

Secondary Trauma, Compassion Fatigue and Burnout among Professionals Who Work with Maltreated Children

A Bibliography

December 2011

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Preferred Citation: The National Children's Advocacy Center. (2011). Secondary trauma, compassion fatigue, and burnout among professionals who work with maltreated children: A bibliography. Huntsville, AL.

Scope

This annotated bibliography covers literature of multiple aspects of vicarious or secondary trauma, compassion fatigue, and burnout. It is a selected bibliography, not comprehensive. Included are articles, reports, books, and book chapters. Author abstracts unless otherwise noted.

Organization

Entries are arranged in date descending order and alphabetically within each year of publication, years 1992-2011.

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Secondary Trauma, Compassion Fatigue, and Burnout Among Professionals Who Work with Maltreated Children.

A Bibliography

Katz, L. F., Lederman, C. S., Osofsky, J. D., & Maze, C. (2011). *Child-centered practices for the courtroom and community: A guide to working effectively with young children and their families in the child welfare system*. Baltimore, MD: Paul H. Brookes Publishing.

How can early childhood professionals, case workers, clinicians, and attorneys provide the best services and supports to families in the child welfare system? This guidebook has the practical answers professionals need as they navigate complex systems, work with the courts, and plan interventions and treatment for vulnerable young children and families. Developed by a psychologist, a judge, and an expert on early intervention and education, this accessible practitioner's guide introduces cross-disciplinary professionals to the coordinated, evidence-based practices used successfully in Miami's juvenile court and child welfare community. As they follow a gripping case study of one young mother and her children, readers will see in vivid detail why effective, integrated services are needed to improve child and family outcomes. Then, with tips and guidance from the perspective of the court, the clinician, and the early intervention expert, readers will discover how to (1) plan and implement a coordinated system of care; (2) advance a more therapeutic approach to child welfare in the courtroom and community; (3) choose and implement an evidence-based parenting program; (4) improve relationships between children and parents through Child-Parent Psychotherapy (CPP); (5) successfully navigate a court appearance; (6) build trusting, supportive relationships with families; (7) improve children's early access to quality care and education; (8) lead reform efforts toward a more child-centered child welfare system; and (9) decrease the incidence of burnout and compassion fatigue. Readers will also get sample forms and checklists they can use as models to enhance their work with families and children. With these practical tools and evidence-based strategies, professionals will ensure coordinated, high-quality services that improve the child welfare system and have long-lasting positive effects on young children and families.

Richardson, K. (2011). Child protection social work and secondary trauma. In N. Tehrani (Ed.), *Managing trauma in the workplace: Supporting workers and organizations* (pp. 3-16). New York: Routledge/Taylor & Francis Group.

Although some of the issues discussed below may be relevant to other professionals, the term 'social worker' is used here to describe children and family social workers involved in child protection work. This chapter focuses on the impact of child abuse on children and their families and how, in undertaking the safeguarding task, social workers can encounter experiences which contribute to compassion fatigue and burn-out. Social workers must probe and analyze the difficulties faced by children and families and communicate these issues to others. This work can involve significant contact with children and families in distress, a requirement to demonstrate empathy and a necessity to communicate the nature of another's pain and suffering in an understandable form; this can be through the written or spoken word, for example, report writing or testimony

Skovholt, T. M. & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals 2nd ed.* New York: Routledge/Taylor & Francis Group.

Therapists and other helping professionals, such as teachers, doctors and nurses, social workers, and clergy, work in highly demanding fields and can suffer from burnout, compassion fatigue, and secondary stress. This happens when they give more attention to their clients' well being than their own. Both students and practitioners in these fields will find this book an essential guide to striking an optimal balance between self-care and other-care. The authors describe the joys and hazards of the work, the long road from novice to senior practitioner, the essence of burnout, ways to maintain the professional and personal self, methods experts use to maintain vitality, and a self-care action plan. Vivid real-life examples and self-reflection questions will engage and motivate readers to think about their own work and ways to enhance their own resilience. Eloquently written and supported by extensive research, helping professionals will find this a valuable resource for both a novice and an experienced practitioner.

Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies*, 29(1), 67-83.

An integrative training framework articulating multiple perspectives on the impact of trauma work is offered with a training/supervision exercise to address the complex and systemic relationships that affect therapists in both positive and negative manners. The concepts of vicarious trauma, vicarious resilience, compassion fatigue, resilience, posttraumatic growth, altruism born of suffering, and reciprocity are reviewed. The paper highlights the importance of vicarious resilience as a dimension of experience that counteracts the normally occurring fatiguing processes that trauma therapists experience.

Lane, E. J., Lating, J. M., Lowry, J. L., & Martino, T. P. (2010). Differences in compassion fatigue, symptoms of posttraumatic stress disorder and relationship satisfaction, including sexual desire and functioning, between male and female detectives who investigate sexual offenses against children: A pilot study. *International Journal of Emergency Mental Health*, 12(4), 257-266.

Law enforcement detectives who work with traumatized individuals, especially children who were victims of sexual abuse or assault, are likely to experience job-related emotional distress. The purpose of this study was to examine the relations among compassion fatigue, probable PTSD symptoms, and personal relationship satisfaction, including communication and sexual satisfaction, in a sample of 47 male and female detectives. Responses to the administered questionnaires indicated a relation between compassion fatigue symptoms and probable PTSD symptoms. There also were compelling gender differences. For example, for male detectives, open communication with their spouse or significant other was negatively correlated with burnout, indicating the more open the communication, the lower the reported burnout. However, for female detectives there was a negative correlation between open communication with spouse or significant other and compassion satisfaction, suggesting that more open communication was related to lower levels of satisfaction with their ability to be a professional caregiver.

Furthermore, although stepwise regression analysis indicated that years of service as a detective is independently associated with sexual desire, female detectives evidenced less sexual desire

and more difficulty with sexual functioning than did male detectives. Implications of these preliminary findings are discussed and limitations addressed.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal*, 6(2), 57-68.

The emotional and psychological risks associated with providing direct social work services to vulnerable populations have been largely overlooked in social work educational curriculum and agency training (Cunningham, 2004; Courtois, 2002; Shackelford, 2006). These risks should be conceptualized as occurring in two separate forms: trauma-related stress and professional burnout. Vicarious trauma, secondary traumatic stress, and compassion fatigue are conditions related specifically to work with trauma populations, while professional burnout is considered a more general phenomenon which may occur within any social service setting. The forms of trauma-related stress conditions and professional burnout are often erroneously discussed either interchangeably or grouped together as one condition in the literature. It is best to conceptualize each of these conditions separately in order to have a comprehensive understanding of these complex phenomena. It is important that direct practitioners and educators understand the risk factors and symptoms associated with these phenomena in order to identify, prevent, and/or minimize their effects. As a best-practice initiative, it is appropriate that information on these conditions be infused into social work curricula as a first-line preventive measure for the training of inexperienced social workers who may be more vulnerable to the effects of these conditions (Lerias & Byrne, 2003). Information on these topics should also be included as part of agency training for practitioners already working in the field. This article provides a brief review of professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue, including the risk factors and symptoms associated with these conditions. Particular attention is paid to the inclusion of this material and the practice of self-care in both macro and micro social work education, as well as agency-training curriculum.

Tehrani, N. (2010). Compassion fatigue: Experiences in occupational health, human resources, counseling and police. *Occupational Medicine*, 60(2), 133-138.

Background: This study examines the impact that working with distressed employees, clients and members of the public has on four caring professions: occupational health advisors (OHAs), human resource advisors (HRs), counselors (CLs) and family liaison officers (FLOs). **Aims:** To measure the levels of compassion fatigue in caring professions and to identify the mechanisms that lead to increased levels of personal growth. **Methods:** Two hundred and seventy-six professionals (64 HRs, 53 OHAs, 114 CLs and 45 FLOs) completed the Career Belief Inventory (CBI) (Tehrani, N. The cost of caring—the impact of secondary trauma on assumptions values and beliefs. *Couns Psychol Q* 2007;20:1–15.) and Short-Form of the Goldberg questionnaire (Goldberg D, Bridges K, Duncan-Jones P, Grayson D. Detecting anxiety and depression in a general medical setting. *Br Med J* 1988;297:897–899). The participants in the study were attendees at presentations or training courses on employee wellbeing. Survey involved in the study also measured sources of support and coping mechanism. **Results:** There were few differences in the level of negative beliefs between groups, although CLs were found to experience more feelings of isolation and FLOs and CLs were more likely to believe that there was no justice in the world. OHAs, CLs and FLOs were significantly more likely to demonstrate personal growth than HRs. Reflection on the work facilitated through professional or peer supervision and a healthy lifestyle was found to be associated with higher levels of personal growth and satisfaction with their performance at work. **Conclusions:** The results suggest that the provision of professional or peer supervision may be helpful in increasing reflection and ‘sense making’ leading to personal development and growth. Other forms of support that were found to be helpful included taking exercise, healthy eating and engaging in a hobby.

Chouliara, Z., Hutchison, C., & Karatzias, T. (2009). Vicarious traumatising in practitioners who work with adult survivors of sexual violence and child sexual abuse: Literature review and directions for future research. *Counselling and Psychotherapy Research*, 9(1), 47-56.

Primary objective: The authors sought to summarize and evaluate evidence regarding vicarious traumatising (VT) in practitioners working with adult survivors of sexual violence and/or child sexual abuse (CSA). Methods and selection criteria: Relevant publications were identified from systematic literature searches of PubMed and PsycINFO. Studies were selected for inclusion if they examined vicarious traumatising resulting from sexual violence and/or CSA work and were published in English between January 1990 and June 2008. Critical analysis and results: Ten studies met the criteria of the present review. In summary, VT levels in the field of sexual violence/CSA are high with negative effects, but do not appear to exceed those reported by professionals working with non-sexual violence or with sexual offenders. Further investigation is needed into predisposing and mediating factors before clear conclusions can be drawn.

Conclusions: Previous research has suffered a number of methodological limitations regarding definitions, sampling, comparison groups, support arrangements and measurement. These factors compromise not only the rigour and generalizability of findings but also our ability to define VT as a useful concept. These limitations are discussed and recommendations made for a future research agenda.

Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training*, 46(2), 203-219.

This qualitative study identified protective practices that mitigate risks of vicarious traumatization (VT) among mental health therapists. The sample included six peer-nominated master therapists, who responded to the question, "How do you manage to sustain your personal and professional well-being, given the challenges of your work with seriously traumatized clients?" Data analysis was based upon Lieblich, Tuval-Mashiach, and Zilber's (1998) typology of narrative analysis. Findings included nine major themes salient across clinicians' narratives of

protective practices: countering isolation (in professional, personal and spiritual realms); developing mindful self-awareness; consciously expanding perspective to embrace complexity; active optimism; holistic self-care; maintaining clear boundaries; exquisite empathy; professional satisfaction; and creating meaning. Findings confirm and extend previous recommendations for ameliorating VT and underscore the ethical responsibility shared by employers, educators, professional bodies, and individual practitioners to address this serious problem. The novel finding that empathic engagement with traumatized clients appeared to be protective challenges previous conceptualizations of VT and points to exciting new directions for research, theory, training, and practice.

Knight, C. (2009). Indirect trauma: An occupational hazard. In *Introduction to working with Adult Survivors of Childhood Trauma: Techniques and Strategies* (pp. 56-72). Belmont, CA: Thomson/Brooks/Cole Publishers.

The indirect trauma felt by practitioners working with adult survivors of childhood trauma is described, and secondary posttraumatic stress disorder is defined. Vicarious traumatization, compassion fatigue, risk factors for and protections against indirect trauma, and indirect trauma and countertransference are also discussed. Implications for supervision and for agencies and organizations are reviewed, and self-care strategies for helping professionals are proposed.

Phelps, A., Lloyd, D., Creamer, M., & Forbes, D. (2009). Caring for carers in the aftermath of trauma. *Journal of Aggression, Maltreatment & Trauma*, 18(3), 313-330.

The potential impact on psychological well-being of working in the caring professions in the aftermath of trauma and disaster has been recognized for many years, with terms such as burnout, compassion fatigue, and vicarious traumatization coined to describe stress-related conditions. Although prevalent, these conditions do not affect all workers in the field. Various studies have investigated potential risk and protective factors. It is argued that the outcomes of this research should be used to guide practical interventions in the workplace designed to minimize stress-related problems. A framework that incorporates interventions at the primary,

secondary, and tertiary prevention levels is outlined, and research investigating the efficacy of interventions at each of these levels is recommended.

Rakoczy, S. (2009). Compassion fatigue in child welfare. *The New Social Worker*, 16(4), 16-18.

This article explores compassion fatigue in child welfare caseworkers, what the causes are, the consequences, and what can be done to address the problem. Findings from studies on compassion fatigue are shared and the proposed Teri Zenner Social Worker Safety Act is highlighted. This Act would set up a grant program that would provide workplace safety measures, as well as equipment and training for social workers and others who work with potentially dangerous clients. The need to ensure social workers have a degree from an accredited school or program of social work or social welfare is also discussed.

Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: A study of the child welfare workers in community based care organizations in Central Florida. *Social Work & Christianity*, 36(1), 36-54.

Given major problems of retention in child welfare programs, this study examined levels of compassion satisfaction, burnout, and compassion fatigue/vicarious trauma among child welfare staff members. These levels were measured in an anonymous survey using The Professional Quality of Life Survey and questions regarding ways respondents dealt with stress and their recommendations for organizations. Compassion satisfaction was positively associated with lower levels of burnout and fatigue. Levels of burnout and compassion fatigue were similar to other helping professions but higher for younger workers and both direct line staff and supervisors working with the most vulnerable and troubled situations. Respondents indicated the need for realistic caseloads and administrative support.

Caringi, J. C., & Hall, J. R. (2008). Secondary traumatic stress and child welfare. *International Journal of Child and Family Welfare*, 11(4), 172-184.

Although secondary traumatic stress (STS) has garnered some attention in related human service fields, it has only recently begun to be investigated in child welfare. In this article I offer a detailed description of the problem of secondary traumatic stress (STS) in child welfare. The focus of this article is on child welfare in the United States; however the ideas and principles may cut across international systems of child protection. First I provide a background to justify a need for a continuing dialog regarding STS and its impact on workers. I then provide a comprehensive review of the literature including both the current state of research and emerging theory regarding STS. Also, I offer a rationale for more research regarding the impact of STS on child welfare workers. The current state of the existing STS literature provides indicators of future needs, however still is filled with mainly gaps and silences.

Osofsky, J. D., Putnam, F. W., & Lederman, C. S. (2008). How to maintain emotional health when working with trauma. *Juvenile and Family Court Journal*, 59(4), 91-102.

Vicarious traumatization, compassion fatigue, or secondary traumatization refers to the cumulative effect of working with survivors of traumatic life events as part of everyday work. Although this issue has been acknowledged and addressed among professionals such as police officers and medical professionals, it has been discussed less among juvenile and family court judges who also experience secondary traumatic stress. In fact, in one recent study, a majority of judges reported one or more symptoms of secondary traumatization. This article describes the common signs and symptoms of secondary trauma, job-related factors that contribute to secondary trauma among judges, and the potential negative impact on organizational performance. The authors conclude with specific recommendations tailored for juvenile and family court judges.

Bride, B. E., Jones, J. L., & MacMaster, S. A. (2007). Correlates of secondary traumatic stress in child protective service workers. *Journal of Evidence-Based Social Work*, 4(3/4), 69-80.

The purpose of this study was to add to the limited research on secondary traumatic stress in child welfare by investigating correlates of secondary traumatic stress (STS) in child protective services workers. Specifically, we examined the relationship between levels of STS in CPS professionals and personal history of trauma, peer and administrative support, intent to remain employed in child welfare, professional experience, and size of caseload. This study documents the existence of secondary traumatic stress in the population and the relationship between levels of secondary traumatic stress in CPS professionals and the group of potential correlates: personal history of trauma in the past year and lifetime, peer support, administrative support, intent to remain employed in child welfare, professional experience, and size of caseload.

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63-70.

Social workers are increasingly being called on to assist survivors of childhood abuse, domestic violence, violent crime, disasters, and war and terrorism. It has become increasingly apparent that the psychological effects of traumatic events extend beyond those directly affected.

Secondary traumatic stress (STS) is becoming viewed as an occupational hazard of providing direct services to traumatized populations. The purpose of the present study was to investigate the prevalence of STS in a sample of social workers by examining the frequency of individual symptoms; the frequency with which diagnostic criteria for posttraumatic stress disorder (PTSD) are met; and the severity of STS levels. Results indicate that social workers engaged in direct practice are highly likely to be secondarily exposed to traumatic events through their work with traumatized populations, many social workers are likely to experience at least some symptoms of STS, and a significant minority may meet the diagnostic criteria for PTSD.

Pryce, J. G., Shackelford, K. K., & Pryce, D. H. (2007). Educating child welfare workers about secondary traumatic stress. In *Secondary Traumatic Stress and the Child Welfare Professional* (pp. 51-71). Chicago: Lyceum Books.

This chapter discusses strategies for educating child welfare professionals on how secondary traumatic stress (STS) differs from burnout, how it arises, and intervention options. Findings are shared from workshops conducted between 1997 and 2004 with child welfare professionals in five States, and indicate the child welfare professionals (n=666) were affected by STS, and less so by burnout. Younger workers and workers with less experience in the field were more affected by STS and individuals who had experienced childhood trauma had high STS scores. Information that is presented in the workshops is provided and addresses: how trauma changes the psychological frame of reference or worldview; coping with secondary traumatic stress and using social support; and self-assessment in the areas of physical self-care, social self-care, emotional self-care, personal trauma history, and disbelief and dismissal trauma. Professional coping factors are identified, and ways to use humor as a coping skill is discussed. Finally, professional development and anticipatory coping are addressed.

Way, I., VanDeusen, K., & Cottrell, T. (2007). Vicarious trauma: Predictors of clinician's disrupted cognitions about self-esteem and self-intimacy. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 16(4), 81-98.

This study examined vicarious trauma in clinicians who provide sexual abuse treatment (N = 383). A random sample of clinical members from the Association for the Treatment of Sexual Abusers and American Professional Society on the Abuse of Children were surveyed. Vicarious trauma was measured using the Trauma Stress Institute Belief Scale (Pearlman, 2003). Maltreatment was measured using the Childhood Trauma Questionnaire (Bernstein & Fink, 1998). Respondents reported high rates of childhood maltreatment. Simultaneous multiple regression analyses were used to examine relationships between gender, age, maltreatment history, and vicarious trauma. Male gender predicted greater disrupted cognitions about self-esteem and self-intimacy. Clinician age and childhood emotional neglect predicted greater

disrupted cognitions about self-intimacy. Implications for education, practice, and research are discussed.

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 103-108.

Few studies have focused on caring professionals and their emotional exhaustion from working with traumatized clients, referred to as compassion fatigue (CF). The present study had 2 goals: (a) to assess the psychometric properties of a CF scale, and (b) to examine the scale's predictive validity in a multivariate model. The data came from a survey of social workers living in New York City following the September 11, 2001, terrorist attacks on the World Trade Center. Factor analyses indicated that the CF scale measured multiple dimensions. After overlapping items were eliminated, the scale measured 2 key underlying dimension -- secondary trauma and job burnout. In a multivariate model, these dimensions were related to psychological distress, even after other risk factors were controlled. The authors discuss the results in light of increasing the ability of professional caregivers to meet the emotional needs of their clients within a stressful environment without experiencing CF.

Bride, B. E., & Jones, J. L. (2006). Secondary traumatic stress in child welfare workers: Exploring the role of supervisory culture. *Professional Development: The International Journal of Continuing Social Work Education*, 9(2), 38-43.

The purpose of this exploratory study was to examine relationships between symptoms of secondary traumatic stress and child welfare workers' perceptions of the culture of supervision in their organizations. A convenience sample of 307 child protective services workers responded to a web based survey that included measures secondary traumatic stress and supervisory culture and practice. Results suggest that action-oriented (active) rather than emotion-oriented (passive) support from supervisors is most helpful in preventing or reducing secondary traumatic stress

among child welfare workers. Further, it is the qualitative aspects of supervision rather than the quantity of supervision that is most important in preventing STS.

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30(10), 1071-1080.

The goal of this study was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfillment from helping others and positive collegial relationships) among Colorado county child protection staff using the Compassion Satisfaction/Fatigue Self-Test Figley, C. R., & Stamm, B. H. (1996). Psychometric review of Compassion Fatigue Self-Test. In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 127-130). Lutherville, MD: Sidran Press. An additional goal was to test the relationship of these three constructs to each other. METHOD: A self-report instrument developed by Stamm and Figley was used to measure the risk of compassion fatigue and burnout and the potential for compassion satisfaction among 363 child protection staff participating in a secondary trauma training seminar. RESULTS: Participants were significantly more likely to have high risk of compassion fatigue, extremely low risk of burnout, and good potential for compassion satisfaction. Participants with high compassion satisfaction had lower levels of compassion fatigue ($p=.000$; mean=35.73 high compassion satisfaction group, mean=43.56 low group) and lower levels of burnout ($p=.000$; mean=32.99 high compassion satisfaction group, mean=41.69 low group). CONCLUSION: Approximately 50% of Colorado county child protection staff suffered from "high" or "very high" levels of compassion fatigue. The risk of burnout was considerably lower. More than 70% of staff expressed a "high" or "good" potential for compassion satisfaction. We believe compassion satisfaction may help mitigate the effects of burnout.

Depanfilis, D. (2006). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse & Neglect*, 30(10), 1067-1069.

The purpose of the Conrad and Kellar-Guenther (2006) study in this issue of the *Journal* was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfillment from helping others and positive collegial relationships) among child protection staff in Colorado. In this study, approximately 50% of child protection staff suffered from high or very high levels of compassion fatigue, but the risk of burnout was considerably lower. Participants with high compassion satisfaction had lower levels of compassion fatigue and lower levels of burnout. Overall, more than 70% of staff expressed a high or good potential for compassion satisfaction. Based on the findings from this study, the authors believe that compassion satisfaction may help mitigate the effects of burnout.

Horwitz, M. (2006). Work-related effects in child protection social workers. *Journal of Social Service Research*, 32(3), 1-18.

Child welfare workers are exposed to a variety of workplace events that could overwhelm them. This study examined whether negative workplace events were associated with workplace trauma effects amongst child welfare workers, and considered whether job support or job satisfaction moderated the influence of events on effects. Vicarious events were more highly associated with trauma effects ($r = 0.54$, $p < 0.000$) than were direct events ($r = 0.28$, $p < 0.000$), and neither job support nor job satisfaction moderated the relationship. Workplace trauma events accounted for substantial variability in workplace trauma effects ($R^2 = 0.344$) in the final regression model tested. The discussion addresses opportunities for increasing worker safety, methods for supporting workers in managing negative effects and implications for future research.

Perron, B. E., & Hiltz, B. S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, 23(2), 216-234.

This study examined factors associated with burnout and secondary trauma among forensic interviewers of abused children. Sixty-six forensic interviewers who are affiliated with advocacy centers across the United States completed an online survey. The Oldenburg Burnout Inventory and Secondary Traumatic Stress Scale were used to measure burnout and secondary trauma, respectively. Results indicate that organizational satisfaction has a moderate inverse relationship with burnout and a slight inverse relationship with secondary trauma. The number of forensic interviews conducted or length of employment in forensic interviewing did not have a strong relationship with either burnout or secondary trauma.

VanBergeijk, E. O., & Sarmiento, T. L. L. (2006). The consequences of reporting child maltreatment: Are school personnel at risk for secondary traumatic stress? *Brief Treatment and Crisis Intervention*, 6(1), 79-98.

As mandated reporters, school personnel are exposed to child maltreatment. Often these experiences result in a range of emotional, psychological, and physical symptoms and in some cases these symptoms may comprise Secondary Traumatic Stress (STS). In this study, grounded theory methods were used to analyze the experiences of 28 school personnel involved in mandated reporting of child maltreatment. Based on these narratives, a conceptual model is proposed for the development of STS among school personnel. STS within this population is a result of an interaction between the individual characteristics of the reporter, the community's historical precedence for violence, the current level of violence in the community, reporter's fears of what might occur once a report has been made, and unintended consequences of previous reports of child maltreatment.

VanDeusen, K. M., & Way, I. (2006). Vicarious trauma: An exploratory study of the impact of providing sexual abuse treatment on clinician's trust and intimacy. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 15(1), 69-85.

This study examined vicarious trauma effects in male and female clinicians who treat sexual abuse survivors (n = 111) and sexual offenders (n = 272). The national survey was conducted using a random sample of clinical members of two professional organizations. Analyses tested the relationships between demographic variables, maltreatment history, client population served, and cognitions about trust of and intimacy with others, using the Trauma Stress Institute Belief Scale (TSIBS-R-L, Pearlman 2003), the Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998), and author-generated questions. Respondents reported high rates of multiple forms of childhood maltreatment; however there was no relationship between history of child sexual abuse and vicarious trauma effects. Scores for self-reported disruption in cognitions about intimacy with others exceeded norms for mental health professionals. Sequential regression analyses were used to examine theoretically-derived variables. Implications for practice and research are detailed.

LaRowe, K. (2005). *Breath of Relief: Transforming Compassion Fatigue into Flow*. 2nd Ed. Boston: Acanthus Publishing.

This text explains compassion fatigue is pervasive among care giving professionals and family members who are caring for a loved one who is suffering, and also affects the rest society with the constant exposure to the sounds of suffering, the images of trauma, and the threats of war and terrorism. FlowMotion is highlighted as a method for releasing the stagnant energy trapped in the body and breaking the adrenaline short circuit of compassion fatigue. Based on Qigong, an ancient Chinese marital art used to harmonize breath, energy, and movement, FlowMotion is a series of movements and breathing exercises designed to provide relief from physical, emotional, mental, and spiritual exhaustion. An introduction shares three basic governing principles of the Healer-Warrior philosophy: self-honesty, personal responsibility, and self expression. Chapters then discuss the caregiving personality, the cost of caregiving, the impact of secondary stress on

the body, the connection between the heart and the brain, and the power of breath. Following chapters describe breathing exercises for relief, awareness, acceptance, and transformation, and the process of FlowMotion and transformation energy into motion.

Regeher, C., Leslie, B., & Howe, P. (2005). Stress, trauma, and support in child welfare policies. *APSAC Advisor*, 17, 12-18.

There is considerable evidence that workers in child welfare organizations experience high workloads and multiple demands that often result in stress and ultimately job turnover. In addition to these stressors, workers are also faced with traumatic situations involving violence to both themselves and others. Despite the attention to workplace trauma in other fields, the issue of stressors has been largely ignored in child welfare. This study examines ongoing stressors as well as critical incident stressors and supports in 175 workers within a large urban child welfare agency. Findings indicate that workers are exposed to significant amount of traumatic stimuli and consequently experience high rates of posttraumatic stress. It is suggested that posttraumatic stress symptoms are not ameliorated by either personal or organizational supports.

Brohl, K. (2004). Understanding and preventing worker burnout. In *The new miracle workers: Overcoming contemporary challenges in child welfare work* (pp 141-158). Washington, DC: Child Welfare League of America.

The severity of cases and the structure of the child welfare system place workers at risk for burnout, a feeling of helplessness and exhaustion from the work environment. This chapter reviews the external and personal stressors that contribute to burnout and describes the symptoms of the condition. Tips for preventing and overcoming burnout also are presented. The following factors can lead to burnout: poor agency management, work schedules, monotonous work, inadequate training and coping skills, safety risk, illness or trauma, and unrealistic expectations of coworkers and administrators. Symptoms include physical and emotional problems, such as depression, anxiety, and headaches; behavioral expressions of substance abuse

and aggression; and changes in personal interactions. Workers can prevent burnout by arranging opportunities for respite, support, and assistance. Strategies for overcoming burnout focus on taking time for rest and relaxation and developing work patterns that alleviate high expectations and build a capacity for self-awareness.

Regeher, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of post-traumatic distress in child welfare workers: A linear structural equation model. *Children and Youth Services Review*, 26(4), 331-346.

Two important bodies of literature explore the issue of stress in social workers, that investigating the impact of burnout and that investigating the impact of traumatic events. This study integrates these two concepts and tests a hypothesized model for predicting post-traumatic distress in child welfare workers. In this model, individual, incident and organizational factors combined to produce post-traumatic stress distress in child welfare workers. That is, individuals with a greater sense of control over their lives and a better ability to engage in meaningful relationships with others reported lower levels of distress. In addition, those who had less recent and less frequent exposures reported lower levels of distress. However, the strongest predictor was the organizational environment one aspect of which was ongoing, chronic stressors. It thus appears that critical events in child welfare practice are encountered by individuals whose resources may already be taxed through coping on an ongoing basis with high levels of challenge and stress, thereby increasing the intensity of trauma reactions.

Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Human Services*, 84(4), 463-470.

For the past 30 years, researchers and practitioners have been concerned about the impact of work stress experienced by social workers. Although research on burnout has been a useful field of exploration, a new concern has arisen about work stresses specifically associated with work with victims of trauma. The concept of vicarious trauma provides insights into the stresses of this

particular kind of work. Like the burnout research, early research on vicarious trauma has identified both personal and organizational correlates. In this article, the authors review the growing literature on the organizational components of vicarious trauma and suggest changes in organizational culture, workload, group support, supervision, self-care, education, and work environment that may help prevent vicarious trauma in staff. (Author abstract)

Bride, B. E., Jones, J. L., MacMaster, S. A., & Shatila, S. (2003). The Tennessee Child Protective Services Supervisors Development Project: Evaluating process, outcome, and the role of secondary traumatic stress and burnout. *Professional Development: The International Journal of Continuing Social Work Education*, 6(2), 79-84.

This article provides an overview of the evaluation plan for the Tennessee Child Protective Services Supervisors Development Project. Specifically, it describes three primary components of the evaluation design: process evaluation, outcome evaluation, and examination of the role of secondary traumatic stress and burnout. Further, this article describes a plan to use a Web-based survey and the instruments selected for data collection. (Author abstract modified)

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare: Journal of Policy, Practice, and Program*, 82(1), 5-26.

Social workers are exposed to trauma vicariously through the trauma of their clients. This phenomenon, called secondary traumatic stress, vicarious traumatization, or compassion fatigue, presents a risk of negative personal psychological consequences. Based on a sample of 166 child welfare workers and using standardized measures, the study findings document the link between a personal history of primary trauma, childhood abuse or neglect, and the heightened risk for secondary traumatic stress in child welfare workers.

Regehr, C., Chau, S., Leslie, B., & Howe, P. (2002). Inquiries into deaths of children in care: The impact on child welfare workers and their organizations. *Children and Youth Services Review*, 24(12), 885-902.

In recent years public inquiries into the murders of children have served to dramatically shift child welfare services throughout North America and Great Britain. The present study is a qualitative analysis of the impact of these death reviews and the subsequent changes to child welfare services on child welfare workers. The themes that emerged occurred at three primary levels, distress experienced by individual workers, radiated distress throughout the agency and weakened public and community support. Factors contributing to distress by individual workers included re-exposure to traumatic material, the all-consuming nature of inquiries and the critical nature of inquiries. Radiated distress occurred as a result of empathy for colleagues undergoing an inquiry and changes emanating from the inquiry which constricted practice and increased the policing function of child welfare. Finally, negative media and public attention contributed to concerns that all members of child welfare organizations were under scrutiny and had become tainted. While accountability and continuous improvement of services are worthy goals, we must continue to search for accountability processes that do not have such a devastating impact on child welfare workers and their organizations.

Stevens, M., & Higgins, D. J. (2002). The influence of risk and protective factors on burnout experienced by those who work with maltreated children. *Child Abuse Review*, 11(5), 313-331.

Studied the degree (and type) of burnout and trauma symptoms, personal histories and coping strategies retrospectively reported by those who work with maltreated children and their families. A self-selected sample of 44 24-54 yr old workers in Victoria, Australia completed a self-report questionnaire assessing childhood maltreatment, family background characteristics, current adjustment, coping strategies and burnout. Results show that workers reported high levels of emotional exhaustion and depersonalization, and a low to moderate sense of personal accomplishment. Family background characteristics predicted the occurrence of maltreatment and current adjustment, and a personal history of maltreatment predicted current trauma

symptoms but not burnout. Workers most frequently used problem-focused coping strategies and sought social support; however, coping strategies were not associated with the level of either trauma symptom or burnout. Despite employing positive coping strategies, their efficacy may be affected by other interpersonal, intra-individual and job resource issues.

Adams, K. B., Matto, H. C., & Harrington, D., (2001). The traumatic stress institute belief scale as a measure of vicarious trauma in a national sample of clinical social workers. *Families in Society*, 82(4), 363-371.

The authors report on a study of convergent and discriminant validity of the Traumatic Stress Institute Belief Scale (TSI) Revision L (Traumatic Stress Institute, 1994) as a measure of vicarious trauma in a random sample of master's level clinical social workers. Forty-nine items from six subscales of the TSI were used. The scale purports to measure disturbed beliefs that may be caused by direct traumatic experience or repeated exposure to details of clients' traumatic stories. Results of correlational analyses of the TSI score with study variables and exploratory multiple regression analysis on the TSI score indicate its association with younger age, more reported somatic symptoms, lower annual salaries, lower scores on the Perceived Social Support (PSS) Friends subscale (Procidano & Heller, 1983), and greater burnout as measured by the Maslach Burnout Inventory (Maslach & Jackson, 1986). TSI scores were not associated with social workers' personal trauma history, their reported weekly amount of face-to-face client contact, or a self-report of the level of intrusiveness of client material into the social workers' lives. TSI scores appear to be measuring perceptions about self and work that, like burnout, may relate to social workers' general outlook, not necessarily to the effects of traumatic stress, vicarious or otherwise. Significant overlap of the TSI with burnout scores in this social work sample suggests a lack of clear distinction between burnout and vicarious trauma.

Benatar, M. (2000). A qualitative study of the effect of a history of childhood sexual abuse on therapists who treat survivors of sexual abuse. *Journal of Trauma and Dissociation*, 1(3), 9-28.

This qualitative study explored the effect of a history of sexual abuse on therapists who work with survivors of childhood sexual abuse. A comparison was made between experience therapists who reported such a history and those who did not. Themes relating to vicarious traumatization (VT) were examined as well as data relating to positive self-transformation (PST), a category relating to enduring change in therapists of a positive nature. No notable differences were evident between groups with regard to VT or PST. Overall similarities were more striking than differences in the two groups examined in this study. This result is consistent with some empirical literature but contradicts some other studies. Therapists' experience with trauma work, and similarities between patients' and therapists' trauma histories, appear to be important factors in evaluating the impact on therapists in their work with sexual abuse survivors. Experienced therapists with a childhood sexual abuse history do not appear to be more vulnerable to VT than their counterparts without such a history.

Dane, B. (2000). Child welfare workers: An innovative approach for interacting with secondary trauma. *Journal of Social Work Education*, 36(1), 27-38.

Although child welfare workers (CWW) are assigned a critical role to protect children, little focus has been placed on helping them cope with stress and secondary trauma that can occur when they observe and hear the affect-laden experiences described by clients. This article summarizes two focus groups which provided data to develop a two day training module for CWW to gain knowledge and skills through didactic and experimental learning. The model offers coping strategies to respond to job stress and vicarious traumatization. Benefits and implications for agency and school collaboration are discussed.

Brady, J. L., Guy, J. D., Poelstra, D. L., & Brokaw, B. F. (1999). vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30 (4), 386-393.

Should psychotherapists limit their clinical work with trauma survivors to avoid being traumatized themselves? Vicarious traumatization (VT)—the symptoms similar to posttraumatic stress disorder and the disruption in cognitive schemas reported in clinicians who are exposed to the trauma material of their clients—was assessed in a national survey of 1,000 women psychotherapists. Therapists with higher levels of exposure to sexual abuse material reported significantly more trauma symptoms but no significant disruption of cognitive schemas. Spiritual well-being, a key area thought to be damaged by VT, was found to be higher for those clinicians who saw more sexual abuse survivors.

Shapiro, J. P., & Dorman, R. L., Burkey, W. M., & Welker, C. J. (1999). Predictors of job satisfaction and burnout in child abuse professionals: Coping, cognition, and victimization history. *Journal of Child Sexual Abuse*, 7(4), 23-42.

This study investigated coping style, work-related cognition, and victimization history as predictors of job satisfaction and burnout in child abuse professionals. Subjects were 215 participants in a conference on sexual abuse victim treatment. We developed a questionnaire assessing a variety of cognitions related to work with human services clients. One of the findings was that job satisfaction showed no relation to items portraying simple optimism or pessimism about helping clients, but satisfaction was related to a number of cognitions that *combined* realism and hope in a distinctive fashion. The coping strategies of Planful Problem Solving, Positive Reappraisal, and Seeking Social Support were associated with positive work experience, and the coping mechanisms of Confrontive Coping, Escape/Avoidance, and Accepting Responsibility were associated with negative work experience. Job satisfaction was higher in subjects reporting a childhood history of sexual abuse or neglect.

Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect*, 24(6), 839-848.

The first objective was to learn how veteran (2 years or more) child protective service (CPS) investigations workers cope with job stress; and secondly, to examine the relationship between coping strategies and levels of emotional exhaustion, depersonalization, and sense of reduced personal accomplishment (burnout syndrome). Method: Cross-sectional, self-report methodology was used to measure coping strategies and the burnout syndrome. The voluntary subjects were 151 front-line CPS workers with at least 2 years experience in a southeastern Department of Social Services. They attended one of nine stress management workshops provided in various locations around the state. Quantitative analyses were run on the data. Results: These workers perceived themselves to use Engaged (active) coping strategies more than Disengaged (avoidant) strategies. Sixty-two percent of participants scored in the high range on Emotional Exhaustion, the aspect some researchers consider to be the heart of Burnout. Those who used Engaged coping were less likely to feel depersonalized and more likely to feel a sense of personal accomplishment. Those who used Disengaged coping were more likely to feel emotionally exhausted, depersonalized, and to have a sense of reduced personal accomplishment. Conclusion: Neither the use of active nor avoidant coping strategies saved these workers from Emotional Exhaustion. The problem-focused strategies they are taught and use most do not help deal with the emotional content and context of their work, suggesting the use of emotion-focused coping to prevent and remediate burnout.

Kinard, E. M. (1996). Conducting research on child maltreatment: Effects on researchers. *Violence and Victims*, 11(1), 65-69.

This article discusses child maltreatment research and the potential negative psychological consequences on the researchers themselves. Several strategies are suggested for providing support to staff conducting research on emotionally charged topics. Working in teams, encouraging involvement in community activism related to the research topic, limiting the number of consecutive hours reviewing case records, providing a forum for discussing case material and staff responses to the material, and maintaining a sense of humor are among the

strategies suggested to minimize negative psychological consequences. Recommendations for future studies include systematic inquiries into the effects of conducting research on researchers to determine if staff responses to emotionally disturbing work varies by gender, ethnicity, age, education, personal experiences or professional background. Assessing staff members' knowledge and attitudes about the study topic at the beginning and the end of the project is also suggested as a means of providing information useful for tailoring support strategies to staff needs.

Manion, I. G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: initial effects. *Child Abuse & Neglect*, 20(11), 1095-1109.

Disclosure or discovery of extrafamilial sexual abuse (ESA) has the potential to traumatize the entire family system. Little controlled research has examined the initial reactions of parents to this type of trauma. The present study evaluated the adjustment of 93 parents (63 mothers and 30 fathers) within 3 months of the disclosure of ESA. Parents' functioning was compared to that of a nonclinical comparison group of 136 parents (74 mothers, 62 fathers). Parent adjustment was assessed using self-report measures of psychological distress, parent competence, family functioning, marital functioning, life stressors, and environmental support. Results revealed that mothers of sexually abused children, in comparison to mothers of nonabused children, experienced greater overall emotional distress, poorer family functioning, and lower satisfaction in their parenting role. Fathers of sexually abused children also experienced greater overall emotional distress relative to comparison fathers but their level of distress remained below that of mothers. Standard and hierarchical multiple regression on maternal self-reports revealed that mothers' satisfaction with their perceived level of environmental support predicted their emotional functioning. Abuse-related variables did not contribute to the prediction of emotional functioning. These results emphasize the need to expand our focus beyond the child victims to the traumatized families and to normalize the potential for all close family members to be vulnerable to experience adjustment difficulties following ESA.

Shapiro, J. P., Burkey, W. M., Dorman, R. L., & Welker, C. J. (1996). Job satisfaction and burnout in child abuse professionals: Measure development, factor analysis, and job characteristics. *Journal of Child Sexual Abuse*, 5(3), 21-38.

This study developed a measure called the Human Services Job Satisfaction Questionnaire (HSJSQ) and pilot tested the instrument with 215 participants in a training on sex abuse victim treatment. Forty-five of 49 items met criteria for part-whole correlation and correlation with a validation item, and so were retained in the HSJSQ. Scores were lower in subjects who reported a desire to change fields. Factor analysis indicated six factors, labeled Self-Actualization, Achievement Support, Job-Related Affect, Working Conditions, Professional Self-Esteem, and Futility/Avoidance. Relations between HSJSQ scores and a number of demographic, job, and professional variables are reported.

Figley, C. R. (Ed.). (1995). *Compassion Fatigue: Coping with secondary traumatic stress in those who treat the traumatized*. London: Brunner-Routledge.

Covers compassion fatigue as secondary traumatic stress, survival strategies, Sensory-based therapy for crisis counselors, treating therapists with vicarious trauma, and prevention strategies for secondary traumatic stress disorder and compassion fatigue.

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558-565.

This study examined vicarious traumatization (i.e., the deleterious effects of trauma therapy on the therapist) in 188 self-identified trauma therapists. Participants completed questionnaires about their exposure to survivor clients' trauma material as well as their own psychological well-being. Those newest to the work were experiencing the most psychological difficulties (as measured by the TSI Belief Scale; L. A. Pearlman, in press-a) and Symptom Checklist-90—

Revised (L. Derogatis, 1977) symptoms. Trauma therapists with a personal trauma history showed more negative effects from the work than those without a personal history. Trauma work appeared to affect those without a personal trauma history in the area of other-esteem. The study indicates the need for more training in trauma therapy and more supervision and support for both newer and survivor trauma therapists.

Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, 25(3), 275-282.

A survey of 558 mental health and law enforcement professionals assessed current and past trauma experiences, exposure to traumatic client material, and the sequelae of both of those types of personal and professional trauma experiences. Results indicated that 29.8% of therapists and 19.6% of officers reported experiencing some form of childhood trauma. The two groups differed in their reports of psychological symptoms, trauma specific symptoms, and work-related post-traumatic stress disorder symptoms. There was some evidence that professionals with a history of child abuse reported significantly higher levels of symptoms that have been associated with trauma survivors in past research. However, more proximal variables seem to have greater relevance to current functioning. The implications for training and prevention of secondary traumatization are discussed.

Hopkins, J., & Bannister, A. (1992). *From hearing to healing: Working with the aftermath of child sexual abuse*. New York: Wiley.

Working with children who have been sexually abused can be stressful for professional child protection workers. This chapter describes the pressures and the stresses that can affect the work of professionals, such as organizational changes, threats from the adult being investigated, inadequate support systems, discrimination, and high visibility. Workers can experience feelings

of powerlessness, stigmatization, betrayal, and difficulties with their own sexual relationships. Management must be committed to supporting the personal and professional needs of their staff to maintain a high degree of quality service.