

Impact of Burnout, Compassion Fatigue and Vicarious Trauma

Among Child Protective Services Workers

Donna Harrison & Shannon Rivera

Virginia Commonwealth University

### Abstract

The purpose of this study was to examine if years of experience and number of cases correlates with burnout, compassion fatigue, and vicarious trauma in child protective services (CPS) workers. The researchers hypothesized that CPS workers with a year or less of experience have an increased risk of burnout, compassion fatigue, and vicarious trauma. It was also hypothesized that CPS workers with a high number of cases have an increased risk for burnout, compassion fatigue, and vicarious trauma. A sample was derived from the Virginia Department of Social Services staff and surveys were distributed using Survey Monkey. The ProQol measurement tool was used to obtain scores from the workers on the dependent variables- burnout, compassion fatigue, and vicarious trauma. Using independent t-tests, associations were examined between the independent and dependent variables. Results indicated there was no statistical significance between years of experience and number of cases and burnout, compassion fatigue, and vicarious trauma. There was some correlation between a higher number of cases and burnout and vicarious trauma, which supported the hypothesis. The results did not support the hypothesis related to years of experience, but there appeared to be some relationship between higher years of experience and increased scores for burnout, compassion fatigue, and vicarious trauma. Finally, the study outlined points for future research on burnout, compassion fatigue, and vicarious trauma and implications for social work practice.

**KEYWORDS:** *child protective services, burnout, compassion fatigue, vicarious trauma*

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**Overview of the Problem**

Social Work is a profession dedicated to helping individual's function in their environment. According to the NASW, the primary goal of the Social Work profession is to help meet the basic human needs of all people by instilling skills to promote growth, change, and empowerment. Child welfare is one facet of the social work profession that is often known to be very stressful. Not only are Child protective services (CPS) workers front-line staff, but their primary mission is focused on protecting children from abuse and neglect. Child protective services workers provide crisis intervention, which include assessing the child's safety when allegations of abuse or neglect are reported. This ultimately may mean removing children from their natural environment. While many focus on the well-being of children and their feelings regarding the removal, it is also important to note the impact of the crisis on the CPS worker. Research has suggested that child protective services workers are at risk for burnout and compassion fatigue (McFadden, Campell, & Taylor, 2015). Due to the extreme nature and stress surrounding child welfare workers, the likelihood of developing burnout, compassion fatigue, and vicarious trauma is significantly increased. As a result, this may lead to a high level of turnover in child welfare. A wide range of national studies found that the annual turnover rate for child welfare workers was between 20 percent and 40 percent and the length of employment averaged less than two years (Auerbach, Schudrich, Lawrence, Claiborne, & McGowan, 2014). With that said, it is important to note that high turnover not only is a problem for the agency but it also decreases the therapeutic relationship for the client (Auerbach et. al., 2014). How can a

therapeutic relationship be established when one family has been assigned three different social workers in six weeks?

While several studies have been conducted on burnout and compassion fatigue in the child welfare field, there is less research focused on vicarious trauma with CPS workers. Therefore, the aim of this study is to assess burnout, compassion fatigue and vicarious trauma among Child Protective Services Workers within the Virginia Department of Social Services locality. Studies have shown that those CPS workers with less experience and higher caseloads may be at an increased risk for burnout, compassion fatigue, and vicarious trauma.

### **Literature Review**

#### **Definitions**

The terms burnout, vicarious trauma and compassion fatigue have been used interchangeably in research studies. However, various authors have attempted to clarify the similarities and differences between the three constructs. Sabo (2011) discussed that vicarious trauma and compassion fatigue occurs specifically when working with high demand populations whereas burnout can occur with any type of client work. Research has noted that compassion fatigue, burnout and vicarious trauma share similarities in that they can be caused by emotional engagement with clients and can negatively impact the services provided by the worker (Najjar et. al, 2009). In addition, burnout, compassion fatigue and vicarious trauma also “share risk factors of empathic ability, interpersonal demands and they result in psychological distress“ (Najjar et al, 2009). It is important to note that workers can simultaneously experience burnout, compassion fatigue and vicarious trauma. However, burnout can be easier to resolve, whereas compassion fatigue and vicarious trauma can increase over time. Lastly, it should be noted that research suggests that compassion fatigue may precede vicarious trauma because individuals

experiencing vicarious trauma have their “cognitive schema permanently altered” whereas those experiencing compassion fatigue have been found to respond well to treatment intervention and can continue to work in their field successfully (Sabo, 2011).

**Burnout.** Burnout (BO) is defined as a state of physical, emotional, and mental exhaustion that creates reduced interest in tasks or activities (Gray-Stanley & Muramatsu, 2011). In addition, to emotional exhaustion, workers may have a reduced sense of personal accomplishment and depersonalization (Conrad & Guenther, 2006). A wide range of research has discussed the many job stressors that lead to burnout. These include: work overload, role conflict, the work environment and the requirements of the job. (Anderson, 2000; Gray-Stanley & Muramatsu, 2011). Burnout, which is problematic in many fields, leads to another common problem, high turnover. Specifically with child welfare workers, research has noted that there is an annual turnover rate of over 22 percent in 43 states. In addition, burnout not only decreases therapeutic relationships but also decreases a cohesive work environment. Conrad & Guenther (2006) suggested “high turnover not only increases the costs of providing these services, but also destabilizes the agencies and prevents them from creating a high functioning and cohesive work force.” Kim, Ji, & Kao (2011) noted that workers experiencing burnout are more at risk of psychological distress. Furthermore, the above authors researched the effects of burnout and physical health. They found that social workers with high levels of burnout had an increase of physical health complaints (Kim, Ji, & Kao, 2011). Due to the requirements of CPS workers, it is not alarming to see that burnout and physical health complaints among CPS workers is more common than among other social work professionals (Anderson, 2000).

**Compassion Fatigue.** While many studies aim to understand burnout and ways to reduce

burnout in Child Protective services, compassion fatigue is another area that is evident with child welfare workers. Compassion fatigue is defined as “stress resulting from helping or wanting to help a traumatized or suffering person” (Conrad & Guenther, 2006). An array of research has indicated that there are specific risk factors that may make a social worker more at risk to compassion fatigue. Bourassa (2012) noted these risk factors include; inexperience working with individuals that have experienced trauma, previous history of trauma, and issues with countertransference. Rossi et. al. (2012) suggested that compassion fatigue is likely to lead to clinical mistakes and poor treatment planning. Furthermore, compassion fatigue can negatively affect the worker’s personal and or professional life (Bourassa, 2012).

Anderson (2000) points out that the greatest burden that CPS workers may experience is “knowing a child may be seriously injured or neglected, or even die, if the worker misjudges the parents’ capacity to care for the child.” As mentioned earlier, child protective workers are most often the first individuals who come into contact with the abused or neglected child and work directly with the biological family and child. Therefore, it can be assumed that working closely with traumatized victims can be a one risk factor of developing compassion fatigue.

**Vicarious Trauma.** According to Newell & MacNeil (2010) the term vicarious trauma refers to “a process of cognitive change resulting from chronic empathic engagement with trauma survivors.” Others have noted that vicarious trauma can negatively impact social workers sense of self and is often accompanied by symptoms of posttraumatic stress disorder (PTSD) that may also impair the therapeutic relationship with their clients (Michalopoulos & Aparicio, 2012). It should be noted that workers who have a history of personal trauma are more at risk for the development of vicarious trauma because it may bring up unresolved issues resulting in an increased sense of vulnerability (Michalopoulos & Aparicio, 2012). However, it is important to

note that workers without a history of trauma are less likely to develop vicarious trauma.

Michalopoulos & Aparicio (2012) suggested that workers without a history of trauma are able to successfully “integrate their client’s traumatic material because their self-schemas of power and control as well as safety and trust are not disrupted.” Newell & MacNeil (2010) examined the role of experience; social support and trauma history among licensed social workers. The results indicated that social support and a higher level of experience predicted less vicarious trauma. It should be noted that there is limited research that exists regarding the role of vicarious trauma in CPS workers. Therefore, it is important to examine vicarious trauma in CPS workers so that workers are aware that this construct could be problematic. In addition, interventions can be developed to safeguard workers that may be at risk of experiencing this type of trauma.

### **Years of Experience & Caseloads**

Understanding the relationship between experience level and caseload with burnout, compassion fatigue and vicarious trauma is important for social work practice and social work education. Although, there is limited research on vicarious trauma and level of experience, several researchers have suggested that the level of experience is a protective factor against vicarious trauma, compassion fatigue and burnout (Michalopoulos & Aparicio, 2012; Rossi et. al., 2012). Michalopoulos & Aparicio (2012) examined the level of experience and vicarious trauma. They hypothesized that an increase in social work experience would decrease the risk of vicarious trauma. Results supported the hypothesis, which suggested that newer social workers might be at a greater risk for vicarious trauma. One can assume that workers with less experience may develop burnout, compassion fatigue and vicarious trauma “simply because they are adjusting to the adversities and struggles they might face as inexperienced social work professionals” (Michalopoulos & Aparicio, 2012).

There is also evidence to suggest that high caseloads may put workers at risk for burnout and compassion fatigue (Newell & MacNeil, 2012). Anderson (2000) suggested that high turnover ultimately increases staff caseloads, which in turn leads to burnout.

### **Summary**

The literature shows how common burnout, compassion fatigue and vicarious trauma is for a child welfare worker as evidenced by their job requirements (i.e.: long work hours, on-call status, stressful work environment). The effects of burnout, compassion fatigue and vicarious trauma are numerous and may lead to depression, high stress, and distorted judgment. Ultimately this is what leads to high turnover, which not only affects the agency, but also the client and the family. Research has noted that while there are some risk and protective factors of burnout, compassion fatigue and vicarious trauma there are also interventions that can decrease the above; such as mindfulness-based interventions (Raab, Sogge, Parker & Flament, 2015). Raab et. al., (2015) researched the effects of mindfulness based stress reduction (MBSR) on mental health professionals' self-compassion, burnout level and stress level and quality of life. The results indicated that increased self-awareness through MBSR training decreases stress and burnout and increases self-compassion and self-care. Literature has also identified other preventive measures of burnout in CPS workers; to include ongoing professional education and social support from a colleague and/or supervisor. (Anderson, 2000). Having a supportive supervisor not only increases one's desire to remain employed, but it also increases the morale of the environment. This research study specifically hopes to uncover the impact that trauma constructs has on child protective services workers. As a result, future research should then focus on interventions and strategies that could help prevent from burnout, compassion fatigue and vicarious trauma.

### **Rationale**

The issue of burnout, compassion fatigue, and vicarious trauma is important to study, so that agencies can discover how to combat these problems among child protective services workers. One of the reasons noted is addressing these issues could help with employee retention rates for these positions. Auerbach, et al. (2014) noted child protective services workers have short employment rates in child protective services units and the turnover rates are high. Conrad and Guenther also noted that compassion fatigue can negatively affect a worker's "work product and their interactions with their clients" (Conrad & Keller-Guenther, 2006). If compassion fatigue, burnout, and vicarious trauma are not addressed these issues may have a negative impact on a person's professional and personal life. The literature noted child protective services workers might have mental health issues stemming from these conditions, which impacts their ability to function at home and in the workplace.

### **Significance to Social Work Practice**

Addressing the impact of burnout, compassion fatigue, and vicarious trauma among child protective services workers is significant to social work practice due to issues related to the core values of the social work profession. One of the values relevant for social workers is to provide service to others. Social workers help people and help address social issues. Burnout, compassion fatigue, and vicarious trauma negatively impacts a social worker's duty to their clients and jeopardizes their ability to provide a service to their clients. Another core value to social work practice is the importance of human relationships. These issues have a direct effect on the relationships workers have with their clients. Boyle, Hull, Mather, Smith, and Farley (2009) noted "one tenet of practice is that social workers work to enhance the well-being of people by supporting and strengthening human relationships" (p. 35). Child protective service

workers who suffer from these conditions will have the limited ability to establish rapport and therapeutic relationships with the clients they serve. In addition, advocating for clients is a key role for social workers and is an important part of a child protective service workers' job. Social workers aim at challenging social injustice and advocating for a child is at the heart of the role of a child protective service worker. Workers who suffer from burnout may not be able fulfill that advocacy role with their clients. Through the results of this research, an agency could address how to combat burnout, compassion fatigue, and vicarious trauma with child protective service workers to ensure workers are able to adequately advocate for this population.

On a broader macro level, if these issues are not addressed, high job turnover rates, bad judgment calls, and high stress could cause an agency's child protective services unit to not be effective in addressing child abuse and neglect cases in their area. This inadequate level of service could lead to other system issues such as child harm, behavioral problems in school, parental neglect, and family disintegration. Also, these issues affect a worker's ability to educate families and communities on the importance of parenting and child abuse. Due to burnout, compassion fatigue, and vicarious trauma, workers in this field may not be able to appropriately advocate for services for this vulnerable population by calling for policy changes. Educating social workers on the importance of these issues and how it can affect their work should be a key part of social work practice.

### **Research Question**

The aim of this study is to assess burnout, compassion fatigue and vicarious trauma among Child Protective Services Workers within the Virginia Department of Social Services. The research question this study hopes to answer is: How does vicarious trauma, compassion fatigue and burnout impact child protective services workers? It is hypothesized that child

protective services workers with a year or less of experience have an increased risk for burnout, compassion fatigue and vicarious trauma. In addition, this study will also attempt to understand if the number of cases each worker has correlates more with burnout, compassion fatigue and vicarious trauma. It is also hypothesized that child protective services workers with a higher number of cases (greater than 20) have an increased risk for burnout, compassion fatigue and vicarious trauma.

## **Methods**

### **Target Population and Sampling Approach**

This study included child protective services (CPS) workers employed within the Virginia Department of Social Services local agencies. This was a purposive, non-random convenience population sample. It included CPS workers with varying experience levels and years of service. The sampling size includes CPS workers willing to participate in the study. The final sample size included 136 respondents.

### **Human Subject Protections**

Participation in the survey was strictly voluntary. The researchers were granted an exemption by the VDSS Institutional Review Board (IRB) since the study involved a survey only. The survey was anonymous and confidentiality of participants was protected in several ways: 1) there was no identifying information noted on the survey to help ensure protection and privacy; 2) demographic information was broad so there was no way to match responses to specific participants; 3) responses were downloaded by the CQI Manager in the VDSS Family Services Division and immediately and permanently purged (see Appendix A). The rights of participants were protected and information was used for educational and information purposes only.

### **Study Design and Data Collection Strategy**

The study design for this research is a descriptive cross-sectional study of child protective services workers within the Virginia Department of Social Services. This was a non-experimental study conducted at one point in time. The first part of the survey is the Professional Quality of Life Scale (ProQol). It should be noted that the Professional Quality of Life Scale is a 30 item self-report measure of the positive and negative effects of working with people who have experienced extremely stressful events. The ProQol contains three subscales; which measure burnout, compassion fatigue, and vicarious trauma. (see Appendix B). In addition to the ProQol, information will be acquired to determine the workers' level of experience and their caseload number (see Appendix C). This design is used in contrast to a longitudinal study because of the time constraints to collect data from more than one point in time.

The researchers contacted the CQI Manager in the VDSS Family Services Division for assistance with data collection. As noted earlier, an exemption was granted from the VDSS IRB in order to move forward with the survey. The survey was re-created and formulated in Survey Monkey for ease of distribution to all CPS workers in VDSS. The CQI Manager in the VDSS Family Services Division assisted with the exemption process, contacted the regional VDSS staff, re-created the survey in Survey Monkey, sent the survey to all CPS workers via the regional supervisors, and sent us the results. The survey was distributed by email with a link to Survey Monkey to access the survey. The website was secure and communications were sent over Secure Sockets Layer (SSL) and Transport Layer Security (TLS) technology using both server authentication and data encryption. The survey responses were then put in an Excel spreadsheet document and SPSS and forwarded to the researchers. This method was chosen to

ensure all CPS workers were included in the sample for more comprehensive data. In addition, Survey Monkey was a familiar survey tool for VDSS and provided ease of use and distribution.

### **Instruments and Measures**

**Independent variables.** Independent variables will be measured to determine which factors predict burnout, compassion fatigue, and vicarious trauma among child protective service workers.

*Length of years in the Child Protective Services Unit.* This variable will be defined as the number of years the participant has worked in the Child Protective Services Unit.

*Number of cases.* This variable will be defined as the number of cases each child protective services worker has in the Unit.

**Dependent variables.** The dependent variables being measured for this study are burnout, compassion fatigue, and vicarious trauma. As noted earlier in the study design, the ProQOL (Professional Quality of Life) scale will be used to measure all three of these variables.

The ProQOL “a 30 item self-report measure, assesses risk of CF (Compassion Fatigue), potential for CS (Compassion Satisfaction) and risk of burnout” (Sprang, Clark, & Whitt-Woosley, 2007, p. 264).

The ProQOL has three scales of measurement and is based on a 6 point Likert scale (from 0 = never to 5 = very often). One scale measures compassion satisfaction (positive aspects). Compassion satisfaction is related to how much the participant derives pleasure from being able to do their work well. The other scale measures compassion fatigue (negative aspects). Compassion fatigue is broken into two parts. One part is related to aspects of burnout such as frustration, exhaustion, anger, and depression (Stamm, 2010). The other section is pertaining to vicarious trauma related to work-induced trauma and stress. Participants will be asked to indicate

how frequently each item was experienced in the past 30 days. Scores are obtained by summing the items on each subscale. Scoring, as determined by the author of the ProQOL, breakdowns as follows; scores 42 and above indicate high compassion satisfaction, burnout, and compassion fatigue, scores 23 thru 41 indicate average compassion satisfaction, burnout, and compassion fatigue and scores below 22 indicate low compassion satisfaction, burnout and compassion fatigue (Stamm, 2010).

The ProQOL is a reliable instrument and has been used to measure compassion fatigue and burnout in a variety of settings. There were adjustments made from the previous test and Caringi, Devlin, Stanick, Hardiman, Weldon, and Fletcher note “that there is evidence that this version of the scale has reduced the acknowledged colinearity between compassion fatigue and burnout” (Stamm, 2010) (Caringi, Devlin, Stanick, Hardiman, Weldon, and Fletcher, 2016).

There has been literature published on burnout, compassion fatigue, and vicarious trauma where the ProQOL measurement has been used. Construct validity has been established and supported in over 200 articles (Stamm, 2010). ProQOL has been recognized as a valid and reliable instrument to measure burnout, compassion fatigue, and vicarious trauma.

## **Results**

### **Description of Survey Participants**

**Demographics.** The survey was distributed via email to Child Protective Services Workers within Virginia Department of Social Services. The survey resulted 136 respondents. The majority of respondents identified as Caucasian/White (68.4%) and female (84.6%). Over half of respondents identified themselves as married (53.7%). Table 1 displays the demographic results of race, gender and relationship status.

Table 1

*Demographic Characteristics*


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 Demographics % (N=136)
Gender

Female	84.6
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Male	13.2
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Missing	2.2
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Race/Ethnicity

Caucasian	68.4
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African American	19.9
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Multiracial	2.9
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Hispanic/Latino	.7
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Asian	.7
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American Indian/Alaska Native	.7
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Missing	6.6
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Relationship Status

Married	53.7
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Single	30.1
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Divorced	12.5
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Widowed	2.2
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Missing	1.5
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**Employment.** Table 2 displays the years of experience, average number of cases that Child Protective Services Workers carried and the Virginia Department of Social Services

(VDSS) region. The majority of respondents had between one and five years of experience (33.8) and ten years and more of experience (33.1). Eleven percent of respondents reported that they had less than one-year experience and twenty one percent fell between six and ten years of experience. It should be noted that the majority of Child Protective Services Workers reported having less than ten cases (41.9) and between ten and twenty cases (41.9). According to the Child Welfare League of America (CWLA) the recommended caseload for Child Protective Services Workers are twelve active cases per month for child abuse/neglect investigation, seventeen active ongoing cases, or ten active ongoing and four active child abuse investigations (“Recommended Caseload Standard”, n.d). In regards to VDSS region, the majority of respondents were from Northern Virginia (35.3) and the least amount of respondents was from Western Virginia. (2.9).

Table 2

*Employment*


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<u>Years of Experience</u>	% (N=136)
Less than 1 year	11.0
1-5 years	33.8
6-10 years	21.3
10 or more years	33.1
Missing	.7

Caseload

0-10 cases	41.9
11-19 cases	41.9
20 or more cases	16.2

VDSS Region

Northern	35.3
Piedmont	21.3
Central	20.6
Eastern	19.1
Western	2.9
Missing	.7

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For analytical purposes, years of experience were recoded into two categories; less than five years and six years and more. In addition, the caseload was also divided into two categories; less than ten cases and greater than ten cases.

**PRoQOL**

Descriptive statistics provided in Table 3 show standard measurements for each of the three scales. The sample population reported a mean burnout score of 23.58 (SD = 5.73). The value falls under the average burnout category, but is on the cusp of the low burnout category according to the measure's standard scoring. The sample population reported a mean compassion satisfaction score 38.03 (SD =6.73). This score falls under the average compassion fatigue category. Lastly, as displayed in Table 6 the mean score for vicarious trauma (compassion fatigue) was 22.57 (SD = 5.84), which is on the cusp of the low vicarious trauma category as outlined by the measure's scoring standards.

Table 3

*Descriptive Statistics on PRoQOL*


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Subscales	N	Mean	Standard Dev.	Minimum	Maximum
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Burnout	119	23.58	5.73	10	38
Vicarious Trauma	118	22.57	5.84	12	40
Compassion Fatigue	120	38.03	6.73	19	50

An independent t-test was conducted to compare burnout, vicarious trauma, and compassion fatigue with the Child Protective Services Worker caseload. A significant relationship was not found between number of cases and the three PROQOL subscales. It should also be noted that the hypothesis is not supported because we recoded the number of cases into two categories (less than 10 cases and greater than 10 cases), therefore, cases greater than 20 were not compared individually with lower cases. However, although it was not statistically significant, the t test indicated that vicarious trauma mean scores were found to increase as the caseload increased (M = 21.84, SD= 5.29, N =46; M = 24.68, SD =5.76, N =73) This means that CPS workers that have a higher caseload are found more at risk to suffer from vicarious trauma. Additionally, the burnout scores were also found to increase as the caseload increased (M = 21.19, SD= 5.89, N=46; M= 23.45, SD =5.67, N = 72). As a result, CPS workers that have a higher caseload are also at increased risk of developing burnout. Compassion Fatigue was the only subscale that did not produce higher compassion fatigue scores as caseloads increased.

Table 4

*Independent samples t test of PROQOL scoring based on Caseload*

	N	Mean	SD	t	Sig 2 tail
<u>Burnout</u>				-2.697	.040
Less than 10 cases	46	21.84	5.29		
Greater than 10 cases	73	24.68	5.76		
<u>Vicarious Trauma</u>				-2.080	.040

Less than 10 cases	46	21.19	5.89		
Greater than 10 cases	72	23.45	5.67		
<u>Compassion Fatigue</u>				1.203	.231
Less than 10 cases	48	38.93	6.83		
Greater than 10 cases	72	37.43	6.6		

An independent samples t-test was conducted to compare the three PROQOL subscales with the number of years working in CPS. As presented in Table 5, no statistically significant relationships were found between years and burnout, compassion fatigue and vicarious trauma. It is interesting to note that the results indicated that as years of experience increase so do the scores for burnout, compassion fatigue and vicarious trauma. While this is interesting and does not support our hypothesis, one can assume that exposure to the job is one reason why the three subscale scores increase as years of experience increases.

Table 5

*Independent samples t test of PROQOL and Years of Experience*

	N	Mean	SD	t	Sig. 2 tail
<u>Burnout</u>				.809	.420
Less than 5 years	54	24.05	5.54		
6 or more years	65	23.20	5.90		
<u>Compassion Fatigue</u>				-1.086	.279
Less than 5 years	53	37.28	7.39		
6 or more years	67	38.62	6.15		
<u>Vicarious Trauma</u>				-.297	.767

Less than 5 years	51	22.39	5.95
6 or more years	67	22.71	5.80

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### Discussion

The goal of this study was to examine what factors increase the risk of burnout, compassion fatigue, and vicarious trauma among CPS workers. Due to the repeated exposure to traumatic experiences, CPS workers may experience higher levels of burnout and secondary trauma. The researchers hypothesized that CPS workers with a year or less of experience have an increased risk of burnout, compassion fatigue, and vicarious trauma. Also, it was hypothesized that the CPS workers with a higher number of cases have an increased risk of burnout, compassion fatigue, and vicarious trauma.

Salloum, Kondrat, Johnco, and Olson (2015) noted that “age, gender and professional experience have previously been associated with levels of burnout and secondary trauma” (Salloum, Kondrat, Johnco, and Olson, 2015). The researchers examined years of experience in relation to levels of burnout, compassion fatigue, and vicarious trauma. The results did not support the hypothesis related to workers with a year or less of experience and an increased risk of burnout, compassion fatigue, and vicarious trauma. There was also no statistical significance between years of experience and burnout, compassion fatigue, and vicarious trauma. Yet, of particular interest was that as years of experience increased, the levels increased for burnout, compassion fatigue, and vicarious trauma, which is contrary to what has been found in studies noted earlier in this paper. The increased levels may be related to; as years increase in the position there is repeated exposure to traumatic events and heavier workloads. Salloum, et al. (2015) noted that there might be a U or J-shaped relationship between years of experience and burnout. Workers with one year or less of experience may experience lower levels of burnout,

then as CPS workers move to the middle of their careers burnout levels increase. Lower levels of burnout may be seen in CPS workers in the very late stages of their career as burned out or traumatized staff leave the profession or workers develop coping strategies over time. One of the limitations in this study, was the lack of sampling data for workers with one year or less of experience. Only 11% of the sample population had one year of experience or less, so most of the individuals sampled had more than 1-5 years of experience.

Based on the results, as caseload sizes increased so did the scores for vicarious trauma and burnout. Once again there was no statistical relationship between caseload sizes and vicarious trauma and burnout. Yet, the cause of this increase in scores for burnout and vicarious trauma may be related to repeated exposure to traumatic experiences, but also due to their high emotional involvement in cases. Interestingly, compassion fatigue decreased as caseload size increased. Compassion fatigue, which has to do with fears or negative feelings about working with people who have experienced trauma, may not be a factor for more experienced CPS workers. CPS workers with more experience may be able to develop coping mechanisms to combat compassion fatigue, but burnout and vicarious trauma still may be an issue for this group.

### **Strengths and limitations**

One of the strengths of this study was the ability to sample a variety of CPS workers in Virginia Department of Social Services. Also, the measure used was a valid and reliable tool for this study. The limitations in this study, as mentioned previously, was the lack of sampling data related to workers with one year or less experience in order to fully examine the hypothesis related to this variable. Another limitation is due to the cross-sectional nature of the study; causal factors could not be explored or inferred. The researchers were also not aware of how many CPS

workers in total received the survey so this presented another limitation. One of the threats to external validity in this research design was the lack of generalizability. It is unlikely the results can be generalized to a larger population. Also an additional drawback is this study did not explore intervention strategies for preventing burnout, compassion fatigue, and vicarious trauma. Future studies could focus on expanding the professional experience category beyond years of experience to collecting data to better understand the helping relationships between the worker and clients. Also, examining how trauma-informed self-care strategies influence the effects of burnout and vicarious trauma may assist agencies in adopting evidence-based treatment practices for their CPS workers.

### **Implications for social work practice**

There is evidence that CPS workers experience burnout, compassion fatigue, and vicarious trauma in their careers. Social workers in these roles would need to be aware of how these issues impact their relationships with clients. It would be important to explore the influence of self-care and how this could potentially help workers in these roles. In addition, social workers as managers may need to be aware of how burnout, compassion fatigue, and vicarious trauma affects their staff and help develop strategies to assist staff to increase retention in these positions. From a macro social work standpoint, organizational policies that focus on trainings for agencies to help recognize burnout, compassion fatigue, and vicarious trauma could ensure staff gets the assistance needed when symptoms first develop. In addition, social workers need to be aware of evidence-based practices such as caseload management techniques, trauma informed self-care, and use of employee assistance programs to help reduce turnover and increase retention.

### **Conclusion**

Child protective service workers have a key role in protecting children and connecting families to resources. They are often exposed to high stress situations and witness traumatic events, in addition to high caseloads and increasing responsibilities to a vulnerable population. Burnout, compassion fatigue, and vicarious trauma are common elements found in workers in certain helping professions where repeat exposure to trauma is present. Therefore, understanding the effects of burnout, compassion fatigue and vicarious trauma is crucial in order to predict, prevent an/or minimize the effects. The researchers examined if years of experience and number of cases correlate with burnout, compassion fatigue, and vicarious trauma in Child Protective Services Workers. Although, there was no statistical relationship between years of experience and caseload size, the results indicated that Child Protective Services Workers with greater years of experience had increased burnout, compassion fatigue and vicarious trauma scores. In addition, there was also a relationship between high number of cases and increased burnout and vicarious trauma scores. It is imperative that Child Protective Services Workers are made aware of the risks of burnout, compassion fatigue and vicarious trauma that can be involved when working with vulnerable populations. Future studies should examine intervention strategies for preventing burnout, compassion fatigue, and vicarious trauma.

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## Appendix A

### **Burnout, Compassion Fatigue, and Vicarious Trauma Research Study**

You are invited to take part in a survey about burnout, compassion fatigue and vicarious trauma among Child Protective Services workers in Virginia. This project is being conducted by two Master of Social Work students at VCU, under the supervision of Dr. Eleanor Brown, CQI Manager, Division of Family Services, Virginia Department of Social Services. The project uses thePrOQOL instrument (Professional Quality Of Life: Compassion Satisfaction and Fatigue v5. B. Hudnall Stamm, 2009.)

#### **Purpose**

This survey is part of a student learning project about research in social work practice. The area of interest for the project is to research how burnout, compassion fatigue, and vicarious trauma affect Child Protective Workers. Specifically, this survey is focused on learning more about these characteristics and any correlation with risk factors such as experience levels and caseloads.

#### **Procedures**

Please read this form before completing the survey. You will be provided the opportunity to opt out of responding at several times throughout the survey. If you agree to be in this research, the survey should take only 10-15 minutes of your time.

#### **Confidentiality**

The confidentiality of your responses to the survey are protected in several ways: 1) No identifying information is required to complete the survey. 2) Demographic characteristics are broad and cannot be combined to identify any individual respondent. 3) While survey responses from Survey Monkey include computer IP address and date/time of survey completion, only Dr. Brown will download these responses and will immediately and permanently purge this information. 4) This project is for student education, results will be in aggregate form only, and no results are to be shared publicly.

#### **Voluntary nature of study**

Your decision whether or not to participate in this research will not affect any current or future employment at Virginia Department of Social Services. You are free to stop completing the survey and exit at any time. You do not need to complete the survey if you feel uncomfortable doing it.

#### **Contact**

Please contact Dr. Brown if you have any questions about the survey such as purpose, confidentiality, results or any other concerns you may have. She can be reached at 804-726-7837 or [eleanor.brown@dss.virginia.gov](mailto:eleanor.brown@dss.virginia.gov).

#### **Consent**

Your submission of the survey once it is complete serves as your acknowledgment of 1) receipt and understanding of the information provided here and 2) consent to participate in the survey.

## Appendix B

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

**1=Never                      2=Rarely                      3=Sometimes                      4=Often 5=Very often**

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I *[help]*.
- \_\_\_\_\_ 3. I get satisfaction from being able to *[help]* people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I *[help]*.
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- \_\_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- \_\_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- \_\_\_\_\_ 10. I feel trapped by my job as a *[helper]*.
- \_\_\_\_\_ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a *[helper]*.
- \_\_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. I feel worn out because of my work as a *[helper]*.
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- \_\_\_\_\_ 24. I am proud of what I can do to *[help]*.
- \_\_\_\_\_ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a *[helper]*.
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very caring person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.

