

What is Secondary Distress?

Providing professional care or engaging with people who have been **primary** victims of a trauma can result in **secondary** distress

Secondary Distress =

Emotional Distress (*psychological*)

+

Vicarious Trauma (*cognitive schemas*)

+

Secondary Traumatic Stress (*PTSD-like*)

“The **empathy** we feel as researchers, and the **intimacy** we experience with our research subject creates **a permeable link** between ourselves and the research subject, through which the trauma experienced can be transferred to the researcher”
(Jan Coles, Liz Dartnall et al. 2011)

How to prevent/mitigate Secondary Distress in violence researchers?

- **Importance:**
 - Potentially compromise field research
 - To promote research on violence, build and retain a skilled research workforce
- **Little is known:**
 - How many violence researchers may be affected
 - What increases risk or protects from secondary distress
- No experimental studies investigate the effectiveness of group debriefings.

Questions:

1. Did violence researchers (quantitative interviewers) experience secondary distress?
2. Would attending debriefing sessions curb secondary distress?
3. Which factors increase risk or protect violence researchers from secondary distress?



Study setting and design

Design:

- Randomised control trial (RCT)

Control Group: Leisure Activity (Movies)

Intervention: Group Debriefings , 3 x weekly debriefing sessions of 2h each

Participants:

- Enrolled 53 researchers (27 control, 26 treatment)
- 5 weeks of intensive quantitative interviewing
- Conducting interviews with 5000 children/teachers/parents in Luwero, Uganda
- Asking extensive questions on physical, emotional and sexual violence (ICAST-CI)
- Offered referral for all researchers if needed

Data collection at field station:

- Researchers completed self-administered questionnaire using mobile phones

Measures:

- Self-Report Questionnaire-20 (SRQ-20)
- Vicarious Trauma Scale (VTS)
- Impact of Events Scale – Revised (IES-R)



Group Debriefings

Content:

- some components from “Critical Incident Stress Debriefing” (CISD) technique
- story-telling – primary trauma cases encountered
- identifying emotional responses to these stories
- psycho-education and practical information to normalize group member reactions to a distressing events

3 x weekly sessions - 2h each

Session 1 - primary trauma encountered and emotional reactions.

Session 2 - their own comparable life experiences and how maintained resilience.

Session 3 - community responses to violence, employing personal agency.

Creating a Safe Space

- not pressured to disclose their experiences
- could contribute anonymously through written postcards



Violence Researcher Characteristics

Baseline Demographics Characteristics	Control (n=27)		Intervention (n=26)	
	No.	%	No.	%
Demographics				
Gender (Female)	19	70%	15	58%
Age, mean years (SD)	29	(4.4)	29	(4.4)
Past Work Experience (lifetime)				
Highest qualification				
University Degree	25	93%	23	88%
Certificate or Diploma	2	7%	3	12%
Paid work experience (≥ 5 years)	10	37%	16	62%
Personal/Primary Trauma History (lifetime)				
Intimate partner violence(emotional, sexual or physical)	7	26%	5	19%
Sexual violence from others	3	7%	3	4%



Question 1

Did violence researchers (quantitative interviewers) experience secondary distress?

Paired t test	Mean (Total score 20)	CI (95%)	P value
Control Group (N=27), ITT			
SRQ20 score at baseline	2.51	(1.73; 3.30)	-
SRQ20 score at end-line	2.18	(1.48; 2.88)	-
Difference in SRQ20 score	0.33	(-0.33; 1.00)	0.31
Debrief Group (N=26), ITT			
SRQ20 score at baseline	2.57	(1.88; 3.26)	-
SRQ20 score at end-line	2.34	(1.38; 3.30)	-
Difference in SRQ20 score	0.23	(-0.64; 1.11)	0.29



Question 1

Did violence researchers (quantitative interviewers) experience secondary distress?

- A total score of ≥ 6 (Ugandan population) and ≥ 7 (sub-Saharan countries) out of 20, indicative of possible mental health difficulties
 - **Our sample:** baseline and end-line scores ranged between 2.18 and 2.58 out of 20 for both groups
 - **Good baseline mental health** - ?cumulative exposure before significant emotional distress or physiological symptoms manifest
 - **Cultural norms** - acceptable use of physical violence with children may have normalized the experience for Ugandan interviewers
- No evidence for elevated emotional distress in our sample
- Exploratory study, warrants further investigation for bigger samples, with **longer and more intense exposure**



Question 2

Would attending debriefing sessions curb secondary distress?

Unpaired t-test	Control	Intervention	Mean Difference		
	M	M	Mdif	95% CI	P
Emotional distress					
SRQ-20, total score = 20 (baseline)	2.51	2.58			
SRQ-20, total score = 20 (end-line)	2.18	2.35			
SRQ-20, change score (baseline)	0.33	0.23	0.1	-0.96;1.17	0.85
Vicarious Trauma (end-line)					
Vicarious Trauma Scale (VTS) , total score =40	19.9	21	-0.99	-3.45; 1.44	0.41
Secondary Traumatic Stress (end-line)					
Impact of Events Scale-R (IES-R) ,total score = 88	13.5	19.6	-6.07	-11.1; -1.04	0.02

Question 2

Would attending debriefing sessions curb secondary distress?

Emotional Distress / Vicarious trauma/Secondary Traumatic Distress

- We did not find that the intervention group had relatively lower levels of secondary distress
 - **Note:** control group did not experience increased emotional distress (effective primary study referral system, group cohesion)
 - **Note:** Researchers with progressively increased levels of secondary distress may benefit from a formal intervention.
- No evidence no evidence that a group debriefing intervention was more effective than group leisure activities in our sample
- Exploratory study, Q2 warrants further investigation in bigger samples using **structured group debriefing**



Question 3

Which factors increase risk or protect violence researchers from secondary distress?

Secondary Distress	Risk Factor	Protective factor
Significant factors	<ol style="list-style-type: none">1. preceding <i>poor mental health</i> (high ED) (18.7 times more likely)	<ol style="list-style-type: none">1. <i>organizational support</i> (91% more likely - low ED)2. <i>belief in God</i> (coping mechanism) (80% more likely – low ED)
Non-significant factors	<ol style="list-style-type: none">1. level of exposure to primary trauma cases2. personal trauma history	<ol style="list-style-type: none">1. other coping mechanisms2. years work experience

- Other studies - organisational support as a protective factor
- Pursue organisational support as an effective buffer
- Encourage individual coping - freedom to pursue faith-related practices



What does it mean?

Our findings concur that levels of secondary distress depends on:

- Baseline emotional distress (preceding mental health)
- Organisational support (via meetings, colleagues, supervisors etc.)
- Personal coping mechanisms (belief in God)
- Lead to increased use of medication

Qualitative research needed:

- to understand the conditions under which researchers develop secondary distress (primary study referral mechanism, interviewer group cohesion)

Trials in larger samples are needed:

- To assess level and type of exposure to primary trauma cases leading to secondary distress (qualitative vs. quantitative interviews?)
- To assess the relationship between various risk and protective factors
- To test the effectiveness of interventions such as group debriefing
- To assess the process of building professional resilience

Thank you!

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- Devries K, Kyegombe N, Zuurmond M et al. Violence against primary school children with disabilities in Uganda: A cross-sectional study. *BMC Public Health*. forthcoming.
- Devries K, Allen E, Child J, et al. The Good Schools Toolkit to prevent violence against children in Ugandan primary schools: study protocol for cluster-randomised controlled trial. *Trials*. 2013;14:232.
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- Child J, Naker D, Horton J, Walakira E, Devries K. Responding to abuse: Children's experiences of child protection in a central district, Uganda. *Child Abuse and Neglect* 2014. <http://dx.doi.org/10.1016/j.chiabu.2014.06.009>

