

#12 Addendum – Impact on the Child Welfare Worker

Nelson-Gardell, D. Harris, D. (Jan-Feb 2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare Journal*. 82(1), 5-26. Retrieved Monday November 13,2006 from PsycINFO database

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.

Social work educators and other helping professionals teach students how to use empathy as a tool for effective practice. Educators have not, however, been as effective in teaching students about the potential personal hazards in using empathy with clients who have experienced trauma. The work done by social workers vicariously exposes them to trauma through the trauma of their clients. This phenomenon, ...presents a risk of negative personal psychological consequences....

STS is different from burnout (Figley, 1995). STS results from listening, day in and day out, to the traumas of others (Pearlman & Mac Ian, 1995). Child welfare workers, through their work, expose themselves to the sordid details of the awful things some adults do to children. The empathy used by the workers to build relationships with the children is the conduit for the stress suffered by the workers. Primary traumatic stress (PTS) is a reaction a person experiences when something bad happens to her or him. STS is a reaction in a person who has empathically listened to the bad things that have happened to other people.

Little research in this area has focused specifically on social workers, particularly child welfare workers. Some child welfare workers come to their jobs with histories of their own childhood traumas. This article documents the link between a personal history of primary trauma, childhood abuse or neglect, and the heightened risk for STS in child welfare workers.

[Secondary Traumatic Stress] [STS](#)

STS is the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other--the stress resulting from helping or wanting to help a traumatized or suffering person. Those affected by STS experience intrusive symptoms, changes in world view, and physiological reactions paralleling those of the primary trauma victims....

STS includes, but is not limited to, countertransference. Both concepts involve an individual's reaction to another's life experiences. Countertransference has been defined as the therapist's unconscious responses toward a client; these responses emerge as a result of unresolved issues within the therapist's own unconscious being....

STS, in comparison, is an outcome or risk that is related to engaging empathically with another's traumatic material. This phenomenon has been characterized as a natural consequence of caring between two people, one of whom is affected by the other's traumatic experience... the effects of STS are not necessarily a problem in the therapeutic process, but more a natural by-product of caring for traumatized people.

Some view the problems faced by workers with job stress simply as burnout... burnout is "a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations". Workers who suffer from burnout experience physical, emotional, behavioral, work-related and interpersonal symptoms. Burnout symptoms include fatigue, irritability, indifference, and poor work performance.

...The key factor that differentiates STS and burnout lies in the cause of the symptoms. Symptoms of STS occur as a direct result of hearing emotionally shocking material from clients, whereas burnout can occur as a result of work with any client group, but in response to stressors resulting from the organizational environment.

The deleterious effect that trauma work has on emergency service personnel has been recognized for decades. ...nurses providing emergency medical care were over-intellectualizing, suppressing emotions, exhibiting rigid thinking, and using limited decisionmaking.

...The emerging body of literature on STS has been expanded to include research examining the effect that empathic engagement with clients' trauma experiences has on helping professionals who provide psychological support to trauma victims.

...A study of countertransference reactions of trauma therapists working with Nazi Holocaust survivors and their children. ...Analysis of the data revealed 49 countertransference themes. The most frequently reported themes involved therapists' eliciting some mode of defense (numbing, avoidance, denial, distancing) against listening to details of the Holocaust experience. Affective reactions reported by the therapists included feelings of guilt, rage, shame, horror, grief, and privilege to work with survivors.

...The experiences of counselors working with perpetrators and survivors of domestic violence.... Almost all of the participants identified a loss of confidence relative to their initial work with victims and perpetrators of domestic violence. With regard to hearing traumatic material, both women and men reported feeling horror, and most reported experiencing visual imagery of what they had heard. More than half of the participants reported feeling less secure in the world and having an increased awareness of power differentials relative to gender.

...An empirical study of the effects of trauma therapy.... Researchers asked... [the therapist] participants, "Do you have a personal trauma history?" Therapists with the least work experience in the area of trauma experienced the greatest psychological difficulties, and those reporting a personal trauma history showed more negative effects from the work than those without a personal history.

... Study revealed that counselors who had a higher percentage of sexual violence survivors in their caseload reported more disruptions in their basic schemas about themselves and others, more symptoms of posttraumatic stress disorder, and more self-reported vicarious trauma. The findings further revealed that counselors with a personal history of victimization were not more distressed by seeing survivors than were counselors without a personal history of victimization.

... Mental health professionals generally reported lower levels of traumatic symptoms and psychological distress, compared with law enforcement personnel, although 70% of all participants reported high levels of personal stress. Examples of traumatic symptoms included anxiety, depression, dissociation, sexual problems, and eating disturbances. In addition, 29.8% of therapists and 19.6% of law enforcement personnel reported experiencing some form of childhood trauma.

Researchers have not, to this point, investigated STS with child welfare professionals. This lack of literature represents a serious gap in this area of study. This gap is particularly unfortunate given that the circumstances of child welfare work makes those professionals likely candidates for STS. Child welfare professionals must establish empathic engagement with children who have experienced trauma. The more successful the engagement, the more risk workers may experience due to indirect exposure to their clients' traumatic material.... Helping professionals, such as firefighters and emergency medical technicians, report that they are most vulnerable when dealing with children's pain.

Empathic engagement helps workers meet the needs of traumatized children. Empathic engagement, however, has also been associated with inducting traumatic material from the primary victim, the client to the secondary

victim, the worker. Empathizing with a traumatized client helps the worker to understand the client's experience of being traumatized, but in the process the worker may be traumatized as well.

Child welfare workers and therapists share similarities and differences in their work with traumatized clients. Both are expected to listen to clients' traumatic stories and help them work through painful or disruptive reactions to the trauma. The methods each uses to help clients achieve resolution may differ, but the goal remains the same.

Unlike therapists, however, child welfare workers carry the burden of assessing whether abuse or neglect has occurred. Their role requires them to establish contact with children when the children are in acute distress. The child welfare worker has the additional responsibility of confronting the alleged perpetrator regarding the abuse allegation. If the allegation is founded, child welfare workers find themselves in a difficult position, having to deal with the perpetrator and deciding what happens to the child. Workers understand that their assessments greatly affect what happens to children. An assessment can mean the difference between life and death. They maintain an acute awareness of the trauma of the child and the potential for continued trauma....

According to this study, personal experience of childhood trauma in the form of child abuse and neglect increases a child welfare worker's risk of STS.... The findings indicate that a combination of more than one type of childhood treatment presents the greatest risk for that vulnerability. Emotional abuse or neglect seem to be issues in a person's history that place them at most risk.... The findings support the results of studies of other types of professionals, who report that a history of childhood trauma heightens risk of STS; this study specifically documents it for child welfare workers.

Surprisingly, neither years of experience nor age were significantly correlated with a risk of STS.... When the abuse history was controlled for in the regression [analysis], age predicted STS risk. Older participants had lower STS risk scores than younger participants. One explanation of this phenomenon is that older participants may have been more likely to be supervisors with less intense daily exposure to the primary trauma of others and, therefore, perhaps less vulnerability to STS. Another is that perhaps older people are better able to cope given their greater life experience or their ability to use coping mechanisms more effectively. Another possible explanation may be that those who would have scored higher on STS left the profession at younger ages.

.... In acknowledging and providing intervention for the emotional effects of child welfare work, we could paradoxically end up blaming the victim (the worker). This is an especially sensitive issue, as the authors acknowledge that a worker's own history of abuse and neglect could be acting to increase vulnerability to STS. One could erroneously perceive that it is not actually the nature of the work that causes STS, but rather the "weakness" of the workers. Morrison's point is well taken: "What is required is a preventative approach--we must change the environment in which people work rather than rescue them from it". The recognition of the risks and effects of STS is imperative within child welfare agencies. Prevention and management of STS must be shared by the agency and the workers; neither can do it alone.

Addressing the occupational hazard of STS would seem to be in the best interest of all involved, including vulnerable children, the organizations responsible for their care and protection, the workers doing the work, and society. Many have postulated that burnout is related to high turnover in child welfare agencies. Perhaps STS, a more treatable phenomenon than burnout, might be another significant predictor of worker turnover. The organizational costs of hiring and training new employees are significant. Of greater import, however, are the long-term effects on the mental and physical health of people. The most important resources in the effort to care for vulnerable children are the people who do the work. The good people trying to make a difference in the lives of vulnerable children are sustaining blows to their long-term emotional and physical well-being. Some of those people are more susceptible than others to the pernicious effects of the work. Those who do their work well, who use empathy most effectively, are most vulnerable. It may be that personal backgrounds of maltreatment enhance professionals' empathy level, thus placing them at greater risk of psychological harm.

Administrators and staff developers must include STS in their thinking about developing and retaining staff. They need to be aware of the research in this area so that they may minimize harm to their workers. In-service training about the phenomenon,... and some sort of ongoing program to manage the effects of STS may be imperative for all workers, not only those with histories of childhood trauma. This might include ongoing and regular support groups and rotation in type of caseload and job responsibility.... Ensuring that employee health plans provide coverage for mental health intervention is also pressing.

This study tells those who educate child welfare workers that not only should educators enable students to make an informed decision about using empathy in practice due to its connection with the risk of STS, educators need to investigate and inform them of how their personal characteristics may increase that risk. A history of emotional abuse and sexual abuse has the potential to enhance risk of STS. Professionals-in-training must become aware of STS, how their personal characteristics may affect their risks, what they can do to prevent STS, and how they can manage its effects.... This awareness is an ethical imperative for our clients, ourselves, our colleagues, and our loved ones.