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Mitigating Compassion Fatigue among Child Protection Social Workers

By

Jessica Hoeper, BSW, LSW

MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work
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in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
David Roseborough Ph.D., (Chair)
Julie Krings, MSW
Mariann O'Keefe, M.S.

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Mitigating Compassion Fatigue for Child Protection Social Workers

By Jessica Hoyer

Research Chair: David Roseborough Ph.D.

Committee Members: Julie Krings, MSW; Mariann O'Keefe, M.S.

The purpose of this research project was to illuminate possible mitigating factors of compassion fatigue for child protection social workers. The level of trauma that child protection social workers intervene at increases the likelihood that the social worker will experience compassion fatigue. Past research has pointed out mitigating factors of compassion fatigue such as: learning about compassion fatigue, developing supportive relationships and emotional debriefing to name a few. Very little research has been done specific to this phenomenon in child protection. This study used a survey distributed to six Southern Minnesotan county child protection units, to ask questions about respondents' understandings of compassion fatigue and what mitigates it and how can their workplaces help support this process in the future. All of the respondents were able to define what compassion fatigue meant to them and the large majority was able to recognize having experienced compassion fatigue within their child protection role. Less than half of the respondents reported currently experiencing compassion fatigue and the mitigating factors that the majority found helpful were developing and maintaining support networks inside and outside of work as well as emotional debriefing.

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Introduction

Protecting children is very important in our culture. Child protection is necessary because maltreatment occurs across all demographics (Belsky, 1993). Child protection services are not voluntary and are used as an intervention strategy into child maltreatment; the chance of a child having experienced a traumatic event prior to child protection involvement is the rule more than the exception. The people who choose protecting children as a career in the field of child protection social work are under enormous social pressure to do just that to keep children safe. Little focus is paid to the health of the worker. Most of society does not have the direct opportunity to understand what the field of child protection actually entails and the responsibility held by the social workers. Child protection workers' emotional responses to their work are based, at least in part, on their personal experience working with maltreated children. Prevention of certain harmful emotional responses on the part of child protection workers is hard to mitigate due to the individualized response of every worker. It is very important to learn more about compassion fatigue among child protection workers for several reasons such as: increasing longevity in a high turnover career, encouraging physical and mental healthcare of the workers, and offering better service to clients with healthy professionals (Bride, Jones, & MacMaster, 2007).

There are a few different terms currently used to describe the depressing responses associated with the helping experience of a social worker: burnout, vicarious trauma, secondary trauma or compassion fatigue. Burnout refers to the experience workers have over time related to emotional exhaustion (Rakoczy, 2009). Figley (1995) describes compassion fatigue as, "the stress resulting from helping or wanting to help a traumatized or suffering person" (p.7). Compassion fatigue and secondary trauma are used throughout the literature using similar

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definitions. Conrad and Kellar-Guenther (2006) describe compassion fatigue and secondary stress as synonymous and as contributing to burnout.

Prevention by definition could include education for social workers regarding their risk of compassion fatigue, how to recognize it and what to do if they are experiencing compassion fatigue. There is little research applying this concept specifically to child protection social workers. Child protection social work is unique because the traumas experienced by children who enter the child protection system are due to varying reasons. These reasons make the child protection social worker a professional who has to have a grasp on multiple levels of trauma related to all forms of abuse and neglect (CPS Training Institute, 1996).

Why focus on compassion fatigue versus the other terms such as burnout? Compassion fatigue is a response to a single event or traumatic incident (Figley, 1995). The ability for social workers to continue to work after an experience of compassion fatigue is much more likely than when a worker is to the point of burnout (Rakoczy, 2009). Child protection workers will inevitably work with clients who have experienced trauma and looking at how these workers can care for themselves in the midst of the work is an important intervention strategy versus putting an exclusive focus on the end result of culminated stress over time leading to burnout.

Most people would agree that it takes a great deal of energy on the part of a social worker to intervene with a child and/or family when they are in crisis or have experienced a traumatic event. For a child protection social worker the level of emotional responsiveness is elevated because the child protection social worker has the responsibility of deciding whether maltreatment occurred which could lead to removing the child from parental custody, criminal charges, and talking with the family about abuse specifics (Bride, 2007). The general public

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would likely agree that the role of child protection is stressful and hard work; little attention is given to the emotional well being of the worker. This concept could be largely due to the confidential nature of social work; although the public is aware of what social work entails the public is not privy to the details of a family when they are involved in the child protection system. Just as the public is not aware of the confidential details, so too are the workers' social supports outside of work not aware of the day to day case details.

Child protection social workers are entrenched in trauma work frequently. The child protection system is entered by families in crisis or experiencing trauma due to allegations of child maltreatment. This can at times result in placement of children outside their homes. The worker needs to find support from internal agency supports to discuss case details and is expected to let the work go and not take it home due to the confidential nature of the work. Many social workers have ways of leaving work at work but it can be assumed that if one talked with child protection social workers the work is generally still with them on some level. This is due to the pure nature of the work. Child protection social work is a specialized area requiring a more specialized approach to self care in response to compassion fatigue.

Child protection social work is tough work without the consequences related to compassion fatigue. Social workers are typically by nature caring people who then went into a caring profession. Social workers experiencing compassion fatigue based on an incident of trauma they are helping a client deal with also have several other work factors that play into the stress of their work. Child protection work now more than ever before has several federal mandates attached to the work and the focus is producing positive outcomes. Budgets are tight at federal, state and local levels; a do more with less environment is apparent in many sections of government level work. Child protection is no stranger to this idea. Child protection services

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are not voluntary and mandated by the state. Attempts to regulate the funding of this service have been done by applying more mandates. These political and financial levels add stress on the workers to intervene with traumatized children and families while keeping in mind the budget.

This research project asked the question: What factors can ease or mitigate compassion fatigue among child protection workers? This study used primarily qualitative research with some quantitative questions using a survey format. This study worked to elicit ideas for child protection workers and agencies to mitigate compassion fatigue among workers, in turn creating more retention in the field of child protection. It is well known that workers who have more experience are better able to handle the various components of a job (Stamm, 1999); if child protection can work on mitigating compassion fatigue the profession could benefit from having more experienced workers completing more efficient work, workers feeling better about their work and also children and families being better served by the child protection system.

Literature review

History of child protection case work

Child maltreatment is a sensitive subject both to those who work in the field of child protection and for society on a larger scale. Research in all facets involved in child protection is still being completed (Lachman, et al., 2002). Around the 1960's child protection came to the forefront. Abuse and neglect reports were estimated to be over 3 million in 1997 in (Anderson, 2000). Child maltreatment reports are still high today due to several factors, including poverty, drug use/abuse, lack of supervision, familial concerns and many other reasons (Anderson, 2000). The needs of maltreated children continue to rise and the resources needed to do child protection continue to decrease, due to budget cuts. This mismatched supply and demand have grave effects on the families needing the services but also have a negative effect on the work force of those providing child protective services. One reason social workers will leave the role of child protection is because the needs of children are greater than the resources the worker can provide (Anderson, 2000).

The role of the child protection social worker has evolved due to progressing research on child development (Lachman, et al., 2002). Child protection work is institutionalized and is funded at a governmental level versus its roots in charity (Lachman, et al., 2002). Child protection service work now by nature puts a worker at high risk for client violence, in turn increasing the worker's likelihood of being exposed to direct trauma as well as indirect trauma: that is trauma experienced by hearing or knowing about another's trauma. Shin (2011) suggests that this is true because child protection looks to fix an identified problem of a targeted individual; often this problem is in itself aggressive by nature and acted out towards a child. An

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interesting connection was made by Mathieu (2007) that workers experiencing compassion fatigue work more versus less, which in turn makes workers more vulnerable to safety risks.

Child protection social workers are guided by several federal and state mandates to complete their job with a family. Child protection services are not voluntary and are used as an intervention strategy to child maltreatment, not as a prevention strategy; the chances of a child having experienced a traumatic event are the rule more than the exception. The social workers working in the field of child protection are then assumed to help the families through the traumatic event. There are studies being done on trauma informed care for clients, but this project hopes to further show the need to also complete studies on trauma informed care on behalf of the social worker, specifically looking at the impact of indirect trauma leading to compassion fatigue. In order to focus in on mitigating factors it is necessary to first look at more of the literature regarding compassion fatigue.

Compassion fatigue and other terms

Several terms are used throughout the literature to describe the emotional, physical and physiological effects on the worker within helping professions regarding the work duties they perform. Compassion fatigue and secondary traumatic stress (STS) are most often used interchangeably, to mean the trauma suffered by the helping professional (Conrad & Kellar-Guenther, 2006). Figley (1995) gave the definition of compassion fatigue that guided this present study; “the stress resulting from helping or wanting to help a traumatized or suffering person”. Other literature points to the “helping” process with a traumatized person as the cause of compassion fatigue and is defined as experiencing the client’s trauma second hand (Tyler, 2012). Figley uses compassion fatigue over secondary trauma because he calls compassion fatigue “a more user friendly term to describe the phenomena” (Bride, 2007, p. 156). For the purposes of

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this project the term compassion fatigue will be used with the understanding that this encompasses the following terms: compassion fatigue, secondary traumatic stress and vicarious trauma. Although the distinction between compassion fatigue and these two other terms still varies in some literature for the majority of the reviewed literature they are used to explain the same phenomenon (Bush, 2009).

Burnout is defined differently than compassion fatigue; burnout is described as emotional exhaustion, reduced personal accomplishment (Anderson, 2000), and depersonalization (Conrad & Kellar-Guenther, 2006) It is important to note that Figley differentiated compassion fatigue from burnout by also pointing out the idea that compassion fatigue could be a result of a single traumatic incident and burnout is developed over time (Figley, 1995). Other literature also supports the idea that compassion fatigue can look much like a Post Traumatic Stress Disorder (PTSD) diagnosis (Conrad & Kellar-Guenther, 2006). A PTSD diagnosis according to the DSM-IV could include intrusive imagery, avoidance, hyper arousal, distressing emotions, cognitive changes or functional impairment (Figley, 1995). Another needed distinction between compassion fatigue and burnout is that burnout has been well researched over time and compassion fatigue is newer to the field of study (Bush, 2009). Mitigating compassion fatigue and STS could decrease the likelihood of burnout. Figley pointed out that compassion fatigue is easier to overcome than burnout because burnout occurs over a length of time and compassion fatigue can be attributed to a single instance (Figley, 1995). Within the recent literature about child welfare specifically it is noted that child protection workers are at an increased risk of experiencing both compassion fatigue and burnout due to the nature of their work (Anderson, 2000).

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Another term discussed in the literature needing differentiating from compassion fatigue is the term countertransference. As Berzoff and Kita pointed out countertransference can happen in any clinical encounter and compassion fatigue does not result from every encounter (Berzoff & Kita, 2010). Another important differentiation between compassion fatigue and transference made by Berzoff and Kita is that compassion fatigue is not necessary and countertransference can be a therapeutic tool for workers (Berzoff & Kita, 2010).

Compassion fatigue: the cause, consequences, and the mitigating factors

Causes

Some of the causes of compassion fatigue revealed in the literature are staff turn-over, job requirements, work environment (Anderson, 2000), social workers' firsthand client experiences, social workers' secondary client experiences (Bride, 2007), constant changes in structure of child protection, no acceptance or blaming work culture (Russ, Lonne, & Darlington, 2009), being a younger worker and history of childhood trauma (Bride, Jones, & MacMaster, 2007). Regarding the issue of worker age Bride, Jones and MacMaster also attribute development of coping skills to possible age related factors and length of exposure to trauma versus level of exposure (Bride, Jones, & MacMaster, 2007). Stamm stated four additional reasons trauma therapists are specifically at risk for secondary stress/compassion fatigue and these factors also cross over into the work of child protection: 1. empathy, 2. history of personal trauma, 3. history of trauma could be activated by clients current trauma, and the fourth which is the most pertinent to child protection is the fact that children's trauma is hardest for workers (Stamm, 1999). Children are the focus in child protection work and often the recipient of the trauma; this makes child protection work highly emotionally charged, leading to an increased risk of compassion fatigue. Although some literature points to the history of the worker as a risk

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factor to compassion fatigue it is important to note that those who have not experienced trauma first-hand are still at risk for compassion fatigue (LaRowe, 2005).

Some literature points out why child protection workers specifically are at risk for compassion fatigue; including: “hearing narratives from children and families about incidence of physical abuse, sexual abuse, abandonment, extreme neglect, domestic violence and the results of extreme circumstances of poverty” (Caringi & Rankin Hall, 2008, p. 175).

Consequences

Literature reviewed pointed to several consequences when compassion fatigue is not dealt with well. Not only is the social worker impacted but the clientele served also suffers when compassion fatigue is not recognized or treated (Conrad & Kellar-Guenther, 2006). Because of the empathic quality child protection workers must have when working with families, the more vulnerable to internalization of that client’s trauma the social worker becomes and in turn the mission of child protection is overlooked (Conrad & Kellar-Guenther, 2006). Sutton’s study states that “when no proactive steps are taken to counter secondary trauma experience, the therapist may become filled with grief, anger, and a sense of helplessness. The clinician may actually begin to suffer from the same anxiety and depression he or she is treating in the traumatized client” (Sutton, 2007, p. 6). Literature also suggests that a social worker may also experience an altered view of the world due to untreated compassion fatigue (Bush, 2009) or become what is commonly called jaded.

There are many physical, emotional and mental consequences to unresolved compassion fatigue: decreased concentration, lowered self-esteem, negativity, fear, anger, depression, irritation, etc. (Berzoff & Kita, 2010). Compassion fatigue and trauma experienced by workers can cause neurobiological changes because, “the limbic system is involved in the encoding of

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traumatic events and neurobiological changes occur as a consequence of individuals experiencing prolonged traumatic stress” resulting in dysregulation (Tyler, 2012, p. 125).

The consequences associated with compassion fatigue can also point to a larger societal problem. This is important for this project in looking at societal views of child maltreatment and the work of child protection. As some research suggests, society at large may experience some forms of compassion fatigue regarding media coverage of child maltreatment (Kinnick, Krugman, & Cameron, 1996). This is too large of a focus for the purpose of this project but is also too important of a factor to not bring to mind while looking at compassion fatigue. As Kinnick et al (1996) states, “the outcomes of desensitization and hyper sensitization might also be associated with mass-mediated compassion fatigue” (p.689). Child protection workers often feel as though they are under a public microscope to keep children safe while at the same time feeling as though the public does not really understand their role and is only involved in the cases that are sensationalized (Russ, Lonne, & Darlington, 2009). This impacts the clients’ view of child protection as they are part of the general public who may see child protection only involved at times of grand maltreatment.

Other literature suggests that everyone is exposed to some kind of trauma but this level is increased in the helping professions (Bride, 2007). More literature supports the need for all people to engage in the discussion about compassion fatigue and their own risk factors. For instance, LaRowe (2005) cited NIOSH’s (National Institute for Occupational Safety and Health) statement that “one-fourth of employees view their jobs as the number one stressor in their lives” (p.13). For the helping profession, job stress is more than just a minor concern. This phenomenon is affecting workers and trickling down to clients (LaRowe, 2005).

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Mitigating Factors

There is no cure-all for compassion fatigue; the literature however does point to some potential mitigating factors. Bride, Radley & Figley points out that “the first step in preventing or ameliorating compassion fatigue is to recognize the signs and symptoms of its emergence” (p. 156).

Anderson (2000) found that veteran child protection workers identify themselves as having used more active coping skills than their counterparts. What Anderson’s study implied as the best likely cure or prevention strategy for worker compassion fatigue was emotion-focused coping, and the use of emotional debriefing (Anderson, 2000). Throughout the history of social work there have been several models introduced in how to best work with clients experiencing trauma, and common knowledge among social workers would be that the intervention one chooses when working with clients should be the intervention that will work best for that individual client. The literature suggests the same should be done for the worker. A need for several compassion fatigue intervention strategies should be a professional priority among social workers and the agencies they work for.

The Child Protection Services Training Institute published advice based on Figley’s research to workers about how to lessen their levels of compassion fatigue. The list consisted of, “learning about compassion fatigue/stress/and coping; monitor your reactions to clients; discuss personal impact and feelings during supervision time; set realistic goals, limits and boundaries; use humor when acknowledging your limits to others; give yourself permission to have private time; give balance to your life and set priorities; develop your own spiritual side; develop and maintain supportive networks” (CPS Training Institute, 1996). Berzoff and Kita (2010) linked professionals seeing clients improve to factors contributing to alleviating compassion fatigue.

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One intervention strategy suggested in the literature is the use of creative arts; one study specifically looked at the use of creative writing. This study by Sutton found, “the emotional writing protocol is one method of ameliorating vicarious trauma” (Sutton, 2007). These results were the outcome of a writing protocol Sutton used from Pennebaker. The protocol consists of the clinician writing for 15 minutes a day about current emotionally charged issues; the outcomes were such things as less negative thinking and fewer missed work days (Sutton, 2007). Sutton’s study also shows that the clinicians benefited from just writing and not directly sharing the writing with others; they felt benefits from just putting the issues into words. There could be several other uses for the arts in mitigating compassion fatigue among child protection social workers.

Further Mitigating factors

There is much more research needed on intervention strategies for compassion fatigue but it is also important to take into account the various situations that child protection workers find themselves in during day to day routine work with clients and how the level of intensity within each interaction will affect how the worker responds. As described in the literature, “one inhibitor of the use of coping resources has to do with the level of threat. The greater the threat, the more primitive are efforts at emotion-focused coping, and, therefore the less likely that effective problem-focused coping will occur” (Anderson, 2000, p. 841). The purpose of finding intervention strategies for compassion fatigue would be so workers are comfortable identifying when they are experiencing compassion fatigue while staying attuned to the other job duties such as worker safety. Perlman suggests the need for support inside and outside the treating environment as issues arise regarding working with clients dealing with trauma (1999).

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All literature reviewed that looked at intervention strategies or mitigating factors came to the same conclusion about the importance of self-care (Berzoff & Kita, 2010; Anderson, 2000; and LaRowe, 2005). Mathieu suggests 12 self-care tips: “take stock of what’s on your plate; start a self-care idea collection; find time for yourself everyday; delegate; have a transition from work to home; learn to say no (or yes) more often; assess your trauma inputs; learn more about compassion fatigue and vicarious trauma; consider joining a supervision/peer support group; attend workshops/professional training regularly; consider working part time; and exercise” (Mathieu, 2007, pp. 2-6). Bride and Figely point out that there should be “standards of self-care in addition to standards of professional practice” (Bride. 2007, p.151). Research looking at the use of creative arts as a self-care option is minimal. A doctoral dissertation by Sutton (2007) looked at the use of creative writing as a means of self-care specific to mitigating compassion fatigue.

Conrad referenced a reading that also identified the importance of remembering that workers who are experiencing compassion fatigue can at the same time be experiencing satisfaction with other parts of their work (Conrad & Kellar-Guenther, 2006). More research is needed to see how these two factors work together and if there is evidence of a correlation between experiencing satisfaction simultaneously with fatigue. Focusing on resilience among staff could point out some mitigating factors in future research. One article pointed out that “a model based on resilience and growth provides the potential to consider not only individual distress but also contributors to positive experiences, job satisfaction, and the capacity and desire to continue in the field of child protection” (Russ, Lonne, & Darlington, 2009).

The ultimate goal of child protection social work is the health and wellbeing of the children they are working for, but in order to best serve the children and families they have to be

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healthy social workers. Social workers can intervene with their compassion fatigue on a level that best suits their personal styles; the importance will be to be able to recognize compassion fatigue and having access to intervention resources.

Importance of researching compassion fatigue specifically related to child protection

This project focuses on child protection social workers specifically due to the high risk nature of child protective services. Shin (2011) found that child protection workers are at an increased risk of being exposed to violence than are community service workers. Conrad, et al (2006) looked at literature that stated the turnover rate among child protection workers is at a median of 22% annually in 43 states. Rakoczy points out that “the average length of employment in the area of child welfare is said to be approximately one year” (Rakoczy, 2009, p. 16). This is not only stressful to clients who frequently have to switch workers but also adds another level of stress on veteran workers. Looking at mitigating factors of compassion fatigue could lead to less staff turnover in the field of child protection as well as to decreased likelihood of burnout.

Some of the reasons why child protection workers specifically are at an increased risk of compassion fatigue are just starting to be addressed with one of the reasons being pointed out as the constant interaction with maltreated children (Caringi & Rankin Hall, 2008). Caringi and Rankin Hall also state, “it is possible that no other human service occupation comes with so much responsibility and so much personal health risk to the worker, often times with limited training” (2008. p.181).

Even though child protection is hard work there are social workers who continue to do the work and many who have done the work for an extended period of time. It is very important for the profession of social work and specifically child protection to look at the workers who

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have successfully managed to stay within the field of child protection and build on their resilience, self-care, and coping strategies.

Berzoff and Kita (2010) stated the need for research to understand compassion fatigue well in the statement “we would do well, when we think about compassion fatigue, then, to appreciate how compassion brings us closer to understanding the mysteries of resilience, the complexity and capacity of the mind to survive, and the creativity of the human spirit that can find meaning in some of life’s worst events” (p.348). The literature shed light on some of the causes, consequences and possible interventions to compassion fatigue; this project hopes to look specifically at child protection workers and mitigating factors to compassion fatigue that could in turn guide research focused on potentially effective intervention strategies.

Conceptual Framework

Berzoff and Kita (2010) stated “we would do well, when we think about compassion fatigue, then, to appreciate how compassion brings us closer to understanding the mysteries of resilience, the complexity and capacity of the mind to survive, and the creativity of the human spirit that can find meaning in some of life’s worst events” (2010, p.348). Resiliency theory is a theory that is familiar to social workers and to child protection work. Resiliency theory originated from studying children who overcame adversity and had positive developmental outcomes (Masten & Coatsworth, 1998). This study attempted using this historically used lens for looking at resilience among children facing adversity, and applied it to see how the worker is resilient despite working with adversity.

Social work has not always taken a strength based perspective when looking at social problems until more recently, now many child protection workers work from an ecological perspective and are strengths based (VanBreda, 2001). Many child protection workers work with resiliency theory lens to increase likely positive outcomes for their clients. Resiliency theory looks at the way a person utilizes certain strengths to overcome adversity (Masten & Coatsworth, 1998). Most social work currently is strength based and resilience theory looks to point out people’s strengths and build on them, while looking at what helped them have or use their specific strengths. There are research studies that point out several factors of resilience among children who overcome adversity, some of those being: a long standing relationship with a caregiver, good cognitive development and the ability to self regulate (Masten & Coatsworth, 1998).

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If resiliency skills are identified amongst child protection workers, then building on these in all child protection workers could be a way to mitigate compassion fatigue. Compassion fatigue is described as inevitable and part of the role of a child protection worker. Resiliency theory is a lens that also says adversity is inevitable but focuses on what attributes can mitigate the adversity.

Skovholt and Jennings' book, "Master Therapists" as an articulation of resilience among professionals was used as a framework for this project. Skovholt and Jennings studied therapists who are considered to be masters and looked at what put them into this category. They identified 23 themes and within five categories: A- professional stressors, B- The emergence of the expert practitioner, C- Creating a positive work structure, D- Protective factors and E- Nurturing self through solitude and relationships. For the purpose of this study category B was the specific framework and some of the themes identified within this category were used when analyzing data. Category B themes highlight emotional wellness and resiliency of the therapists. The eight themes identified are:

- 1- early experiences introduced participants to the helping role,
- 2- training experiences were inadequate in preparing the participants for the emotional demands of practice,**
- 3- as novices, participants searched for a professional niche,**
- 4- participants learned the role of limits and boundaries,
- 5- over time, participants experienced less performance anxiety,
- 6- with experience, participants moved from theory to use of self,
- 7- participants view attachment and separation as a natural process, and
- 8- participants understand human suffering at a profound level.**

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Themes two, three and eight were the specific focus of this project. Many of the remaining themes overlap for the purpose of this study in these three themes.

Theme 2: Training experiences were inadequate in preparing the participants for the emotional demands of practice.

The agencies surveyed for this project are all county level agencies and the degree level required to participate in child protection work is a bachelor's level degree, often in social work. Undergraduate social work programs may not introduce students to the nature of abuse and trauma that they will likely encounter in the work. The students may not have experience with the types of trauma this work may introduce, leaving the students without a frame of reference.

Theme 3: As novices, participants searched for a professional niche.

Skovholt and Jennings describe this theme as professionals finding the theory and framework they best work within and "in this process, participants gravitated to various theoretical orientations or approaches until they found a niche, or calling, that allowed them to smoothly integrate theory and training into actual practice in a manner that felt congruent with who they were" (2004, p.88).

Theme 8: Participants understand human suffering at a profound level.

Skovholt and Jennings describe this theme as "an awareness of the painful elements inherent in the process as well as the potential for growth" (2004, p.93). This theme is the essence of child protection case work and the use of resiliency theory in the work. Child protection case workers are entrenched in human suffering and use theories such as resiliency theory to focus on the strengths of others in spite of suffering.

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Resilience is a process, capacity and an outcome in the work of child protection (Alhquist, 2012). “Resilience is a process of sustained adaptation despite adversity over time: *it is the manner in which one overcomes adversity and stress...it is an observable, quantifiable process...a way of thinking, understanding and behaving*; resilience is a capacity for sustained adaptation despite adversity over time: *the internal and external resources that a person has at their disposal to utilize when in a stressful or difficult situation*; resilience is an outcome of sustained adaptation despite adversity over time: *when the stressful/adverse situation is over (or in the midst of such) the person is still functioning in an adaptive and constructive manner*” (Alhquist, 2012)(Italics added). This view of resilience accompanied with the themes from Skovholt and Jennings is the framework that was used for this project to look at what potentially can mitigate compassion fatigue in child protection social workers.

Methods

Research Design

This research project used a survey design that was primarily qualitative. This project looked at mitigating factors related to compassion fatigue specific to child protection social workers. There are few studies that look specifically at child protection social work and the impact of compassion fatigue, and little to no published research specific to child protection on mitigating compassion fatigue. Although the distinction between compassion fatigue and the terms secondary trauma and vicarious trauma still varies in some literature, for the majority of the reviewed literature they are used to explain the same phenomenon (Bush, 2009), and for the purposes of this study were treated as synonymous. Both qualitative and quantitative questions were asked using a survey format. The survey was distributed via the internet and distributed to child protection staff specifically by the directors of each identified county. The response rate was 60%. To increase the response rate the directors disseminated the survey while the staff were at work and let them answer the survey on work time. The survey was designed to take no more than 15 minutes of a respondent's time. The survey was designed using Qualtrics and minimal identifying information was incorporated into the responses. This project hoped to encourage child protection social workers to participate by speaking to the difficult nature of their work and pointing out that this project hoped to build ways to mitigate the compassion fatigue suffered by many of the workers.

Sample

The population for the project was child protection social workers at the county level. The sample consisted of six southern Minnesota counties, reaching about 60 child protection

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social workers, with a 60% response rate. Permission to survey was granted by six county directors as well as by the IRB at the University of St. Thomas. The surveys were distributed via the internet to the directors who in turn sent the survey to their child protection staff. The southern Minnesota counties were chosen to broaden the scope to a larger demographic than one county, with the data being more generalized to an area that could potentially regionalize in the future. Due to stressed budgets these are the counties likely to work in collaboration to minimize resources and utilize each other. There may have been potential regional bias as all the county directors collaborate together. This sample is a six county sample focusing only on child protection staff within each of the six counties because child protection workers specifically were the focus of this project.

Data Collection

Data were collected using a survey design. The survey was co-authored with research committee member Mariann O'Keefe, M.S. The survey addressed three areas broadly: 1- respondents' background and aspirations in the field of social work and specifically in child protection; 2- respondents' knowledge of compassion fatigue, exposure to compassion fatigue, and experience with compassion fatigue; and 3- possible mitigating factors of compassion fatigue.

The first area respondents were asked about was their background and aspirations. Respondents were asked whether they strongly agree, agree, neutral, disagree, or strongly disagree with four questions relating to their niche in the field of child protection. The second area regarding respondents' knowledge, exposure, and experience of compassion fatigue, data were gathered in a series of six questions. Respondents' knowledge of compassion fatigue was

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gathered through a narrative question about the respondents' personal definition of compassion fatigue. The respondents' exposure and experience of compassion fatigue were gathered through closed ended questions. The third broad area related to mitigating factors. Ten mitigating factors that were presented in the literature were given to the respondents on a scale of importance, from not too important, somewhat important, important, and extremely important. An area of "other" was given for narrative response as part of the mitigating factors scale. Respondents were then asked if their current work place has resources available to them and what their work place could do to support their child protection workers. These three areas were then analyzed in the results section.

Data Analysis

Data were analyzed quantitatively through descriptive statistical data analysis. Descriptive statistics were used to analyze questions regarding gender, age, and length of service. This study looked specifically at the relationship between the reasons social workers stated they might leave the role of child protection [this is suggested in the literature to connect the needs of children being greater than the resources the worker can provide (Anderson, 2000)].

Data were analyzed qualitatively through the identification of the three broad themes laid out above which were formed with the themes laid out in Skovholt and Jennings's book "Master Therapists" through open ended questions. Of specific interest to me was the use of creative arts as a mitigating factor. The use of arts was laid out in the scale of importance with the literature based mitigating factors. Research has suggested the use of journaling as a creative method for mitigating compassion fatigue. Survey questions asked respondents if they have used a creative arts method and if it was an important helping tool.

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Protection of Human Participants

Participants remained anonymous in this survey. Qualtrics is the survey system utilized for the purpose of this study and the anonymity of the respondents was protected. Qualtrics did not capture the IP address of the respondents. Only adults currently employed as child protection social workers within the six identified counties participated in this project. The directors of child protection distributed the surveys to their child protection staff and no information was sent to the supervisor as to who completed or chose not to complete the survey. This survey had a consent letter at the beginning of the survey, stating that the survey is studying compassion fatigue among child protection social workers in southern Minnesota with the goal of finding mitigating factors. It was noted that the survey was anonymous and was not being conducted by the supervisor sending the survey nor would the supervisor have access to respondents' information. The consent also disclosed that this is a master's level research project and data will be shared in a public presentation. This survey consisted of open ended questions and quotes from the open ended questions would be used in reporting data. This survey discussed the potential use of open ended answers in the consent section of the survey. Because this research is in survey form opting out for participants was completely up to them; they simply chose not to complete the survey. When documents were printed during data collection all documents were shredded at the completion of the research. All emails were also permanently deleted at the completion of the research. Participants were notified of the destruction of all documentation at the consent phase.

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Strengths and Limitations

This study consisted of adult survey respondents currently employed as child protection social workers in one of the six participating counties, providing a degree of anonymity and response was voluntary with no direct benefit to individual respondents. There were no direct casework questions. A strength of this survey is that it reached across six counties that include both rural and urban populations. Qualtrics was utilized for survey construction and data collection which is a free system to St. Thomas and St. Catherine's graduate students. A few limitations were that there was no in person engagement as part of the data collection and no room for respondents to expand on closed ended questions. Another limitation could have been if only workers experiencing low to no compassion fatigue responded.

Results

The objective of this project was to survey child protection social workers about their experiences of compassion fatigue specific to their current duties in the role of child protection social worker and to better understand potential mitigating factors.

Who are the Respondents

The sample consisted of 36 child protection social workers from Southern Minnesota. The survey was distributed to an estimated 60 social workers with 36 respondents, a 57% response rate. Tables 1-4 show the demographic distribution of the sample.

Age	Frequency	Percent
26-30	7	19.5%
31-40	13	36.3%
41-50	12	33.5%
51-56	3	8.3%
Unknown	1	2.8%

Table 1. Age Range Frequency Distribution

The respondents' ages ranged from 26-56 (N=36). The largest percentage of the sample 36.3% (n=13) was between the ages of 31-40. The next largest percentage, 33.5% (n=12) of respondents were between the ages of 42-50 years. 8.4% (n=3) of respondents were 51-56 years of age and 19.5% of respondents were between the ages of 26-30 years. And one respondent stated their age as "old", this response was not numerically coded, it is noted and labeled as unknown in the figure above.

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Gender	Frequency	Percent
Female	28	77.8
Male	8	22.2
Total	36	100.0

Table 2. Gender Frequency Distribution

A majority of the respondents were female. The sample consisted of 77.8% (n=28) female respondents and 22.2% (n=8) male respondents.

Race Frequency Distribution

Race	Frequency	Percent
Caucasian/White	35	97.2
African American	1	2.8
Total	36	100.0

Table 3. Race Frequency Distribution

This is racially quite a homogenous group. When asked to identify their race the sample consisted of 97.2% (n=35) respondents who identified as Caucasian and 2.8% (n=1) who identified as African American.

Respondents were asked about their educational background with the choice of BSW, MSW or Other (text response). Table 3 demonstrates the distribution of degrees, the OTHER stood for written in responses of BA, MS, MA, MS and MSW student. The respondents were equally split between BSW and OTHER (which included MA, MS BA, BS and MSW students), with each category having 41.7% (n=15). Notably, most in the sample reported having a bachelor level training.

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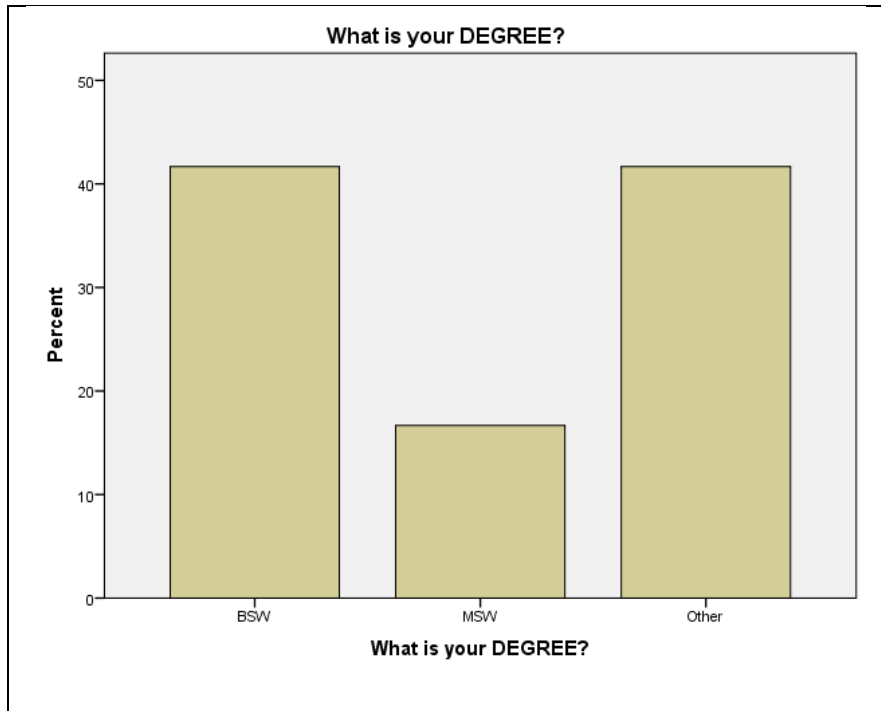


Figure 4. Respondent's College Degree

The sample was, by and large, a fairly experienced one. Years of experience in the field of social work were not evenly distributed; the most common response was 11-15 years. Respondents were asked about their years of experience in social work and then years of experience in specifically child protection (tables 5 and 6). Interestingly, and in contrast to this, the majority reported being relatively new to the field of child protection, with the majority describing themselves as being in CPS for 1-5 years (44.4%).

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Years of social work Experience	Frequency	Percent
0.8-5years	8	22.2
6-10 years	8	22.2
11-15 years	11	30.6
16-20 years	6	16.7
21-25 years	3	8.3
TOTAL	36	100

Table 5. Respondents' Years of Social Work Experience

Years of Child Protection Experience	Frequency	Percent
0.8-5years	16	44.4
6-10 years	8	22.2
11-15 years	8	22.2
16-20 years	3	8.3
21-25 years	1	2.8
TOTAL	36	100

Table 6. Respondents' Years of Child Protection Experience

Child Protection as a Niche

Respondents were asked a series of four questions regarding their work in the field of child protection and if it was where they planned to be, if it was their calling, if they hope to still be in child protection five years from now and if they feel successful in their job. Although, less than half of respondents reported strongly agreeing or agreeing that they hoped to work in the field of child protection after completing their degree over half (64%) strongly agree or agreed

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that they feel child protection is their calling and they belong in this field. Another notable finding within this series of question was that 72% of respondents stated they strongly agreed or agreed that they feel successful in their jobs. See table 7. below for responses.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Total
Child Protection is where I hoped to work after I completed my degree	10	7	8	10	1	36
Child Protection is my calling, I belong in this field	4	19	11	2	0	36
5 years from now I hope to still be working in the field of Child Protection	3	15	12	6	0	36
I feel successful in my job	5	21	9	1	0	36

Table 7. Child protection as a niche

Nature of Compassion Fatigue

Respondents were asked a series of questions to gauge their knowledge about and exposure to compassion fatigue, how they were first introduced to the idea of it, how they think about it, whether they report having experienced compassion fatigue in their work, and if they are *currently* experiencing compassion fatigue. Over 90% of respondents reported having heard the term compassion fatigue and 97.2% reported having experienced compassion fatigue while in the field of child protection. Although 75% report having previously experienced compassion fatigue, more than half of respondents, (52.8%) report they are *not currently* experiencing compassion fatigue. The respondents that were definitive about currently experiencing compassion fatigue were only 27.8% of the respondents. Although 91.7% of the respondents know the term still 22.2% are unsure if they have experienced compassion fatigue and 19.4% are unsure if they are *currently* experiencing compassion fatigue.

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	Frequency	Percent
Yes	33	91.7
No	3	8.3
Total	36	100

Table 8. Have Respondents' heard the term compassion fatigue

	Frequency	Percent
Yes	27	75.0
Unsure	8	22.2
No	1	2.8
Total	36	100

Table 9. Have respondents' experienced compassion fatigue in their child protection work

	Frequency	Percent
Yes	10	27.8
Unsure	7	19.4
No	19	52.8
Total	36	100

Table 10. Are respondents' currently experiencing compassion fatigue in their child protection work?

Defining Compassion Fatigue

Respondents were asked how they define the term compassion fatigue. There were four consistent similarities among respondents in how they describe compassion fatigue displayed in table 11 below. These themes emerged in at least 10 out of 36 of the text responses. All respondents responded to this question by writing in their text.

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<p>When you hear Compassion Fatigue what do you think of?</p>	<ul style="list-style-type: none"> • BURNOUT (out of 34 responses 9 used burn out as part or all of their definition) <ul style="list-style-type: none"> ○ Burn out ○ Burned-out, over-involved ○ Burnout, struggling with wanting to do the job anymore, not wanting to go to work, dreading meeting with clients ○ Not able to keep a fresh perspective with various families due to being burned out ○ Overwhelmed, having taken on others lives and feeling burnt out ○ Professional burn out
	<ul style="list-style-type: none"> • Feeling Overwhelmed <ul style="list-style-type: none"> ○ Feeling overwhelmed and decreased hope for change ○ I think of the days that I am ready to throw in the towel ○ Being overwhelmed and too stressed so that it impacts your functioning at work and in your personal life ○ Overwhelmed, having taken on others' lives and feeling burnt out ○ Overwhelmed by the personal connections and wanting to help beyond capacity
	<ul style="list-style-type: none"> • Lessening of Compassion <ul style="list-style-type: none"> ○ Lessening of compassion over time ○ Decrease in compassion ○ Feeling stressed about my job enough where I lose compassion in caring about my clients and assisting my families ○ Less compassionate for clients I work with ○ Today, and I think of an individual that is slowly losing compassion due to caring for others and not caring for them self
	<ul style="list-style-type: none"> • Emotional unavailability <ul style="list-style-type: none"> ○ Being numb to others' feelings. When clients/friends/family tell you something personal or traumatic, you kind of just skip over it without feeling (or maybe displaying) empathy ○ Being too tired to care about other people's suffering ○ Burn out or emotional unavailability due to listening to thousands of stories of trauma and abuse over time ○ Decreased sensitivity to others trauma or stress as a result of trauma sustained by helping another person or persons over time ○ Feeling tired due to caring for others ○ Losing the ability to have empathy ○ Compassion gives you drive on the job, however it erodes your emotions over time ○ Tired from working so hard for other people and their never ending issues, but I love doing it!

Table 11. Text responses to respondents' definition of compassion fatigue

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Respondents were asked about a series of mitigating factors that may help them consistently engage in the helping process with abused children, to which they could answer not important, somewhat important, important and extremely important. Those items consistently identified as extremely important were developing and maintain support networks at work; developing and maintaining support networks outside of work; and taking time to emotionally debrief. Those items consistently identified as not too important or somewhat important were journaling and other types of creative arts and attending professional trainings and workshops.

Table 12 demonstrates the responses.

	Not too Important	Somewhat Important	Important	Extremely Important	MISSING
Understanding the signs and symptoms of compassion fatigue	2.8% (n=1)	13.9% (n=5)	66.7% (n=24)	16.7% (n=6)	0
Taking time to emotionally debrief	0	5.6% (n=2)	30.6% (n=11)	63.9% (n=23)	0
Setting limits and boundaries with clients	0	0	38.9% (n=14)	61.1% (n=22)	0
Using humor	0	5.6% (n=2)	36.1% (n=13)	58.3% (n=21)	0
Understanding the nature of human suffering	2.8% (n=1)	2.8% (n=1)	52.8% (n=19)	41.7% (n=15)	0
Developing and maintaining support networks at work	0	0	30.6% (n=11)	69.4% (n=25)	0
Developing and maintaining support networks outside of work	0	0	33.3% (n=12)	66.7% (n=24)	0
Practicing good self-care (i.e. eating healthy, sleeping well and exercising)	2.8% (n=1)	0	36.1% (n=13)	61.1% (n=22)	0
Journaling and other types of creative arts	5.6% (n=2)	58.3% (n=21)	30.6% (n=11)	5.6% (n=2)	0

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Attending professional trainings/workshops	0	33.3%(n=12)	52.8%(n=19)	11.1%(n=4)	2.8%(n=1)
Other	2.8%(n=1)	0	11.1%(n=4)	2.8%(n=1)	83.3%(n=30)

Table 12. Mitigating factors

Respondents were asked what specific strategies they have used to cope with their compassion fatigue. Some recurring responses were exercise and ideas that point to self care activities. Some narrative responses are displayed in table 13 below.

What specific strategies have you used to cope with your compassion fatigue?	<ul style="list-style-type: none"> • Yoga, margaritas • Healthy self-care. Eat good food. Do not over indulge in anything. EXERCIS DAILY!! Take time for yourself to clear your head. Pray hard. • Have not been able to find an effective coping strategy yet • Debriefing with co-workers, Self Care activities, balancing professional and personal responsibilities, taking breaks, recognizing stress and asking for help • Talking with others and focusing on my interests • Running, various exercise, talking with coworkers, consulting and debriefing on cases, taking more frequent breaks, deep breathing exercises
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Table 13. Respondents' personal strategies for coping with compassion fatigue.

Respondents were asked if their current work place has any resources available to them that are specific to coping with compassion fatigue. 36% of respondents stated that their employers did have coping specific resources available to them and 64% responded that their employers did not. See table 14 below.

	Frequency	Percent
Yes	13	36%
No	23	64%
Total	36	100%

Table 14. Do respondents' workplaces have copy resources available?

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The follow up question to respondents was what they think their workplace could do to support them; the overarching themes were supervision/training, positive work environment, flexibility and debriefing. The dominant theme appeared to be supervision/training and positive work environment. Flexibility and debriefing were endorsed by but not as pronounced as supervision/training and positive work environment. Thirty three of the 36 respondents' added their narrative response to what they feel their work place could do to support staff. See table 15 below for examples of participants' responses.

<p>What can the workplace do to support child protection social workers?</p>	<ul style="list-style-type: none"> • Supervision/Training <ul style="list-style-type: none"> ○ Solid supervision guided by mission and goals aligned with the workers ○ The workplace can help train social workers at the beginning of the job as we are dealing with families and possibly removing their children. ○ Promote staff development/social time, encourage supervisors to check in on staff ○ Offer more training and resources to deal with the stresses of the job ○ Offer trainings on the topic ○ Supervisors checking in on how stress levels are with workers
	<ul style="list-style-type: none"> • Positive Work Environment <ul style="list-style-type: none"> ○ A positive work environment goes further than a lot of people think. It takes effort by all of us to consider each other and not just ourselves. Open talk about our problematic emotions and resources for how to deal with them would be very helpful ○ Supporting and encouraging the development of support networks within the office ○ Understanding the unique stress, offer support, offer opportunities to regroup, don't add stress with ridiculous office politics ○ Supporting/organizing team building activities ○ Ensure that workers are not working in isolation ○ I think team consultation is a supportive environment ○ Promote a "team" approach to individual cases ○ Offer encouragement and reassurance ○ Creating or mandating more opportunities to build team unity (Stronger unity=stronger work networks of support)

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	<ul style="list-style-type: none">● Flexibility<ul style="list-style-type: none">○ Allow personal flexibility on the job○ Flexibility with schedule to allow participation in other events-like child’s school events○ Allow for continued flexible scheduling
	<ul style="list-style-type: none">● Debriefing<ul style="list-style-type: none">○ Having planned de-briefing for highly emotional cases○ Promote debriefing○ Offer time for work teams to debrief and support each other○ Offer more gatherings with all child protection (intake, assessment, ongoing) to debrief and de-stress○ Debrief with workers and ensure we have supports

Table 15. What respondents would like to see their work place do to help manage compassion fatigue?

Conclusion

These results display who the respondents are based on their demographic information. Respondents shared what they feel is the nature of compassion fatigue and their self awareness of compassion fatigue. Mitigating factors of compassion fatigue were shared by respondents through display of coping strategies they have used, strategies they feel are important, support their work place has available and what they would like to see their work place have available to support them. All respondents were able to label compassion fatigue in their own terms, many were sure they have experienced it and many had ideas of what their workplace could do to support them. The findings indicate the inevitability of compassion fatigue and the findings also point out the complexity of trying to support child protection staff in their workplace. Illuminated is the great response to “what can your workplace do to support you” as 33 of 36 respondents had options that their employers could work with to help support them.

Discussion

Protecting children is valued within our culture. Several studies have been done on how to better protect children and how children are resilient despite adversity. Over time the field of child protection has learned to play to the strengths of the children and families they serve by trying to capture what makes them resilient in the face of adversity. The resilience lens was applied to a sample of child protection workers for the purpose of this study. Child protection social workers are coming in contact with children and families that are likely to have experienced some form of trauma. This study looked at what the workers are doing to mitigate their own compassion fatigue in this field and how they are being supported by their employers.

To better understand the discussion below, it is helpful to have some context about who completed this survey. The respondents of this study consisted of child protection social workers from six Southern Minnesotan county child protection units. The ages of the respondents spanned from 26-56, with the majority of the sample being in the age range of 31-40 years of age. The sample was made up of both women and men, but the great majority (77.8%) consisted of women. This was a racially homogenous group, with 97.2% of respondents reporting their race as Caucasian and 2.8% reporting African American as their race. This sample consisted of primarily bachelors' level prepared workers, with 41.7% reporting a Bachelor of Social Work and 41.7% reported varying degrees, such as Bachelor of Arts, Bachelor of Science, an MA or MS. The sample consisted of a very experienced group of social workers. Over 50% reported being in the field of social work for more than 10 years. In contrast the majority reported being in the specific field of child protection less than 10 years.

Mitigating Compassion Fatigue

This discussion section includes subsections that attempt to capture this study's larger findings, strengths and limits, and implications for social work.

Defining Compassion Fatigue

This study looked at compassion fatigue from the perspective of child protection social workers. There are many terms used in the field of social work and within the literature to define what this phenomenon is, including compassion fatigue, secondary trauma, and vicarious trauma. It is a difficult task to then define. 91.7% of the respondents had heard the term compassion fatigue before. It was apparent from this research that among child protection social workers there are common themes when defining the term.

Respondents were asked what they think of when they hear the term compassion fatigue; all 36 respondents offered a definition. The themes that emerged from the responses were: burnout, feeling over whelmed, a lessening of compassion, and being emotionally unavailable. The term compassion fatigue is newer to the field but the individuality of each response points out the need for very individual mitigating responses. What came through clearly is that all respondents agreed, no matter their definition, that there is an inevitable risk of compassion fatigue in the work of child protection.

Several respondents linked their definition of compassion fatigue to burnout. These terms differ and compassion fatigue was chosen for this study because the literature suggests that the ability for social workers to continue to work after an experience of compassion fatigue is much more likely than when a worker is to the point of burnout. Also, burnout is not inevitable and if one looks at compassion fatigue from a lens of resiliency, one can attempt to see what mitigates compassion fatigue for those workers before getting to the point of burnout. Burnout is

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an end result of stress over time and compassion fatigue is a normal feeling that can be mitigated if acknowledged and care for. Another needed distinction between compassion fatigue and burnout is that burnout has been well researched over time and compassion fatigue is newer to the field of study (Bush, 2009). Mitigating compassion fatigue and Secondary Traumatic Stress (STS) could decrease the likelihood of burnout.

An exemplary quote that stood out pointed to several of the researched ideas about how compassion fatigue is defined and linked in the resiliency of the worker, *“Tired from working so hard for other people and their never ending issues, but I love doing it!”* This worker understood this term on several levels; he/she understood the inevitable nature of compassion fatigue along with an understanding of human suffering as inevitable and linked it all together with resiliency, stating loving the role. Past research by Skovholt and Jennings pointed out this theme when looking at master therapists. They described this theme as “an awareness of the painful elements inherent in the process as well as the potential for growth” (2004, p.93). The quote from the worker above is consistent with Skovholt and Jennings and potentially is able to state loving their job because they understand the nature of both suffering and strength in human beings.

Cumulative Nature

Although past research and literature would point out that compassion fatigue can be experienced from a single event, compassion fatigue is also cumulative in the field of child protection. Child protection social workers intervene with each family and child at a stressful point in the child and families’ lives. No one family looks the same and in turn no one response will fit similar situations. Respondents pointed out this feeling as being overwhelmed and having a lessening of compassion. One respondent pointed out the importance of the topic of

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mitigation in his/her statement, *“Today, I think of an individual that is slowly losing compassion due to caring for others and not caring for themselves.”* This respondent pointed out the importance of acknowledging compassion fatigue and caring for oneself and likely if not done would lead to burn out and loss of compassion for those served.

After the respondents gave their definitions, a literature-based definition was given to guide the study from that point. The definition used was from Frigley (1995), who defined compassion fatigue as “the stress resulting from helping or wanting to help a traumatized or suffering person”.

Experience of Compassion Fatigue

The conceptual framework that guided this project used resiliency theory and themes from Skovholt and Jennings’ text, “Master Therapists.” What themes pointed to a master clinician were those that promoted emotional wellbeing and resiliency. Skovholt and Jennings pointed out experiences that helped shape the therapist into a master and these experiences in turn can be mitigating factors. The three themes out of the eight used for the purpose of this project were 2) training experiences were inadequate in preparing the participants for the emotional demands of practice, 3) as novices, participants searched for a professional niche, and 8) participants understand human suffering at a profound level.

This study asked respondents about their experience with compassion fatigue. Seventy five percent of respondents reported that they have experienced compassion fatigue in their child protection work. Only 27.8% of respondents reported that they were currently experiencing compassion fatigue. This would suggest that the 52.8% of the respondents who are not currently experiencing this have found ways to mitigate their compassion fatigue. Skovholt and Jennings’

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theme 2 will come back into play more in the mitigating factors section regarding knowledge and training regarding compassion fatigue, which could help mitigate its negative effects.

Inevitable Nature

Seventy five percent of respondents who reported they had experienced compassion fatigue and the 22.2% who were unsure if they have would pose a strong argument against the inevitability of compassion fatigue in the field of child protection. 19.4% of the respondents reported they were unsure if they are currently experiencing compassion fatigue, which is interesting because all 36 respondents were able to define individually what compassion fatigue was but pointed to the idea that they are unable to identify if they are experiencing. Also, 22.2% were unsure if they had ever experienced compassion fatigue. Possibly respondents were unsure if their stress or compassion fatigue is specifically related to their child protection work.

The questions about understanding of human suffering at a profound level from Skovholt and Jennings' theme 8 suggested that the social workers in this sample understand the inevitable nature of human suffering and for the purpose of this project reflect and may likely understand the inevitable nature of feeling compassion fatigue when afforded the opportunity to work with children and families during these times of suffering. One reason social workers will leave the role of child protection is because the needs of children are greater than the resources the worker can provide (Anderson, 2000). This idea by Anderson may not be such a strong reason workers leave the field if they gain an understanding of human suffering at a deep level, and how to work with it, including knowing and accepting their own limits.

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Niche of Child Protection

Skovholt and Jennings pointed out a theme of participants searching out and establishing a professional niche as part of what makes them master therapists. If a worker is in a job they feel they should be in, likely their experiences within that job will be positive. This survey asked four broad questions about the niche of child protection. Less than half of the respondents strongly agreed or agreed that they wanted or hoped to work in child protection after their bachelor completion, but of the 36 respondents, 64% agreed or strongly agreed that they belong in this field. And 72% of respondents strongly agreed or agreed that they feel successful in their job. This is exciting for the field of child protection in that although not all social workers strive for child protection work, many in this sample feel it is their calling and in turn reported feeling successful in their work. Fifty percent of the respondents hope to be right where they are five years from now. With a field that research points to as an area of high turnover this finding is promising as a possible trajectory. This too was a group that is very experienced in social work itself. Although their length of service in child protection for the majority consisted of less than 10 years, this is still above the findings in the broader literature of one year as an average length of stay in the field of child protection (Anderson, 2000).

Mitigating Compassion Fatigue

The purpose of this study was to ask about potential mitigating factors for child protection social workers. There are a few researched ideas as to what mitigates compassion fatigue such as: adequate training, experience, and an understanding of human suffering, self-care and supervision. Also taken into account as possible mitigating factors for this study were those identified by the literature, such as: children being resilient despite adversity. These often

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include: a long standing relationship with a caregiver, good cognitive development and the ability to self regulate (Masten & Coatsworth, 1998). If resiliency skills are identified amongst child protection workers then building on these among child protection workers could be a way to mitigate compassion fatigue. Compassion fatigue is described as inevitable and part of the role of a child protection worker. Resiliency theory is a lens that also says adversity is inevitable but focuses on what attributes can mitigate the adversity. Respondents were asked a series of potential mitigating factors and were asked to respond using a scale of 4 options ranging from: not too important, somewhat important, important and extremely important.

Developing and maintain supportive networks at work and outside of work

Developing and maintaining support networks at work and outside of work were the factors that were most extremely important to well over half of the respondents. Not a single respondent thought these two areas were not important. This is not surprising that workers value personal relationships for themselves because they are within a field that is based on using relationships with families and children to get work done. This can be an area that the literature would suggest is tricky for child protection workers. Child protection work is confidential in nature and although workers can share their case work with other team members, they are not allowed to take case specifics and debrief with spouses, friends outside of work or other personal supports outside of the work environment. It is important that child protection workers have an outlet for their highly charged work emotions and likely this is why 70% of respondents found internal work relationships to be extremely important. One respondent pointed out that if workers are offered flexibility within their work they can maintain external relationships better, *“Flexible scheduling to allow participation in other events like child’s school events.”*

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Emotional debriefing

Emotional debriefing was seen as important to extremely important to 94.5% of respondents on the scaled responses and this theme also appeared in the narrative responses by workers when asked how they feel their workplace could support them in their child protection work. What was not asked is if this is currently a practice for any of the counties surveyed, but what was clear is that respondents value the idea of debriefing and would find it helpful in mitigating their compassion fatigue.

Child protection workers will inevitably work with clients who have experienced trauma and looking at how these workers can care for themselves in the midst of the work is an important intervention strategy versus putting an exclusive focus on the end result of culminated stress over time leading to burnout. Respondents' identifying debriefing as a means to mitigate their compassion fatigue this could be incorporated with little to no cost to their employer.

This project had hoped to find evidence that child protection social workers found the creative arts to be mitigating factors, but over half of respondents reported that journaling and creative arts were either not important or only somewhat important. This was the category where least importance was endorsed. As mentioned in the literature review there have been studies that point to the mitigation of compassion fatigue that can simply come from journaling. Social work is a field that values holistic approaches for clientele. It may be that these workers are using other avenues other than journaling or that the arts are a potential area that might be better developed for this group.

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How can the workplace support child protection social workers

Respondents were asked an open-ended question about how their work place could support them in their child protection work; there were four themes that carried through the responses. These were: supervision/training, positive work environment, flexibility and debriefing. Several responses crossed over into more than one of the themes. One respondent suggested her workplace could help mitigate compassion fatigue by, *“ensuring that workers are not working in isolation.”* While this may seem like a simple explanation, it encompasses several possible mitigating factors such as supervision, building of relationships, having a positive work environment and debriefing. One respondent pointed out the simple importance of having a positive work environment by saying, *“a positive work environment goes further than a lot of people think. It takes effort by all of us to consider each other and not just ourselves. Open talk about our problematic emotions and resources for how to deal with them would be very helpful.”*

Again, there were many ideas that workers brought forward in how their workplace can be supportive. By the multiple responses it appears that if a work place asked its workers what they need to help mitigate their compassion fatigue they would likely get great responses. And if the workers are asked it also shows them the acknowledgment of compassion fatigue within doing their work, which could lead to a much needed culture shift within counties to a culture that promotes emotional wellbeing and acknowledges emotional wellbeing as a process.

Implications for the field of Social Work

Educational implications

The idea that social workers go into child protection because that is where they strive to be was not supported in this study. This idea could directly impact the field of social work due to the finding that less than half of the respondents strongly agreed or agreed that they wanted or hoped to work in child protection after their bachelor completion. Of the 36 respondents, 64% agreed or strongly agreed that they belong in this field. So bachelor level programs would do well by potentially incorporating more programming about child protection and exposure to what the field entails because many graduates in this sample report entering child protection and liking it even though that is not where they initially hoped to be. Also, the idea that half of respondents had degrees other than social work and likely were not exposed to the emotional demands of child protection during their schooling in the same way, should be an area of future study. Social work is a degree that introduces students to the field of social work and a primary program that offers child welfare-specific courses. There may be some state-level push on this currently in the form of having all county level positions only available to social work graduates. This could be helpful but what is then lost is the knowledge that comes to the county in other forms, for example from students in human service degree programs other than social work, who could be exposed to a general idea of areas of social work and the nature of the work.

Training implications

As mentioned before in this project, there are studies being done on trauma informed care for clients, but this project hopes to further speak to the need to also complete studies on trauma

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informed care on behalf of the social worker, specifically looking at the impact of indirect trauma leading to compassion fatigue.

Differentiating compassion fatigue from burnout will be an important area of future training. It is important for child protection workers to know the differences between burnout and compassion fatigue, the likelihood of experiencing compassion fatigue is inevitable but it does not need to lead to burnout. Burnout has been researched over time; compassion fatigue is still being researched. Compassion fatigue is a more important concept to research if keeping staff in the field of child protection is the goal; workers who have experienced compassion fatigue have the hope of continuing their work successfully without getting burnt-out.

Research Implications

Alhquist (2012) researched resilience among children within the child protection unit; future research could use her lens of resiliency and apply it to child protection workers more in-depth. Alhquist stated, “Resilience is a process, capacity and an outcome in the work of child protection” (Alhquist, 2012). “Resilience is a process of sustained adaptation despite adversity over time: it is the manner in which one overcomes adversity and stress...it is an observable, quantifiable process...a way of thinking, understanding and behaving; resilience is a capacity for sustained adaptation despite adversity over time: the internal and external resources that a person has at their disposal to utilize when in a stressful or difficult situation; resilience is an outcome of sustained adaptation despite adversity over time: when the stressful/adverse situation is over (or in the midst of such) the person is still functioning in an adaptive and constructive manner” (Alhquist, 2012). If this is applied to the worker, the *process* could lead to the tangible mitigating factors that were pointed out by respondents such as self care activities like exercise and breathing; the *capacity* would be developing and maintaining support networks inside and

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outside of work, taking time to emotionally debrief, and supportive supervision; the *outcome* may look like a child protection social worker who experiences compassion fatigue that does not lead to burn out.

Conclusion

In conclusion this study found several mitigating factors that workers pointed out and tangible ones that workplaces could put into place with little to no cost to the agency. This study pointed out the positive thinking by the respondents who offered actual ideas for mitigation versus taking the survey's openness as an invitation to focus just on what's not working. I applaud the respondents for their thoughtful use of themselves and strength-based approach to illuminating both potential and actual mitigating factors in their work.

Appendix A

Survey Questions

- Gender
- Age
- Race
- What is your degree
 - BSW
 - MSW
 - Other _____
- Years of experience in social work _____
- Years of experience in Child Protection _____
- Likert:
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
 1. Child protection is where I hoped to work after getting my degree
 2. Child protection is my calling; I belong in this field
 3. Five years from now, I hope to still be working in the field of child protection
 4. I feel successful in my job
- Current child protection responsibility/s
 - Assessment
 - On-going case management
 - Other _____
- Have you heard the term compassion fatigue before? (if yes next question if no
- When you hear the term Compassion Fatigue—what do you think of?: _____
- One definition from the literature on Compassion Fatigue is: “the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995).
- Where did you first hear about this term?
 - Undergraduate training
 - Graduate training
 - Workplace training
 - Personal training/research
 - Other: _____
- How would you rate your knowledge about the signs and symptoms of Compassion Fatigue:

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- A little bit
 - Moderate
 - A great deal
- Have you ever experienced compassion fatigue in child protection work?
 - Yes
 - No
 - Unsure
- Are you currently experiencing compassion fatigue in your child protection work?
 - Yes
 - No
 - Unsure
- If yes, what specific strategies have you used to cope with your compassion fatigue?

- How important is the following in helping you consistently engage in the helping process with abused and maltreated children:
 - Not too important
 - Somewhat important
 - Important
 - Extremely important
 - Understanding the signs and symptoms of compassion fatigue
 - Taking time to emotionally debrief
 - Setting limits and boundaries with clients
 - Using humor
 - Understanding the nature of human suffering
 - Developing and maintaining support networks at work
 - Developing and maintaining support networks outside of work
 - Practicing good self care (eating well, sleeping well and exercising)
 - Journaling or other types of creative arts
 - Attending professional trainings/workshops
 - Other (please specify)_____
- Does your employer have available specific resources for coping with compassion fatigue? _____
- What can the workplace do to support child protection workers? _____

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