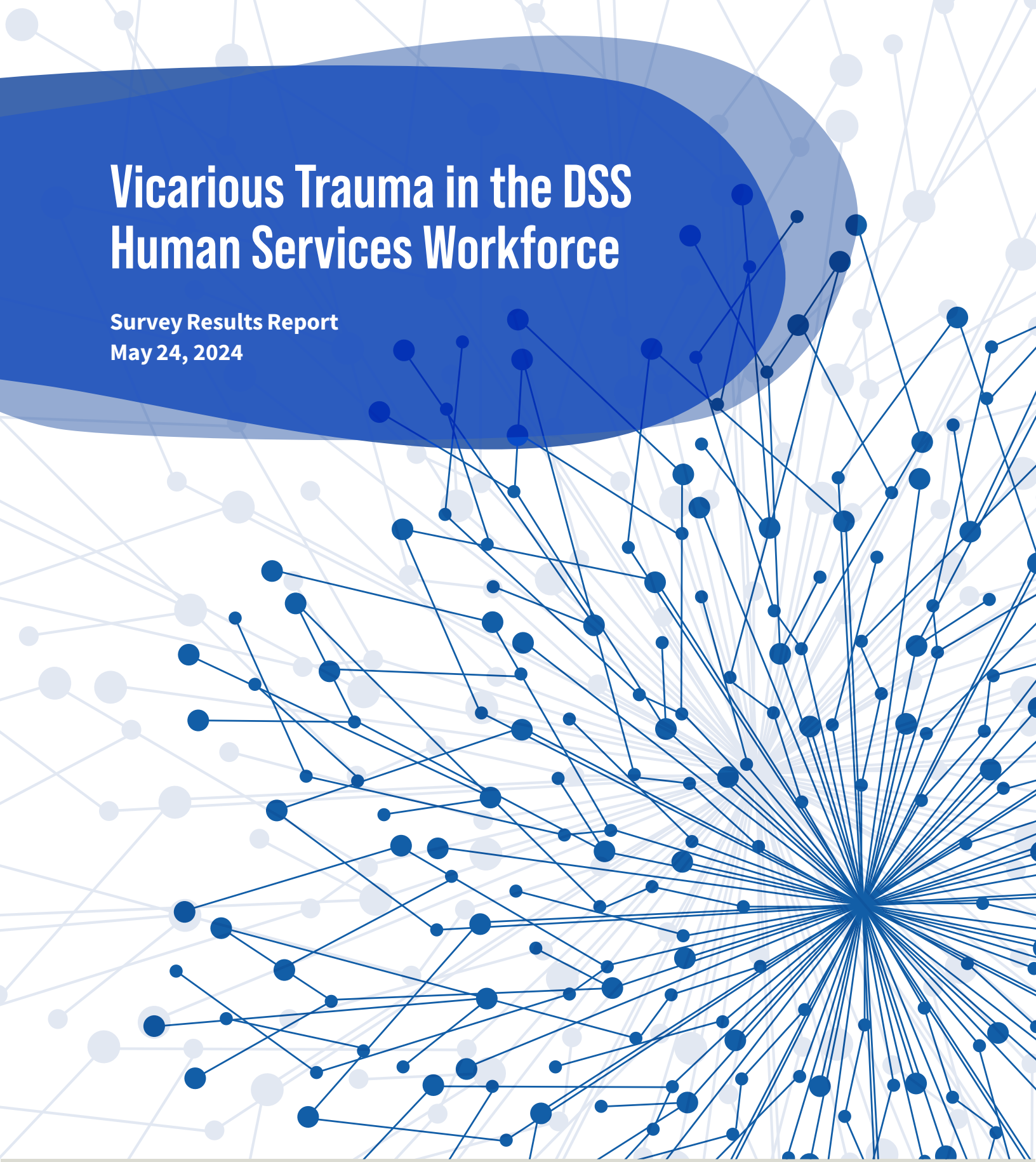
Vicarious Trauma in the DSS Human Services Workforce

Survey Results Report
May 24, 2024



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

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Acknowledgements:

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INTRODUCTION

In Virginia, too few social service workers receive the support services they need to remain in the workforce after experiencing vicarious trauma. Vicarious traumatization is a "negative reaction to trauma exposure and includes a range of psychosocial symptoms. Vicarious trauma occurs when a person is exposed to the trauma of another person. As a result, the person's worldview may shift, and they may experience symptoms that can negatively impact their life and their work" (Office for Victims of Crime).

Although the effects of vicarious trauma are serious and important to understand, there is very little research on the topic. As a result, the Office of Trauma and Resilience Policy (OTRP) at the Virginia Department of Social Services sought to understand vicarious trauma specifically in Virginia's social services workers. The following report is an analysis of the second phase of this project, which was a survey sent to social services workers in the state.

METHODS

In May/June 2023, the Office of Trauma and Resilience Policy (OTRP) conducted the first phase of this research project (IRB 2023-08), which included hosting 20 focus groups with local family services and benefits workers and supervisors, as well as Regional Practice Consultants throughout the state. Based partially on the data gleaned from the focus groups, a brief survey was developed. In addition to an introduction and consent section, the survey contained seven demographic questions and 13 content questions on vicarious trauma, agency-driven and personal coping strategies, and the impact, if any, of the COVID-19 pandemic (Appendix A).

This survey was disseminated to 5,000 Family services and benefits workers and supervisors in local departments of social services as well as Regional Family Services, services and Benefits frontline workers and supervisors in local departments of social services, Regional Family Services and Benefits Practice Consultants, and CPS Hotline workers utilizing the "broadcast" function on Fusion, the VDSS intranet. A broadcast is an electronic memo used by State Agency (VDSS) and Local Agency (LDSS) personnel to communicate information to VDSS and LDSS personnel. The survey was open for a total of two weeks utilizing Qualtrics, with a reminder going out mid-way through the period.

The survey data was then analyzed using Qualtrics resources and the statistical software "R." This analysis was then used, in conjunction with the qualitative data gleaned from the focus groups in 2023, to make policy and practice recommendations about workforce support at VDSS.

BACKGROUND

OPERATIONALIZING VICARIOUS TRAUMA

As the field of trauma develops, there are many terms used interchangeably across literature on the subject. In a survey of literature in the field, vicarious trauma or traumatization is often used interchangeably with secondary traumatic stress (STS), compassion fatigue, burnout, and post-traumatic stress disorder (PTSD) (Lamm & Smith, 2023). However, it is essential to conceptualize

each of these conditions separately to gain a comprehensive understanding of the effects of vicarious trauma (Newell & MacNeil, 2010):

VICARIOUS TRAUMA: "Exposure to the trauma of others" (Molnar et al 2017); The "profound psychological effects" helping professionals may develop as the result of exposure to others' traumatic experiences (McCann and Pearlman 1990); "Vicarious traumatization is a negative reaction to trauma exposure and includes a range of psychosocial symptoms. Vicarious trauma occurs when a person is exposed to the trauma of another person. As a result, the person's worldview may shift, and they may experience symptoms that can negatively impact their life and their work" (Office for Victims of Crime).

SECONDARY TRAUMATIC STRESS (STS): "Constellation of symptoms that may run parallel to those of posttraumatic stress disorder" (Molnar et al 2017).

COMPASSION FATIGUE: "Fatigue, as we use it in this context, is the mental weariness resulting from exertion that is associated with attending to the emotional and physical pain of others… compassion fatigue is exhaustion resulting from compassion stress, the demands of being empathic and helpful to those who are suffering" (Figley and Ludick 2017).

POST-TRAUMATIC STRESS DISORDER (PTSD): "The DSM-V, the psychiatric manual that lays out diagnosis criteria, defines PTSD as "exposure to actual or threatened death, serious injury, or sexual violence," which could be either directly or indirectly experienced, is followed by an array of sustained symptoms (American Psychiatric Association). The "core features of PTSD are the persistence of intense, distressing, and fearfully avoided reactions to reminders of the triggering event, alteration of mood and cognition, a pervasive sense of imminent threat, disturbed sleep, and hypervigilance" (Shalev et al 2017).

BURNOUT: "Work-related syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment" (Sciepura and Linos 2022; Maslach et al 2001).

For the purposes of this report, it is most important to make a distinction between vicarious trauma and burnout. Vicarious traumatization is a "negative reaction to trauma exposure and includes a range of psychosocial symptoms. Vicarious trauma occurs when a person is exposed to the trauma of another person. As a result, the person's worldview may shift, and they may experience symptoms that can negatively impact their life and their work" (Office for Victims of Crime). Even those who don't provide direct services may experience vicarious trauma as a result of working with and/or hearing stories from those who do provide direct services.

On the other hand, burnout is marked by "emotional exhaustion, depersonalization, and reduced personal accomplishment" (Rubel, 2023). Professionals experiencing burnout may feel emotionally overextended, depleted, or doubtful of their abilities, but nothing as extreme as vicarious trauma victims (Rubel, 2023). There is also a wide breadth of literature on burnout, but very little peer-reviewed research exists on the subject of vicarious trauma. As a result, most of the work to combat this phenomenon is on state level through studies of programmatic effectiveness.

HIGH TURNOVER IN THE CHILD WELFARE SYSTEM

Child welfare agencies are known to experience high rates of turnover. Before the pandemic, turnover rates ranged from 20% to 40%, with the national average hovering around 30% (Casey Family Programs, 2023). The pandemic has only exacerbated this problem, with turnover rates rising across the country (Casey Family Programs, 2023). According to a report by the Annie E. Casey Foundation, there are four main factors fueling staff turnover in child welfare agencies: stress, emotional exhaustion, job satisfaction, and the perception of the organization's commitment to employees.

PERSONAL REASONS FOR TURNOVER

First, stress is the most significant factor contributing to high turnover rates in the child welfare system. Child welfare work is inherently difficult, and frontline workers are often exposed to trauma and stress in their day-to-day work. High caseloads are one of the main culprits of turnover, leading to the most emotional exhaustion (Child Welfare Information Gateway, 2022). Another cause of high turnover rates is emotional exhaustion, which usually goes hand in hand with stress. According to a study at the University of Hawaii, workplace burnout (emotional exhaustion) is the most prominent contributing factor to high turnover in the child welfare system (Julien-Chinn, Katz, & Wall, 2023). Social workers experience burnout often due to the high-stress environments they work in on a day-to-day basis. The decisions they make directly impact the reunification of families, but despite this, workers are still expected to manage heavy caseloads for resource-poor agencies.

Another aspect of stress is moral distress, which is cited as a contributing factor to high turnover rates (Casey Family Programs, 2023). According to a study of moral distress among child welfare workers, over half of the caseworkers surveyed felt they could not take the correct ethical action due to internal and external constraints (He et al., 2021). Furthermore, over 40% of caseworkers felt that their job required them to make decisions against their better judgment, furthering moral distress (He et al., 2021).

ORGANIZATIONAL REASONS FOR TURNOVER

Although stress and emotional exhaustion are the factors that will be analyzed in this report, they are not the only contributing factors. Job satisfaction and the perception of the organization's commitment to employees also contribute to high turnover rates. Like any other job, satisfaction with pay, promotions, and the nature of work contribute to low levels of turnover. However, the child welfare system is linked to low pay and unsustainable working conditions (Child Welfare League of America, 2022). So, many workers are not satisfied with their jobs, which contributes to high turnover rates. As stated previously, high caseloads and workloads also negatively affect caseworkers' ability to achieve goals and maintain balance. This contributes to the negative perception workers have regarding their organization's commitment to them (Child Welfare Information Gateway, 2022).

HIGH TURNOVER EQUITY CONCERNS

It is impossible to talk about the child welfare system without talking about the equity concerns within this broken system. This is especially true among the workers, as racial bias and discrimination

impact diversity in the workforce, leading to lower job satisfaction (Zeitlin, 2023). According to a recent study, workers of color are 20% more likely to believe they receive fewer opportunities for advancement compared to their white counterparts (Zeitlin, 2023). This stagnation can lead to higher turnover rates for BIPOC workers, leading to a lack of diversity in the field (Casey Family Programs, 2023). One of the worst consequences of this is caseworker bias, which leads to the overrepresentation of Black and American Indian children in the system (National Association of Social Workers, 2021).

CONSEQUENCES OF HIGH TURNOVER

The reason for the high turnover rate is a cyclical issue, as many exiting workers cite an increased caseload as a reason for leaving. However, the reason for high caseloads is high turnover (Social Work Policy Institute, 2010). So, if the child welfare system continues to have high turnover rates, the consequence would be higher caseloads and even higher turnover rates.

One of the most concerning and detrimental consequences of high turnover rates is the children and families meant to be served by this system. According to a variety of youth narratives, turnover happens frequently and is often abrupt and poorly managed (Curry, 2019). Children see this as a relationship loss as well, which can affect their well-being in complex ways.

Having the ability to form relationships is essential to childhood growth, development, and belonging (Baumeister & Leary, 1995). Children entering the child welfare system have already experienced loss, adding loss from those trying to help them is just adding salt to an already open wound. This results in a loss of trust and possible behavioral issues throughout the child's life (Curry, 2019). Turnover can also affect permanency, which is when a child leaves the foster care system to live with a permanent family (VDSS, 2021). According to the Child Welfare League of America (2022), children with one caseworker achieve permanency in 74.5% of cases. But, this number drops to 17.5% for children with two caseworkers.

> **"If you're going to be with this client, give the client some time, or if it's a young client, if you can't be with this client for some years, don't do it. That really affects them."**
>
> - CURRY, 2019

Finally, high turnover rates are also harmful to the bottom line of child welfare systems. As stated previously, for every caseworker who leaves the workforce at the county level, it can cost state agencies about 70-200% of the exiting employee's annual salary (TexProtects, 2017). This means every dollar spent to combat Virginia's increasingly high turnover rate is money not spent on the actual services provided by DSS. So, the more turnover there is, the more money Virginia is wasting on avoidable hiring costs.

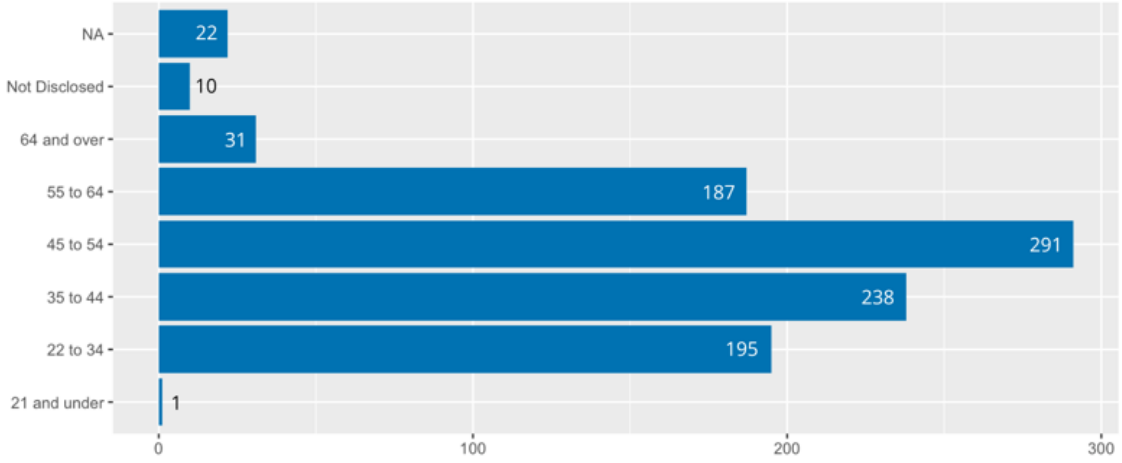
ANALYSIS
DEMOGRAPHICS

As stated previously, the survey was sent out to around 5,000 people who were subscribed to the "broadcast" function on Fusion, the VDSS intranet. This is an opt-in function, so only those who chose to subscribe to the "broadcast" channel received the link to the survey. This limitation is important to note, as the survey was unable to be sent to all social services workers in the state of Virginia.

The survey included seven demographic questions asking about age, gender, race, and region. We also wanted to know which of the four roles surveyed the respondent was, as well as how many years they have been in their chosen field (See Appendix A for exact wording).

The first demographic question asked was regarding the age of the respondent (Figure 1). Of those surveyed, the 45-54 year old population was the most represented at 291 respondents. After that was the 35-44 year old population, then the 22-34 and 55-64 year old populations were closely tied. The least represented ages were the 64 and over population (31 respondents) and the 21 and under population, which only had one respondent. The next question asked was about gender, which showed that the vast majority (873 respondents) identified as female. There were 64 respondents who identified as male, and 16 respondents that identified as transgender or nonbinary.

Figure 1: Age of Survey Respondents



As for race, similar to the demographics of Virginia as a whole, most of those surveyed were white (Figure 2). The next most represented race was Black, then Hispanic. Asian and Pacific Islanders and Native American/ American Indian workers were also represented, but as a smaller subsection of the data. Of the demographic questions, however, the one about race had the most respondents choosing not to complete the question.

Unlike the other demographic questions, there was a very clear spread amongst the different regions of Virginia (Image 1). This can help us discern trends across regions as far as formal and

informal strategies go. As it has the highest population of the state, the Northern Virginia region has the highest number of respondents represented in the data. The second most represented region is the Western region, which has the highest rates of poverty in the state (HDPulse, 2024). As a result, it has the highest need for social services in the state, making it an important demographic to capture. We also see 18 statewide respondents, which most likely represent the CPS hotline workers and supervisors.

Figure 2: Race of Survey Respondents

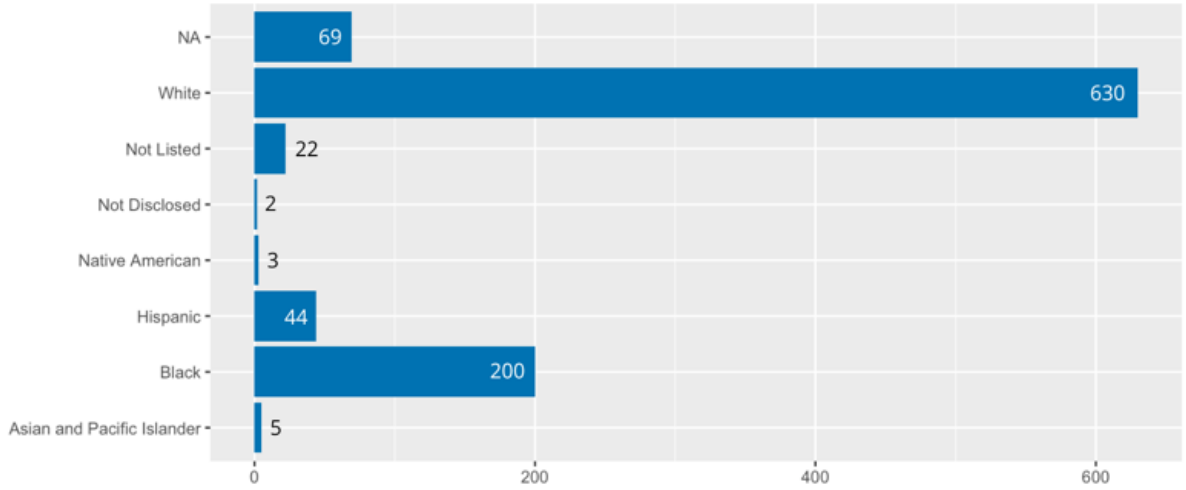
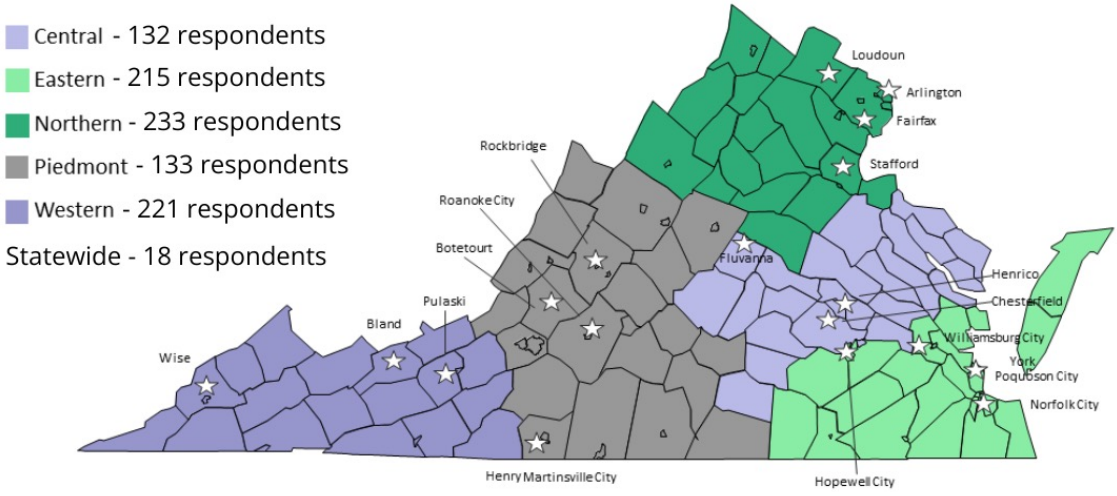


Image 1: Social Services Regions of Survey Respondents

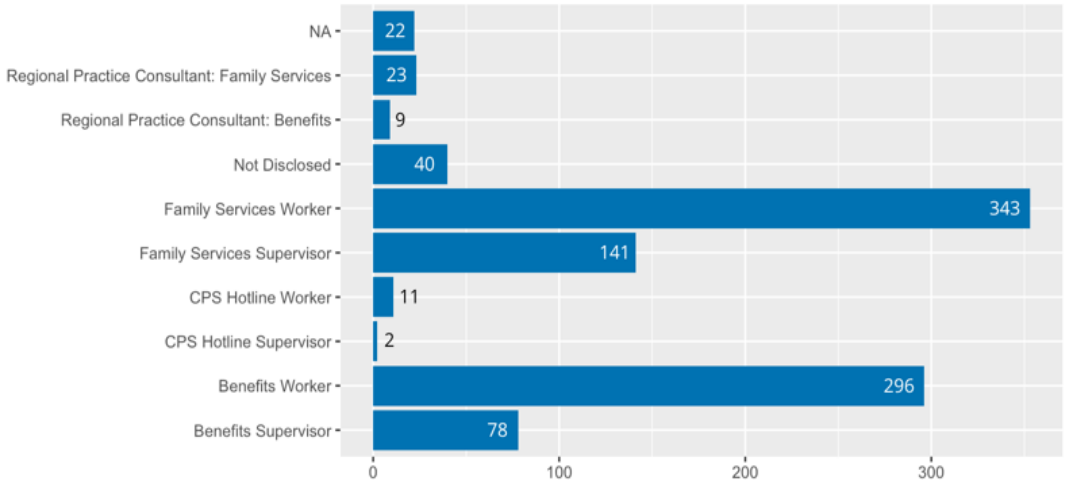


Next, we asked respondents to report their job title and the number of years they had been in the field. The roles and positions we had listed were Benefits Supervisor, Benefit Worker, Family Services Supervisor, Family Services Worker, Regional Practice Consultant: Benefits, Regional Practice Consultant: Family Services, Child Protective Services (CPS) Hotline Worker, and CPS Hotline Supervisor (Figure 3). As we expected, most of the respondents were either Family Services

Workers or Benefits Workers. This was followed by the supervisors of each of these groups, which were the most helpful in providing us with strategies in place at their respective agencies. Regional Practice Consultants and CPS Hotline Workers/Supervisors were also present in the data, meaning we were able to glean strategies used in all roles within VDSS.

As for the number of years in the field, most of the respondents had been in their roles for over 10 years (Figure 4). We believe this may be due to the survey going out using "broadcast," which could just mean the longer one is a part of the agency the more likely they are to know about this channel. Fortunately, we still received a considerable amount of responses from those with less than 10 years, including those at the entry level.

Figure 3: Roles / Positions of Survey Respondents



EXPERIENCE WITH VICARIOUS TRAUMA

The next section of the survey was focused on whether each respondent felt they had experience with vicarious trauma. It is important to note that this section was not meant to diagnose respondents with any mental issue or condition this section, as no one involved in the study is a medical professional able to do so. This section was purely for survey respondents to look over a list of symptoms and state whether they had experienced one or more of thems. According to the respondents' self reporting, over 74% indicated they had first-hand experience with vicarious trauma. This varied across demographic factors, specifically how many years a respondent spent in the field. According to this population, the longer one spends in the field, the more likely they are to have symptoms of vicarious trauma (Figure 5). What is most interesting about worker's experience with vicarious trauma is how it does not differ widely across the state (Figure 6). Almost all regions experience vicarious trauma at the same rate, making this a universal experience, not one that impacts differently, based on years of experience.

Figure 5: Experiences of Vicarious Trauma by Years in the Field

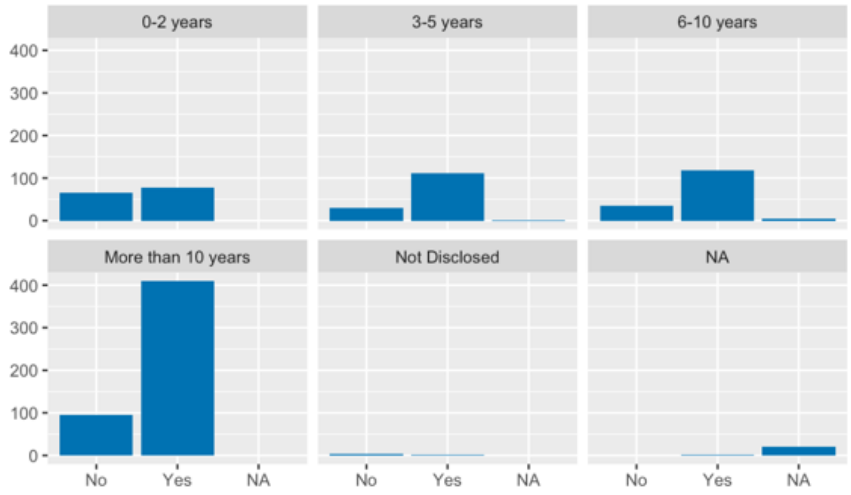
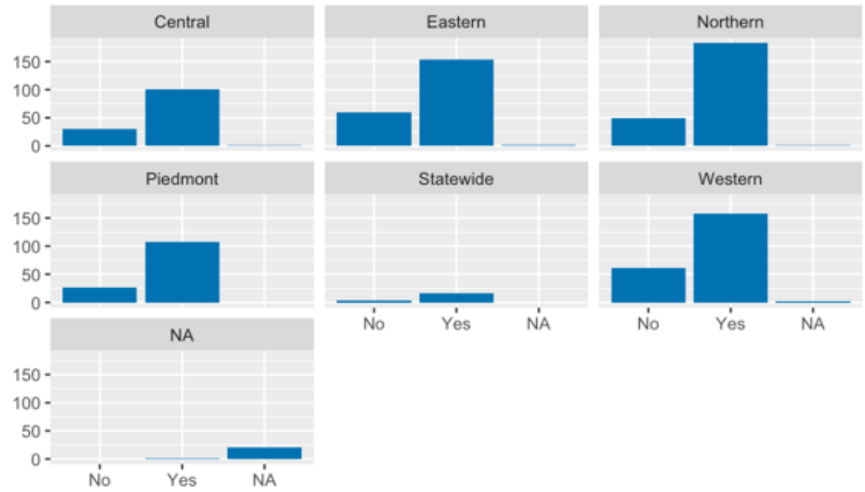


Figure 6: Experiences of Vicarious Trauma by Region



FORMAL STRATEGIES

““Many of the [formal] strategies are said to be in place, but with the staff turnover, it seems like many of these procedures go by the wayside, as everyone is just trying to survive being short-staffed. Our own well-being gets put on hold A LOT and we just keep going and going. A rubber band can only stretch so far until it breaks.” **”**

- VIRGINIA SOCIAL SERVICES WORKER

In order to determine the answer choices for each section, we looked to the most frequently brought up strategies during the focus group discussion. This left us with a wide variety of strategies

knew were being used by at least some agencies and workers across the state. Formal strategies identified were: peer support programs (e.g., warmline, support group), Human Resources (HR) Benefits (e.g., Employee Assistance Program), dedicated space and tools to decompress, training related to vicarious trauma, team building events/retreats, debriefing critical incidents with a counselor/therapist, on-site access to a counselor/therapist, and none. This question was "check all that apply," so almost all entries were a mix of the different categories.

As presented in Figure 7, most people are using their HR benefits as their primary mitigation strategy. Other than "none," this is also the strategy that is seen as a stand-alone mitigation method used most often. According to the survey, over 60% of respondents used HR Benefits as their primary vicarious trauma mitigation strategy. However, around 10% of workers who stated this did not know that therapy was available through their benefits.

We also asked respondents whether they saw their strategies as effective or not. This data is presented in Figure 8, which shows most respondents seeing their agency's formal mitigation strategies as "slightly effective" or "moderately effective." It is important to note, however, that this data is skewed by those who have been with their agencies for a long time or have not experienced vicarious trauma. However, when looking at the effectiveness by years in the field, the graph does not meaningfully change, so Figure 8 is still representative of the population as a whole. The most interesting discovery regarding effectiveness is how the data is skewed depending on the region. Almost all regions believe their formal strategies to be only slightly effective or moderately effective, with the western region skewing to the right the most (Figure 9). Looking at all of the strategy effectiveness questions, it seems that workers are most critical of the formal strategies available to them.

Figure 7: Formal Mitigation Strategies in Virginia

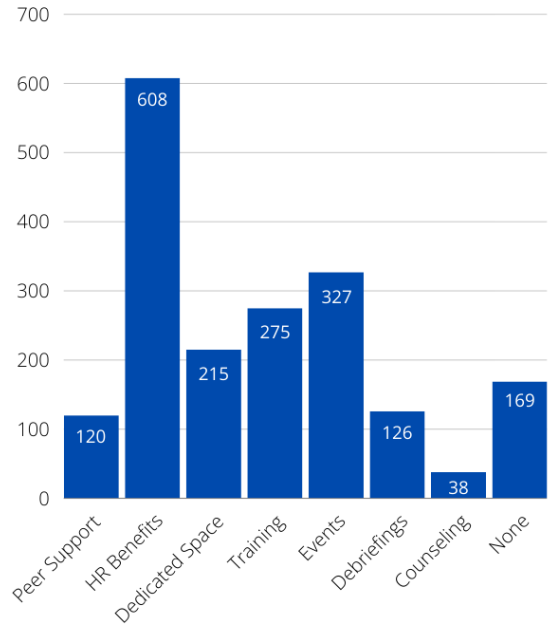


Figure 8: Formal Strategies Effectiveness in Virginia

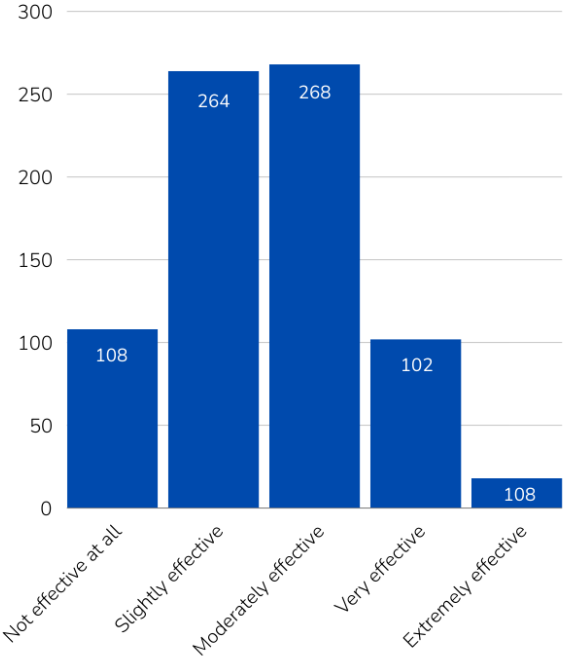


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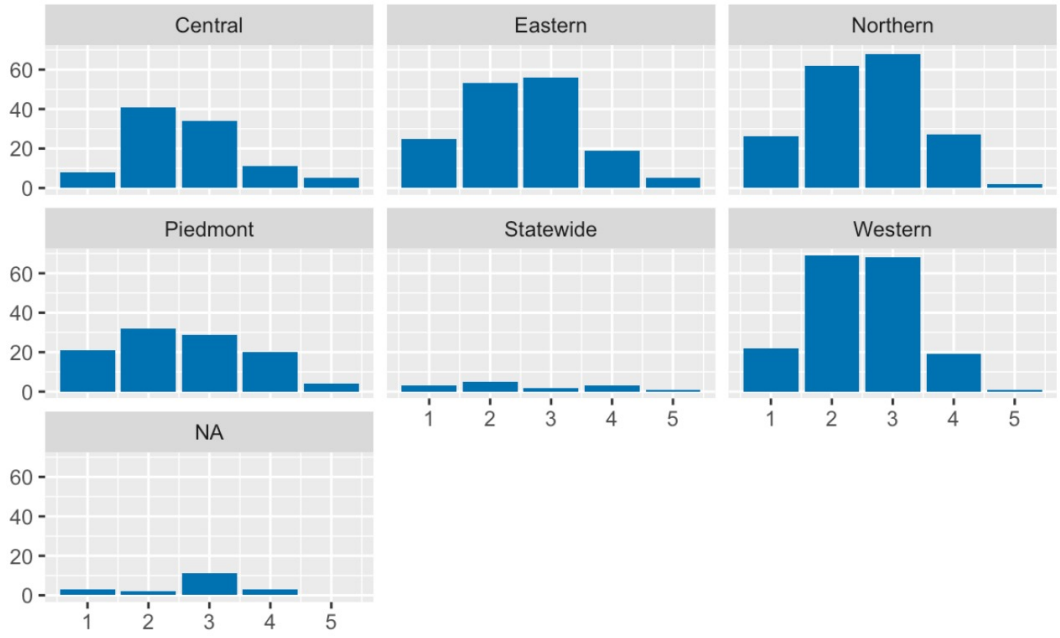
Figure 9: Formal Strategy Effectiveness by Region



INFORMAL STRATEGIES

> **"I would not be able to still do this job without my direct supervisor's support and the amazing team I am a part of that isn't afraid to help and jump in when needed."**
>
> - VIRGINIA SOCIAL SERVICES WORKER

The answer choices chosen for informal strategies were: relationships with or support from supervisor(s), management takes steps to acknowledge mental health challenges, management supports staff in day-to-day operations (e.g., periodically covering cases), management encourages work/life balance (e.g., utilizing PTO, allowing telework flexibility), informal critical incident response (e.g., 1:1s following an event), and none. Like the question on formal strategies, this question was "check all that apply," so almost all entries were a mix of the different categories.

Figure 10: Informal Mitigation Strategies in Virginia

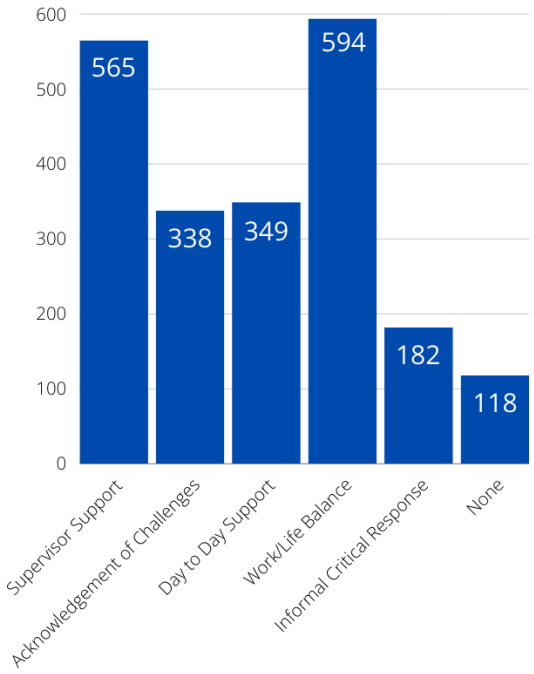
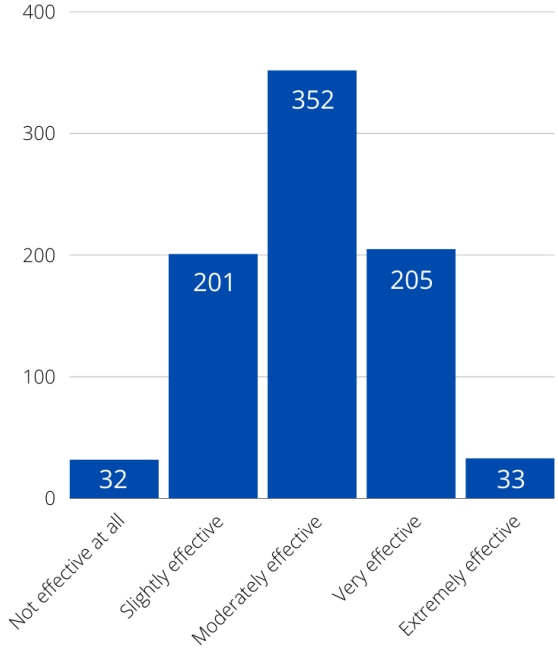


Figure 11: Informal Strategies Effectiveness in Virginia

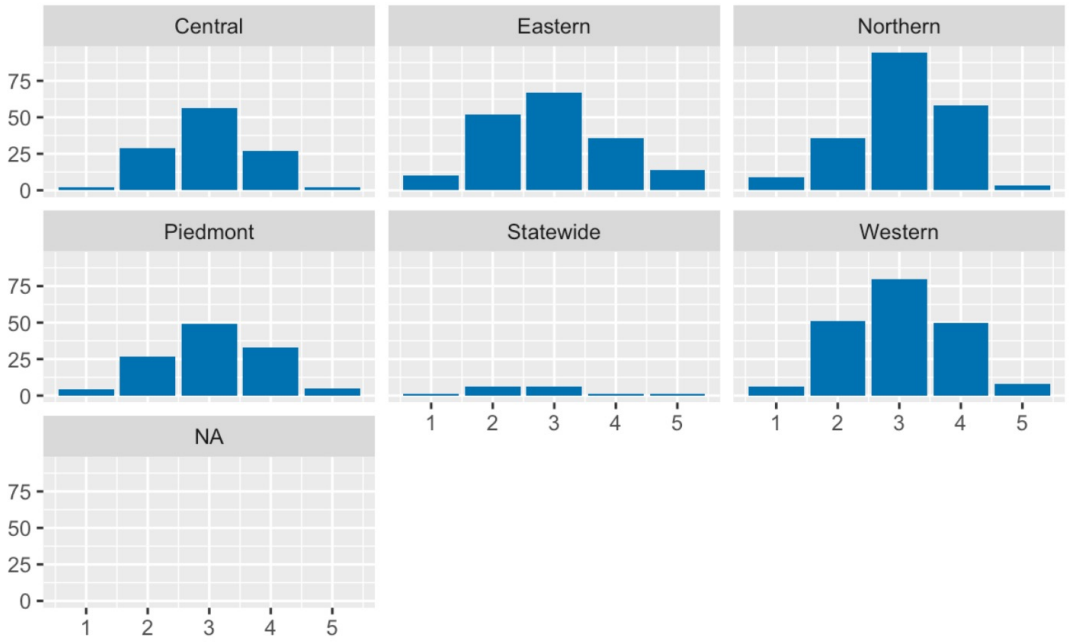


As presented in Figure 10, most people feel as though their management encourages work/life balance and that they receive sufficient support from their supervisor(s). The least used informal strategy is informal critical incident response, meaning workers are not getting one on one debriefs with management after an incident that requires debriefing. However, it seems like more workers have experience with informal strategies, which means they at least have access to some strategies meant to mitigate the effects of trauma.

We also asked respondents whether they saw their strategies as effective or not. This data is presented in Figure 10, which shows most respondents seeing their agency's informal mitigation strategies as "moderately effective." It seems that workers and supervisors see their agency's

informal strategies are slightly more effective than their formal strategies, but not by a meaningful amount. However, entry level workers are skewing the effectiveness scale to the right, unlike in formal strategies where they skewed it to the left. This is just an interesting discovery, as informal strategies seem to be more prevalent for entry level workers. What is also interesting is that regardless of region the effectiveness does not change, except for in Northern Virginia where the data is skewed more towards very effective (Figure 9). They all look like almost perfect bell curves, with most people stating "moderate effectiveness," which usually means they could take or leave the strategies.

Figure 12: Informal Strategy Effectiveness by Region



PERSONAL STRATEGIES

"At times, [I do] nothing at all. It's so much that it leaves you drained and not knowing what the next step you should take."

- VIRGINIA SOCIAL SERVICES WORKER

The answer choices chosen for personal strategies were: maintaining work/life boundaries, media (e.g., books, television, podcasts, music), relationships with friends, family, and pets, exercise, connecting with nature, hobbies or creative activities (e.g. gardening), counseling or therapy, religious or spiritual activities, volunteering or community services, travel, unstructured time alone (e.g. driving), personal reflection or meditation, other (Appendix D), and none. We also gave respondents the option to "not disclose" for this question, as we were asking a personal question, not just a question about their agency. Like the questions on other strategies, this question was "check all that apply," so almost all entries were a mix of the different categories.

Figure 13: Personal Mitigation Strategies in Virginia

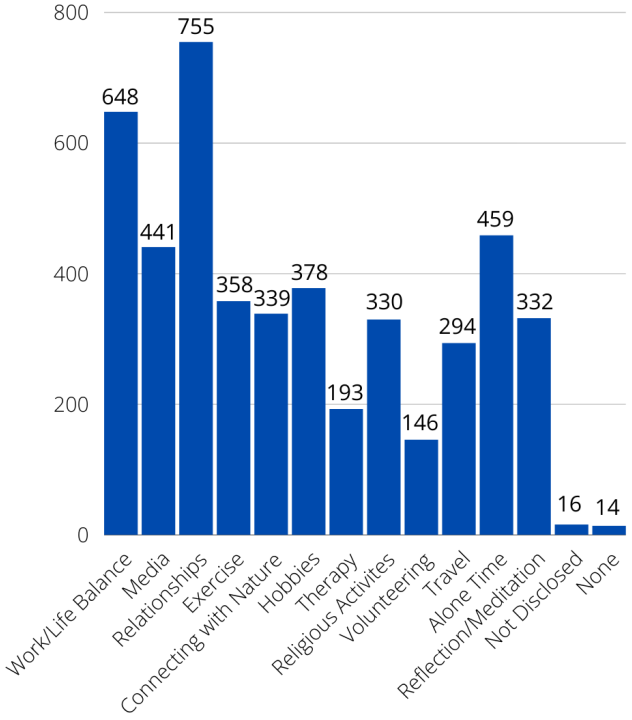
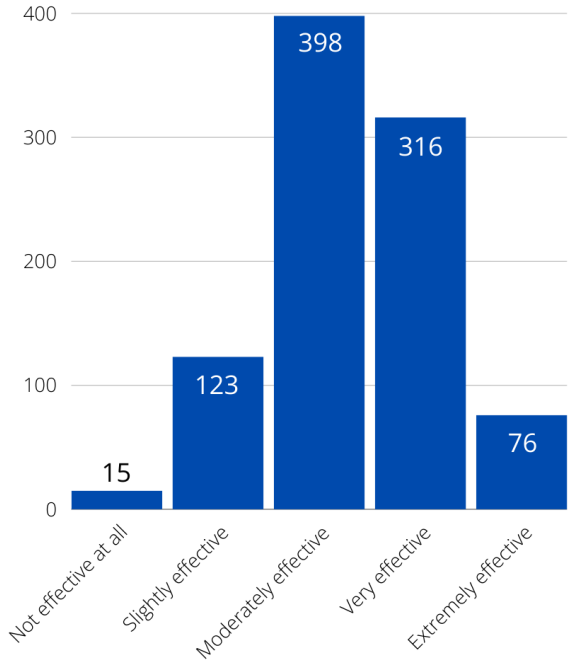


Figure 14: Personal Strategies Effectiveness in Virginia



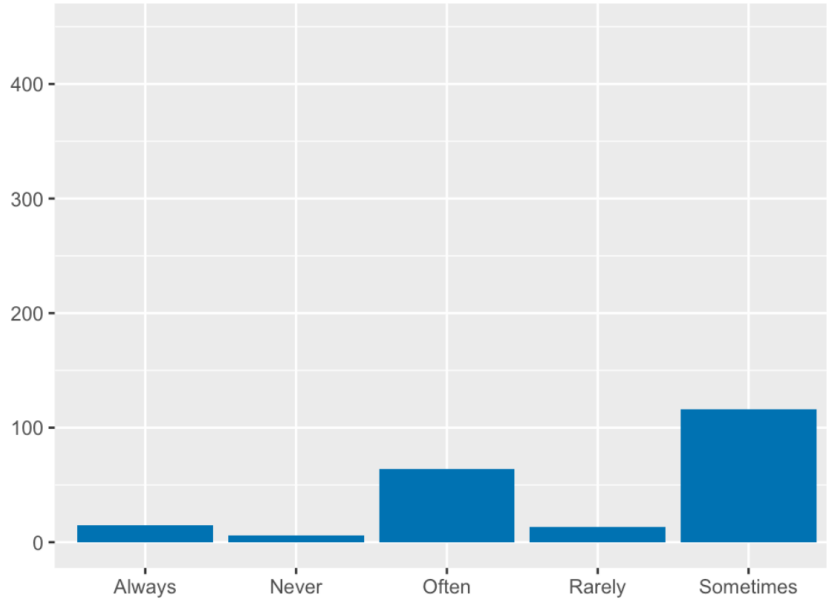
As presented in Figure 13, most workers rely on their relationships with friends, family, and pets to mitigate the effects of trauma. They also try to maintain a healthy work life balance/create boundaries, which shows how important it is to disconnect. Other than these two standout strategies, most of the strategies are around the same threshold, showing people do a variety of different things to mitigate their trauma.

We also asked respondents whether they saw their strategies as effective or not. This data is presented in Figure 14, which shows most respondents seeing their personal mitigation strategies as "moderately effective" or "very effective." This graph skews the most to the right of all strategy graphs, which makes sense as people are rating things they can control (their own habits). Overall, this section shows how important person-to-person support is in mitigating vicarious trauma.

EFFECTS OF THE COVID-19 PANDEMIC

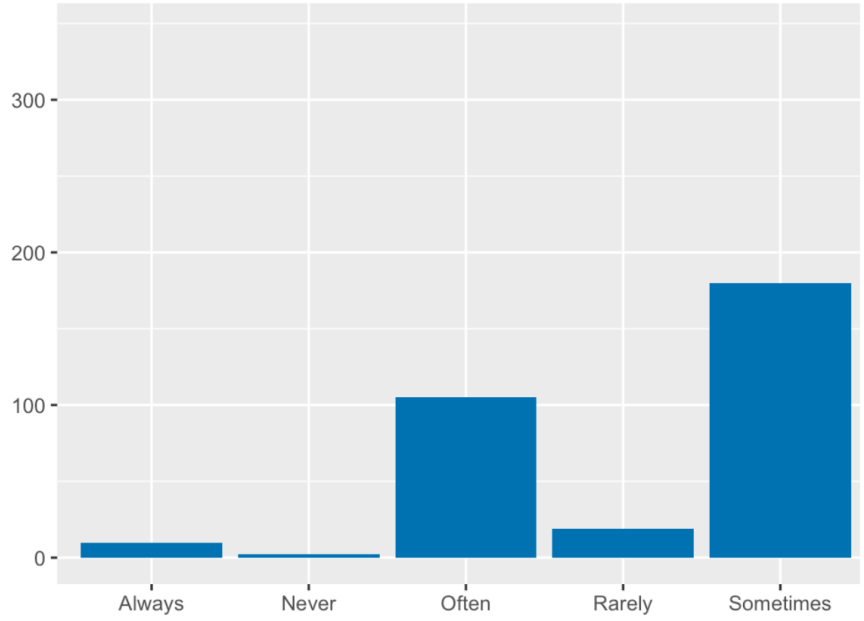
Of the 975 survey respondents, 657 respondents were working during the COVID-19 pandemic and were able to answer the questions regarding the effects of the pandemic on vicarious trauma symptoms. Of these respondents, 313 stated that their experience with vicarious trauma was exasperated by the pandemic, but 286 stated that it stayed the same. Interestingly, there were 39 respondents who said the pandemic decreased their experience with vicarious trauma. This is most likely due to the increased use of telehealth as a result of the pandemic.

Figure 15: Effectiveness of COVID-19 Agency Mitigation Changes



390 of the 657 respondents (~54%) stated that their agency did not change their mitigation strategies as a result of the pandemic, even though many people had exasperated symptoms. However, 212 respondents stated that their experiences did change due to the pandemic. This stayed relatively the same across all regions of the state. For those who did see changes during the pandemic, they were seen to be sometimes effective (Figure 15). A higher percentage of people did see these as often effective, but this may have been due more to the size of the sample than an actual meaningful trend.

Figure 16: Effectiveness of COVID-19 Personal Mitigation Changes



As for personal strategy changes, people stated that these changed much more than the agency strategies. However, this could have been due to the fact that many strategies were unavailable or not as accessible during the COVID-19 pandemic. Almost the same amount of people who changed their strategies (313 respondents) did not change them (324). As for whether these were effective, the graph looked very similar to that of the formal strategies: people found them to be sometimes or often effective (Figure 16). Overall, it seems that there was very little consensus on whether changes made were helpful, which I think is due to how many other variables were at play during the pandemic.

CONCLUSION

Overall, the data gleaned from this report reaffirm the analysis done in Focus Group and Policy Analysis phases of this study. All three reports show a desperate need for better trauma mitigation methods across the entire state. It also affirms that many workers rely on peers and their support systems across formal, informal, and personal mitigation strategies. As a result, this analysis supports the use of the Community Resiliency Model and Peer Support Line as helpful tools in the state of Virginia.

As stated in the Policy Analysis phase, VDSS should first implement the Community Resiliency Model as a pilot program to educate workers on the importance of self-care and social support, which is a cornerstone of the model (Crafter, 2023). CRM teaches workers how important it is to rely on one's community for support and resilience. According to the survey analysis, the foundation of this model is already in place around the state, it just needs to be strengthened through a more concrete program. Once this model is implemented and workers have had a chance to identify vicarious trauma and best practices for combating it, VDSS should implement the Peer Support Model. By implementing CRM first, workers can see the value of peer support and be more likely to self-select the use of a support line. This combats the possible downfall of a line, which is that only workers who currently use peer support as a mitigation strategy will use the line. More analysis of the implementation of these programs and the justifications can be found in the policy analysis report phase of this study.

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