furthermore, as Bhagwagar (2022) suggests, the impact of secondary traumatic stress on resilience can have repercussions on the professional performance of forensic social workers, for example, a decrease in the effectiveness of the intervention on patients/clients/citizens, an inability to express negative feelings by denying the difficulties encountered at work, and the emotional withdrawal that can compromise the emotional (relatives, friends) and social contexts (colleagues, supervisors).

The adaptation of effective coping strategies is highly important for minimising the adverse effects of STS and fostering resilience in forensic social workers. Lazarus and Folkman (1984) provide a definition of coping as "the cognitive and/or behavioural efforts employed by individuals to manage external and internal demands in the face of stressful situations." The framework established by Lazarus and Folkman (1984) and Endler and Parker (1990) encompasses three coping response categories, namely problem-focused coping, emotion-focused coping, and avoidance coping; it remains widely recognised and embraced to comprehend and address symptoms associated with STS to this day. Understanding the different coping strategies can empower forensic social workers to make informed decisions about their own coping strategies. Recognising their preferred coping styles and their effectiveness may assist forensic social workers adopt adaptive coping strategies to alleviate STS symptoms. The importance of this becomes even more evident in the field of forensic social work within indigenous communities, where the unique challenges and experiences faced by clients require careful deliberation when forensic social workers choose their coping strategies.

The literature reveals a lack of research on the association between the frequency of using coping strategies and the frequency of experiencing symptoms of STS among forensic social workers in South Africa, which represents a notable gap. While coping strategies, predictors of STS and the associated symptoms have been extensively studied among social workers and trauma specialists in general, few studies have explored these associations within the unique context of forensic social work in South Africa. Previous research conducted by Quinn, Ji and Nackerud (2019), Ortega (2021), and Caringi *et al.* (2017) has contributed valuable insights into coping strategies, predictors of STS and the associated symptoms among social workers and trauma specialists in general. However, these studies do not specifically address the distinct challenges and stressors faced by forensic social workers in South Africa. Jeanguenat (2018) also highlights the lack of research on the potential impact of trauma on the decision-making and wellbeing of forensic experts.

To address this research gap, the current study aims to expand the existing knowledge base by investigating the associations between the frequency of using different coping strategies and the frequency of experiencing STS symptoms among forensic social workers in South Africa. Based on the theoretical framework of coping and the literature relating to the significance of coping styles and STS symptoms, the following research question was formulated: What are the associations between the frequency of applying different coping strategies and the frequency of experiencing STS symptoms amongst forensic social workers?

By examining these specific associations within the unique context of forensic social work, the study sought to describe contextual factors and identify effective interventions. The findings from this study can contribute to a deeper understanding of coping strategies and STS among forensic social workers, leading to improved support and wellbeing within this critical field.

## LITERATURE REVIEW

The following paragraphs will present an overview of trauma, secondary traumatic stress and coping strategies that can be employed to alleviate the effects of STS.

### Trauma

While many challenging life experiences can be incredibly difficult to confront, not all of them necessarily qualify as traumatic. Situations that lead to psychological trauma are primarily characterised by experiencing extreme vulnerability. According to the DSM-5 TR (APA, 2022), exposure to trauma alone is not considered a diagnosable disturbance. The DSM-5 provides a definition of a traumatic event as:

*a personal experience involving actual or threatened death, serious injury, or other forms of physical harm, or witnessing such an event happening to another person. It also includes learning about an unexpected or violent death, serious harm, or the threat of injury experienced by a family member or someone closely connected (APA, 2022: 301).*

Furthermore, repeated or prolonged exposure to distressing details related to such events can also contribute to trauma (Courtois & Ford, 2013).

## Secondary traumatic stress (STS)

STS is the psychological distress that arises from indirect exposure to the trauma experienced by others (Figley, 1995). It is commonly encountered by healthcare professionals, social workers and therapists who regularly listen to their clients' accounts of traumatic events (Sprang, Ford, Kerig & Bride, 2019). In the context of this literature review, the term "trauma specialists" will be used to refer to these individuals. Trauma specialists frequently encounter challenging and distressing situations, such as incidents involving violence, abuse and sexual assault (Greinacher *et al.*, 2019). They actively listen to the narratives of trauma survivors, witness their emotions and engage in their experiences. The ongoing exposure increases the probability of developing STS among these individuals (Evces, 2015). The symptoms of STS can manifest in various ways, including avoidance, intrusive thoughts and hyperarousal, all of which are characteristic symptoms of PTSD. These symptoms can have a significant impact on the wellbeing and professional abilities of trauma specialists (Greinacher *et al.*, 2019). These symptoms will be explored in greater detail below.

Some trauma specialists may resort to avoidance behaviours as a coping mechanism. They may avoid certain cases or clients that remind them of traumatic experiences, evade discussions related to trauma, or emotionally distance themselves from their clients (Lyons, 2021). This avoidance can also extend to their personal lives, leading to social withdrawal and isolation (Ike, de Boer, Buwalda & Kas, 2020).

Intrusion refers to the persistent and unwanted re-experiencing of traumatic events. Trauma specialists may experience intrusive thoughts, memories or images related to their clients' traumatic experiences (Goodman & Fuller, 2020). These intrusive experiences can disrupt their daily lives, making it challenging to concentrate or remain present. Specific cues, such as certain cases or discussions, can trigger intrusive thoughts and memories (Kirk, 2015).

Hyperarousal is a state of heightened physiological and psychological arousal. Individuals affected by STS may constantly feel anxious, irritable and on edge. They may struggle with sleep difficulties, hypervigilance and exaggerated startle responses (Foster, Marks, O'Brien & Raeburn, 2020). Hyperarousal can result in chronic fatigue, anxiety, reduced concentration and impaired decision-making abilities (Akhtar, 2017).

The symptoms of avoidance, intrusion and hyperarousal highlight the emotional and psychological impact of the indirect exposure to trauma. It can hinder trauma specialists' ability to engage effectively with clients and fulfil their professional responsibilities (Coll *et al.*, 2022).

## Coping

Lazarus and Folkman (1984) introduced a coping model that organises coping strategies into two primary categories: problem-focused coping and emotion-focused coping. Later, Endler and Parker (1990) introduced a third coping strategy called avoidant coping. The model offers a valuable structure for comprehending, exploring and managing trauma and coping. The model recognises the individualised nature of coping responses, emphasises the importance of adaptive coping strategies, and provides practical guidance for interventions and support. In the following discussion, each of these coping strategies will be examined and elucidated.

Problem-focused coping, according to Carroll (2020), necessitates actively addressing the underlying causes of trauma and pursuing practical solutions. This coping style is characterised by the facets of active coping, use of informational support, planning and positive reframing (Carver, 1997). Trauma specialists who use this coping style are proactive in identifying and resolving issues using problem-solving tactics. They prioritise identifying real answers and implementing initiatives to effectively satisfy the demands of their clients. This method increases job satisfaction and empowers employees to make a positive difference in their working environment.

Emotion-focused coping centres on managing emotional reactions and distress linked to work. According to Carver (1997), this coping style is characterised by the facets of venting, use of emotional support, humour, acceptance, self-blame and religion. Trauma specialists who use this coping style regulate their emotions and engage in self-care activities (Ben-Zur, 2020). They may seek help from co-workers or loved ones, or they may seek counselling. Emotion-focused coping recognises the significance of detecting and processing emotions to effectively deal with emotional issues. It contributes to enhanced emotional resilience and wellbeing, allowing individuals to efficiently navigate their responsibilities (Schoenmakers, Van Tilburg & Fokkema, 2015).

Avoidance coping involves efforts to evade or distract oneself from the emotional strain associated with work. Avoidant coping is characterised by the facets of self-distraction, denial, substance use and behavioural disengagement (Carver, 1997). Individuals employing this coping strategy minimise exposure to distressing situations and consciously avoid discussions or thoughts related to trauma (Kumanova & Karastoyanov, 2013). According to Shafir (2022), excessive reliance on avoidance coping strategies may offer temporary relief, but it ultimately impedes the ability to fully engage with clients and hampers professional development and wellbeing.

Depending on the context and their preferences, trauma specialists may use a combination of coping strategies. It is critical to understand that coping strategies are not mutually exclusive. Their effectiveness can vary depending on the environment and unique traumatic occurrences (Carroll, 2020).

## **THEORETICAL FRAMEWORK**

The study employs an ecological perspective, introduced by Bronfenbrenner (2005), to investigate how forensic social workers interact with their environment. This perspective emphasises three aspects of human behaviour: how individuals perceive events, their active involvement in their surroundings, and the impact of their environment on their behaviour (Cook, 2012). It is widely known as the person-in-environment perspective and is fundamental in forensic social work (Teater, 2014). Additionally, the ecological perspective recognises the complex interplay of physical, psychological, biological, social, economic, and political factors that contribute to STS and coping strategies (Eriksson, Ghazinour & Hammarström, 2018).

## METHODOLOGY

### Research aim and objective

The aim of this study was to describe the associations between the frequency of applying different coping strategies and the frequency of experiencing STS symptoms amongst forensic social workers. The objective was to employ scales or items from the Brief Cope Survey and the Secondary Traumatic Stress Scale (STSS) to accurately measure the association between the coping strategies and STS in the target population.

### Approach, design and sampling

A quantitative approach was applied, with a cross-sectional descriptive survey method as the research strategy. A quantitative approach, according to Rubin and Babbie (2016), places the emphasis on statistical results that are precise and generalisable. It is used to determine whether a certain cause produces an effect for the purpose of explaining or describing the phenomena that those observations reflect. The cross-sectional investigation involved gathering data at a specific moment to investigate the correlation between coping strategies and STS symptoms. The participants were chosen on the basis of certain criteria. According to Cherry (2022), cross-sectional studies are observational and descriptive, aiming to provide information about a population without establishing causal or relational connections. The researchers' objective was not to manipulate variables, but rather to document the prevailing situation.

In this research study the population refers to all social workers who practise forensic social work in South Africa, who obtained their MA (Forensic Practice) degrees between 2006 and 2022 from an accredited university in South Africa. The study excluded social workers who work in general social work practice.

An all-inclusive willing participation sample was utilised, specifically targeting individuals from the above-mentioned population. Complete or all-inclusive sampling is a form of purposive sampling in which the entire population of interest, comprised of individuals who possess a specific characteristic, is examined (Etikan, Musa & Alkassim, 2016). In this study forensic social workers who met the criteria were invited through an advertisement to participate, and those who were interested responded by completing an electronic survey using Google Forms. The questionnaire was completed by 31 forensic social workers (n=31), representing 28.4% of the total population. Memon *et al.* (2020) recommend that in survey designs, the minimum sample size should be at least 30. Ganti (2023) agrees and states that sample sizes of 30 or more are typically considered adequate for the central limit theorem (CLT) to apply. The sensitive nature of the subject, as well as the possibility that the questionnaire might elicit disturbing recollections of prior traumatic incidents, may have been to blame for the low response rate.

### Measures

#### *Demographical Information*

The following demographical data were obtained as a first step to summarise the profile of the typical respondent: gender, age, practising as forensic social worker, years practising as

forensic social worker, number of cases, and time spent providing services to sexually abused children.

### ***Brief COPE Survey***

The Brief COPE survey was used to ascertain the coping responses of respondents. The Brief COPE scale was developed by Carver (1997) and selected by the researcher to describe the frequency of applying different coping strategies after exposure to secondary trauma. It was designed to assess a broad range of coping responses among adults for all diseases. It consists of 28 items and is scored on a four-point Likert scale ranging from "I haven't done this at all" (scoring 1) to "I have done this a lot" (score 4). The higher the score, the more coping mechanisms the respondents had used. This scale covers 14 dimensions in total. Self-distraction, active coping, denial, substance use, emotional support, instrumental assistance, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion and self-blame are examples of these dimensions. There are two objects in each dimension. The dimensions are then divided into three coping strategies namely problem focused, emotion focused and avoidance coping. The Brief COPE has shown reasonable reliability and validity (Yusoff, Low & Yip, 2010). According to the authors in the preceding sentence, this survey can help researchers determine coping responses more quickly.

### ***STS Scale (STSS)***

As noted in Bride (2007), the STSS is a 17-item, self-report scale instrument intended to measure the frequency of intrusion, avoidance and arousal symptoms associated with STS resulting from working with victims of trauma. Respondents were requested to indicate how frequently each element was true in the past seven days (on a five-point Likert measure starting from 'never' to 'very often'). The STSS has sound psychometric properties, including an alpha coefficient value of .94 for all 17 items, as well as alpha coefficient values of .83, .89, and .85 for the Intrusion, Avoidance and Arousal subscales, respectively (Bride, Robinson, Yegidis, & Figley, 2004).

The Brief COPE and the Secondary Traumatic Stress Scale (STSS) are accessible online at no cost. Although these instruments were not developed for South Africa, the researchers collaborated with a statistician to review the questionnaires. In addition, the questionnaires were pilot tested with three forensic social workers from the target population. The feedback received from the relevant parties was used to ensure relevance and appropriateness for the South African context. Previous South African studies that utilised these measures include those by Engelbrecht, Heunis and Kigozi (2021), Masson and Moodley (2020), and Van der Merwe, Botha and Joubert (2020).

### **Procedure**

A survey instrument that was created on Google Forms and emailed to respondents was used to collect the data. The link provided allowed respondents to access the two aforementioned platforms, complete the questions and submit them electronically.



## **Ethical considerations**

The NWU's Health Ethics Research Committee granted ethical clearance (number NWU-00002-18-A1) for the research project. Before the researcher could access the contact details of forensic social work alumni, permission was sought from the identified universities' Research Data Gatekeepers Committee (RDGC). Because of the high anticipated risk level of the study, some questions may have been considered sensitive and may have caused re-lived trauma or feelings of self-doubt or fear. Forensic social workers are regularly exposed to the narratives of child sexual abuse, making them vulnerable and at risk. Respondents were informed of the implications and risks of participating in the study and were given an electronic consent form on the first page of the survey on which they could select their choice by clicking on the "agree" or "disagree" button. Selecting the "agree" button indicated that the respondent has read the information on the consent form and agreed to participate voluntarily. If they disagreed to voluntary participation in the study after reading the information on the consent form, they were excluded. They also had the option to choose "no response" or "prefer not to respond" to each survey question. This allowed the respondent to proceed with the survey without answering a specific question. Respondents were afforded the option to withdraw from the study at any time without any negative repercussions. Privacy and confidentiality were considered by anonymising IP addresses for online surveys. No information to identify the participants was included in the questionnaire. After the study was completed, all data were archived in the NWU Research Director's office, which has secure facilities, and access is restricted to only the Research Director and the researchers. The data will be retained for a maximum of five years before being destroyed.

## **Data analysis**

The data was transferred from Google Forms to the Statistical Package for Social Sciences (SPSS Inc., 2021), which was used to perform the data analyses. The assistance of Statistical Consultation Services at North-West University was utilised to assist with data analysis. This included: 1) descriptive statistics to provide a demographical profile of the typical respondent; 2) reliability tests by means of Cronbach's Alpha coefficients to verify the internal consistency and reliability of the Brief COPE scale as well as the STSS instrument's constructs; 3) descriptive statistics of the construct scores to provide a summary of them; 4) Spearman's correlation coefficients were calculated to explore the strength of the relationships between the frequency of applying any of the 14 coping strategies and the frequency of experiencing the secondary traumatic stress symptoms.

## **FINDINGS**

### **Descriptive statistics of demographical factors**

Most of the participants in the study were women (n=28, 90.3%), and a significant portion of the forensic social worker sample was relatively older, with the majority of respondents above the age of 35 (n=22, 70.9%). According to Fischl (2013), about 82% of social workers in general are female and fewer men are entering the social work profession.

Most of those who responded are currently working in the field of forensic social work. More than 80% of respondents had been practising as a forensic social worker for 10 years or less, with 0-5 years (n=16, 53.3%) and 6-10 years (n=2, 30.0%). Given the sensitive and intricate nature of forensic social work, the researchers considered it important to ascertain the number of respondents who were currently employed in this capacity. The data on years of experience may appear to contradict the data on age; however, an important point to consider is that many forensic social workers become eligible to practise only at a later stage in their lives.

Most of the respondents are involved in 0-10 cases involving sexually abused children per month (n=16, 59.3%). While the number of cases may seem modest, a diminished caseload would undoubtedly prove beneficial for forensic social workers who specialise in assisting sexually abused children, given the seriousness, vast consequences and risky behaviours inherent in such cases. This would enable them to offer more customised and efficient care to the affected child who is involved in the criminal justice system. Time spent providing services to the sexually abused child ranged between 0-30 hours per week (n= 23, 74.1%). Only a few indicated more than 30 hours per week (n=4, 12.9%). Munson (2011) and Iffley (2012) confirm that providing services to sexually abused children take time because of the evaluation of a case, investigation, writing a report and having to testify in court.

### **Coping strategies used by forensic social workers**

The Brief COPE questionnaire was used to determine to what extent forensic social workers use certain coping strategies. As indicated in Table 1, the Cronbach Alpha of the self-distraction and venting sub-constructs were below the guideline of 0.6 and therefore not deemed to be reliable. The items of these sub-constructs will be analysed individually. The Cronbach's Alpha of the remaining sub-constructs from this study ranged between 0.61 and 0.95, which is considered acceptable in terms of reliability, according to recognised standards (Pyrzczak & Oh, 2018).

Once reliability was determined, scores were calculated for each of the reliable sub-scales by taking the average of the two items within each one. The mean scores for the avoidant coping strategies ranged between 1.24 (SD = 0.66) – 1.60 (SD = 0.70) indicating that on average respondents utilised these coping responses never to rarely. This suggests that respondents are more likely to deal with stressful demands directly (Quah *et al.*, 2020). Avoidant coping strategies, according to Scott (2021), are closely linked to distress and depression. The mean scores for problem-focused coping strategies ranged between 3.11 (SD = 0.98) – 3.56 (SD = 1.00) indicating that on average respondents use these coping strategies occasionally tending towards often. The findings are an indication that these respondents on average tend to deal with stress by confronting it and taking action to address the underlying cause.

**Table 1: Cronbach's Alphas, means, and standard deviations for the sub-scales of the Brief-COPE questionnaire**

Coping type	Construct Name	Items	Cronbach's Alpha	Mean	SD
Avoidant coping	Self-distraction	1.19	0.20	N/A	N/A
	Denial	3.8	0.84	1.60	0.70
	Substance use	4.11	0.95	1.24	0.66
	Behavioural disengagement	6.16	0.81	1.45	0.76
Problem-focused coping	Active coping	2.7	0.85	3.56	1.00
	Use of informational support	10.23	0.87	3.42	1.00
	Positive reframing	12.17	0.78	3.11	0.98
	Planning	14.25	0.76	3.55	0.98
Emotion-focused coping	Emotional support	5.15	N/A	3.23	1.09
	Venting	9.21	0.36	N/A	N/A
	Humour	18.28	0.84	2.44	1.11
	Acceptance	20.24	0.61	3.42	0.95
	Self-blame	13.26	0.87	1.73	0.93
	Religion	22.27	0.93	3.88	1.14

### STS symptoms in forensic social workers

The study investigated how forensic social workers experience STS symptoms as measured by the STS Scale using the same data set. Table 2 shows that the Cronbach Alpha values reported in the study ranged from 0.77 to 0.93, indicating that the constructs are also considered reliable (Pyrzszak & Oh, 2018).

Construct scores were calculated by averaging the items within each construct, namely intrusion, avoidance and arousal. The intrusion construct assessed symptoms such as a racing heart when thinking about their clients, reliving the trauma as experienced by clients, and upsetting reminders of their work with clients. The construct score for intrusion ranged from 0.80 to 4.20, with a mean of 2.14 (SD = 0.77) indicating that on average respondents rarely or never experienced this symptom in the previous week. The construct score for intrusion ranged between 0.80 – 4.20 with a mean of 2.14 (SD = 0.77) indicating that respondents experienced this symptom never to often during the previous week and on average it is rarely experienced.

The second construct, avoidance, assessed the frequency with which respondents reported experiencing avoidance as an STS symptom in the previous week. This construct considers symptoms such as feeling emotionally numb, being discouraged about the future, and having little interest in being around others. The avoidance construct score was reported between 1.00 – 4.43, mean 2.07 (SD = 0.92). This indicates that respondents experienced this symptom never to often during the past 7 days, with the average response being rarely.

Arousal examined symptoms such as difficulty sleeping, feeling jumpy and having difficulty concentrating. The descriptive statistics for these constructs are presented in Table 2. The arousal construct score ranged between 0.80 – 4.80 with a mean of 1.99 (SD = 0.93) indicating that although respondents on average experienced this symptom rarely, the minimum frequency of experiencing it is never and the maximum frequency of experiencing it is always.

**Table 2: Cronbach's Alphas, Means, and Standard Deviations for the Secondary Traumatic Stress Scale (STSS)**

Construct name	Item	Cronbach Alpha	Min	Max	Mean	SD
Intrusion	2,3,6,10,13	0.75	0.80	4.20	2.14	0.77
Avoidance	1,5,7,9,12,14,17	0.90	1.00	4.43	2.07	0.92
Arousal	4,8,11,15,16	0.88	0.80	4.80	1.99	0.93

### **Associations between the frequency of using coping strategies and the frequency of experiencing STS symptoms**

Next this study investigated the associations between the frequency of using the 14 coping strategies and the frequency of experiencing the three secondary traumatic stress symptoms. This was done by calculating Spearman's correlation coefficients. Pallant (2020) explains that this measure can be used to explore the direction and the strength the relationship between two continuous variables, the continuous variables being the construct scores in this case. A positive correlation indicates that as one variable increases, so will the other one; for this study it means the following: if the frequency of applying the coping style under review increases, then the frequency of experiencing the STS symptoms under review will also increase. On the other hand, a negative correlation indicates that as one variable increases, the other one will decrease; for example, if the frequency of applying a specific coping style increases, the frequency of experiencing the stress symptoms under review will decrease.

As suggested by Ellis and Steyn (2003), because of the lack of generalisability, effect sizes instead of p-values will be used for interpretation purposes, but the p-values will be reported for the sake of completeness. This information is reflected in Table 4 below. Interpretation will be based on the following guideline values: correlation coefficients of ~ 0.1 practically non-significant, ~ 0.3 practically visible, and ~ 0.5 practically significant associations.

Although the said analyses were performed for all the different combinations of constructs, only practically significant associations are discussed. The only noteworthy associations that were found were for maladaptive coping mechanisms (methods a person uses in an attempt to reduce their stress or anxiety, but in an ineffective, unhealthy way) and the associations were all positive (for example, as the regularity of using these maladaptive coping strategies increases, the regularity of experiencing the stress traumatic symptoms also increases).

As indicated in Table 3, three practically significant associations have been reported when considering the avoidant coping strategies. These associations were reported between behavioural disengagement and all the STSS constructs ( $r = 0.67 - 0.79$ ). As a result, avoidant

coping and in this case behavioural disengagement are correlated to all the perceived STS symptoms in this study.

**Table 3: Results of associations analyses between the avoidant coping strategies and STS symptom construct scores**

STS Symptoms				
Coping Style	Measure	Intrusion	Avoidance	Arousal
Self-distraction 1	Correlation coefficient	0.45	0.25	0.38
	p-value	0.01	0.17	0.04
Self-distraction 2	Correlation coefficient	0.25	0.47	0.46
	p-value	0.17	0.01	0.01
Substance Use	Correlation coefficient	0.23	0.32	0.35
	p-value	0.21	0.08	0.05
Denial	Correlation coefficient	0.38	0.27	0.37
	p-value	0.03	0.15	0.04
Behavioural disengagement	Correlation coefficient	<b>0.67</b>	<b>0.72</b>	<b>0.79</b>
	p-value	<0.001	<0.001	<0.001

No practically significant associations have been reported for problem-focused coping, as illustrated in Table 4.

**Table 4: Results of associations analyses between the problem focused coping strategies and STS symptom construct scores**

STS Symptoms				
Coping Style	Measure	Intrusion	Avoidance	Arousal
Active coping	Correlation coefficient	-0.17	-0.03	-0.04
	p-value	0.37	0.89	0.83
Use of informational support	Correlation coefficient	0.28	0.18	0.27
	p-value	0.13	0.34	0.14
Positive reframing	Correlation coefficient	0.11	0.25	0.10
	p-value	0.56	0.18	0.61
Planning	Correlation coefficient	0.38	0.35	0.40
	p-value	0.04	0.05	0.03

Four practically significant associations are reported in Table 5 for emotion-focused coping. The correlation coefficients between Venting 1 (saying things to let my unpleasant feelings escape) and Avoidance ( $r=0.58$ ), Humour and Avoidance ( $r = 0.57$ ), Humour and Arousal ( $r = 0.61$ ), and Self-blame and Avoidance ( $r = 0.55$ ) indicated strong associations. Therefore, the use of emotion-focused coping strategies, including Venting 1, humour and self-blame, are correlated with perceived avoidance, while humour is also correlated with arousal as STS symptoms in this study.

**Table 5: Results of associations analyses between the emotion-focused coping strategies and STS symptom construct scores**

STS Symptoms				
Coping Style	Measure	Intrusion	Avoidance	Arousal
Emotional Support	Correlation coefficient	0.25	0.21	0.25
	p-value	0.17	0.26	0.18
Venting 1	Correlation coefficient	0.41	0.58	0.44
	p-value	0.02	<0.001	0,01
Venting 2	Correlation coefficient	0.13	0.18	0.12
	p-value	0.48	0.34	0.51
Humour	Correlation coefficient	0.41	<b>0.57</b>	<b>0.61</b>
	p-value	0.02	<0.001	<0.001
Acceptance	Correlation coefficient	0.11	0.18	0.33
	p-value	0.57	0.33	0.07
Self-blame	Correlation coefficient	0.26	<b>0.55</b>	0.47
	p-value	0.16	<0.001	0.01
Religion	Correlation coefficient	0.34	0.23	0.36
	p-value	0.06	0.22	0.05

## DISCUSSION

Previous research by Amir and Kihoro (2014), Barck-Holst, Nilsonne, Akerstedt and Hellgren (2021), Ben-Ezra and Hamama-Raz (2020), Masson and Moodley (2020), and Mette *et al.* (2020), focused mainly on coping strategies and STS symptoms for social workers in general; this study is among the first to describe the associations between the frequency of applying different coping strategies and the frequency of experiencing STS symptoms in forensic social workers in South Africa. Forensic social workers often face multiple traumas because of their job's specialised and sensitive nature, which involves, among other things, listening to the disturbing narratives of sexually abused children. Hence, it is crucial to identify coping

strategies that are effective for this specialised group of social workers, with the aim of mitigating symptoms associated with STS.

According to the findings of the study, respondents on average rarely use avoidant coping strategies. This means that they are less likely to use maladaptive coping strategies, which is beneficial, especially in the light of Scott's (2021) research associating avoidant coping tendencies to distress and depression. On the contrary, respondents utilise problem-solving styles more frequently, indicating that they are more likely to confront trauma and make efforts to address its underlying cause. A study by Carver and Connor-Smith (2010) linked problem-focused coping to better outcomes, such as lower levels of distress and higher levels of psychological wellbeing. The findings show that utilising problem-focused coping strategies in dealing with trauma is beneficial, as these coping strategies are associated with better outcomes. Avoidant coping strategies, on the other hand, should be avoided because of their association with anxiety and depression.

The experiences of forensic social workers in dealing with traumatic incidents in their field of work were investigated in this study. The researchers examined the prevalence of STS symptoms, which are classified as intrusion, avoidance and arousal (Kianpoor *et al.*, 2017). The findings revealed that on average intrusion and avoidance symptoms, such as reliving unpleasant memories and feeling emotionally numb, were not frequently reported by respondents. Arousal symptoms, on the other hand, such as difficulties sleeping and difficulty concentrating, were reported more frequently. This implies that, while STS symptoms are common among forensic social workers, they are not uniformly and frequently observed across all symptoms. The findings are similar to those of a study involving trauma therapists conducted by Elwood, Harik, Lohr and Galovski (2011), which revealed that therapists rarely encounter symptoms that are regarded as "clinically significant," and that these symptoms may not be attributable solely to trauma-focused treatment.

The study found a substantial positive association between maladaptive coping strategies, notably avoidant and emotion-focused coping, and STS symptoms. The findings indicate that as the use of maladaptive coping strategies becomes more common, so does the occurrence of STS symptoms. This may exacerbate the detrimental impact of traumatic incidents. Sutton (2020) asserts that maladaptive behaviour may temporarily relieve stress or anxiety, but the underlying thoughts, fears and concerns are not being addressed. As a result, it's critical to address these coping strategies in interventions aiming at reducing STS in high-stress occupations such as forensic social work. Developing appropriate coping strategies and avoiding maladaptive ones may be necessary in the long term to prevent or lessen STS symptoms.

The study's findings demonstrated a strong association between avoidance coping strategies such as behavioural disengagement and all the STS constructs. This indicates that forensic social workers tend to avoid negative situations, relationships or connections. Carver (1997) confirms that people who utilise behavioural disengagement tend to distance themselves physically or mentally from the source of their stress. When confronted with overwhelming emotions, grief, loss or other difficult situations, many people adopt avoidance coping methods, especially when they believe they have little control over their circumstances (Randolph,

2021). While avoidance coping may be useful in some situations, it is worth noting that it is frequently connected with negative outcomes such as severe depressive symptoms and psychological suffering (Compas *et al.*, 2017).

Furthermore, the findings indicate a substantial association between emotion-focused coping strategies and STS symptoms, more specifically between venting and avoidance, humour and avoidance, humour and arousal, and self-blame and avoidance. Ding *et al.* (2021) distinguish between adaptive and maladaptive emotion-focused coping strategies. Venting is regarded as an adaptive approach, but humour and self-blame are regarded as maladaptive (Suttie, 2021). The findings imply that these coping strategies are related to higher levels of reported STS symptoms. These findings are unexpected, particularly for venting, which is commonly thought to be an effective approach to reduce stress and manage emotional distress. Suttie (2021) proposes that this might be the case because forensic social workers have little control over the intensity and vivid stories of sexual abuse of children to which they are exposed on a regular basis. They are unable to alter their exposure, despite using adaptive emotion-focused coping strategies such as venting, which, in the opinion of Compas *et al.* (2017), may result in increased levels of reported STS symptoms.

Generally, humour is considered to be an adaptive approach, but interestingly, based on the observations of this group of forensic social workers, it seems to be a passive and dysfunctional emotion-focused coping style. It may be commonly accepted that those with a good sense of humour will be better able to handle challenging circumstances, enjoy more harmonious relationships, find humour in a variety of experiences, and benefit from improved mental and physical health (Martin & Ford, 2018). These proposed links between humour and positive wellbeing are simple and straightforward. However, forensic social workers can utilise humour as a defence strategy to shield the ego from mental agony because of the unconscious mind's distorted perspective on reality (Maiolino & Kuiper, 2016). Self-blame is a typical maladaptive emotion-focused coping style which is related to reported STS symptoms in the current investigation. Self-blame is characterised as a coping style in which the person holds themselves accountable for the situation. Clausen (2019) asserts that when a person experiences trauma, their subconscious self is programmed to act rapidly. Sometimes people blame themselves, believing that they could have done more or better. Instead of addressing the problem and trauma at its root, it appears that forensic social workers tend to employ these coping mechanisms to lessen the emotional stress brought on by a challenging scenario (Kubala & Marais, 2022). Therefore, relying solely on emotion-focused coping may not be the most effective way to cope with STS symptoms. The study's results are consistent with those made by Compas *et al.* (2017), Cox and Sterner (2013), Galek, Flannelly, Greene and Kudler (2011), Newell, Nelson-Gardell and MacNeil (2015), and Skovholt and Trotter-Mathison (2016), who found an association between employing unhealthy emotion-focused coping strategies and higher levels of psychological distress and depressive symptoms. These studies investigated burnout, stress, trauma and coping strategies among clinicians in general.

The utilisation of effective coping strategies and the decrease in secondary traumatic stress can not only enhance the overall wellbeing of forensic social workers, but also hold broader significance for those working in indigenous communities within the field. These strategies can



assist in developing professional resilience, involving clients, being culturally sensitive, establishing a sustainable workforce, and advocating for systemic transformation. All these factors may collectively contribute to the success and influence of forensic social work in the unique context of South Africa.

## LIMITATIONS

There seems to be little research on forensic social workers and their ability to cope with STS in South Africa. The goal of the research was to bridge this gap; however, because of the limited sample size, generalising the results is not possible. Furthermore, the study used an online survey method. As a result, a considerable number of email addresses provided by the university's data base were either no longer in use or erroneous, compromising the population size. An alternative approach to recruiting participants for future research could involve gathering voluntary responses from potential participants through targeted advertising by the Faculty of Health, the School for Psychosocial Health, and particularly the Social Work Subject Group. This can be done through various communication channels, such as email, targeting a specific group of alumni, as well as social media platforms such as Facebook and Instagram. The focus of advertising endeavours should be directed towards specific groups, such as the South African Association for Social Workers in Private Practice (SAASWIPP), the South African Council for Social Service Professions (SACSSP), Facing Social Work, the trade union Solidarity, and South African Social Work Practice.

In addition, the researchers utilised a purposive sampling strategy, which means that only social workers having obtained a Master's degree in Social Work in Forensic Practice from the North-West University during a specified period were invited to participate. As a result, a reasonable number of forensic social workers working without a Master's degree but delivering the same services in varied or similar organisations and most likely under comparable circumstances as those with a Master's degree were excluded from the study. The sample was therefore most likely not entirely representative of the total forensic social work field in South Africa. Further studies that includes all social workers operating in the forensic social work profession, regardless of whether they have a Master's degree or not, would therefore be advantageous.

Finally, the research project was inaccessible to certain respondents as they lacked the necessary resources, such as computers, smartphones, or access to Wi-Fi, and cell phone data; hence it remains unclear whether their participation would have yielded data leading to the same conclusions.

## CONCLUSION

Although previous research looked at the links between coping strategies and STS symptoms in general, this study focused on forensic social workers in South Africa specifically. Avoidant and emotion-focused coping strategies (adaptive and maladaptive emotion-focused coping) were found to be positively related to STS symptoms based on the associations between the three coping strategies. The findings indicated that as the frequency of using these coping strategies increased, so did the frequency of experiencing STS symptoms. The study therefore emphasises the importance of the association between problem-focused coping strategies and STS symptoms among forensic social workers. This is because avoidance and emotion-focused

coping strategies may provide only temporary relief, while problem-focused coping strategies can help address the root causes of stress and trauma, leading to more long-lasting solutions. Forensic social workers are confronted with uncontrollable second-hand narratives of the sexually abused child's suffering and pain, and such coping strategies could alleviate secondary trauma and buffer STS symptoms amongst them. The results of this study have the potential to enhance awareness of the importance of coping strategies for forensic social workers who experience STS within the specific context of South Africa. It is recommended that advocacy efforts should focus on providing support and assisting forensic social workers in developing effective coping mechanisms. Training programmes should be established with the purpose of empowering them to effectively cope with the emotional impacts that arise from their exposure to trauma, especially when working in indigenous communities. Policies can also be established that mandate employers to provide support and training or offer access to mental health services for those who may be struggling to cope. These policies should aim to prioritise the wellbeing of forensic social workers and acknowledge the unique challenges they may face, fostering a culturally responsive and inclusive work environment. Finally, the findings of the study can be included in the MA (Forensic Practice) course, allowing students to gain an in-depth understanding of the topic as well as practical strategies for dealing with the effects of secondary trauma. This could improve the wellbeing of future forensic social workers by providing them with the tools they need to overcome the problems they may face in their jobs. Forensic social workers who are emotionally prepared to handle the challenges of their jobs should be better able to deal with their STS.

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