

# Stress, Trauma and Support in Child Welfare Practice

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Co-Sponsors: The Research Institute for Evidence-Based Practice and the Children's Aid Society of Toronto

Child welfare work has frequently been identified as a particularly stressful field of practice with high rates of burnout. A mixed methods research study was conducted among child welfare workers at the Children's Aid Society of Toronto to better understand how exposure to stress and trauma impacts workers and the role of social supports in moderating experiences of workplace trauma. **Organizational factors, incident related factors, and individual factors** were examined as potential contributors to stress.

Questionnaires were distributed to front-line, clerical, and management staff. 175 participants completed the questionnaire. Of those 175 participants, 20 were selected for interviews to tap into dimensions of ongoing stressors, traumatic stressors, and support systems. Participants also completed the Impact of Event Scale (IES), a scale that measures levels of traumatic stress symptoms. Figure 1, compares these scores with other high risk professions.

**The study results suggest that child welfare workers are exposed to a significant amount of traumatic stimuli and consequently exhibit high levels of post-traumatic distress.**

## What are the signs and symptoms of post-traumatic distress?

- Intrusion symptoms: recurrent dreams, repetitive thoughts
- Avoidance symptoms: social isolation, avoidance of high stress situations
- Arousal symptoms: anxiety, irritability, enhanced startle reflex

## What factors contribute to high levels of post-traumatic distress among child welfare workers?

### 1) Organizational factors:

Participants were presented with a list of potential ongoing stressors in their jobs and asked to indicate whether or not that particular item represented a stressor for them.

The most highly ranked workload stressors were:

Type of Stressor	Percentage Endorsing
Amount of work	75.0
Documentation requirements	59.9
Difficult or disruptive clients	55.2
Organizational change	50.6

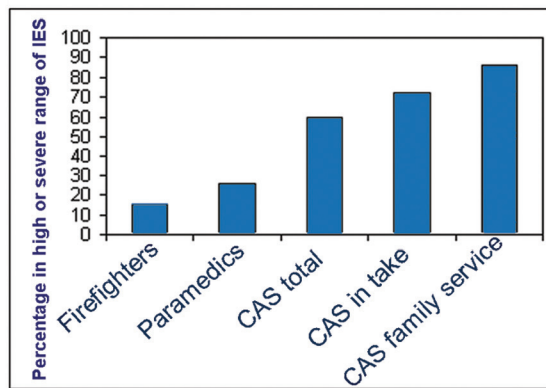
In addition, approximately 1/3 of respondents indicated that conflicts with staff, supervisors or managers, changing policies and standards, risk of civil or legal liability, court related activities, public or media scrutiny and/or lack of community resources were stressors in their job.<sup>[1]</sup>

### 2) Critical Incident Stressors:

Participants were asked to indicate whether they had encountered any of the listed events and whether they experienced emotional distress as a result of exposure to the event(s).

82.7% of respondents indicated that they had been exposed to at least one critical incident at work including **death of a child, death of an adult client, and/or assaults and threats against themselves**. Of these, 70% indicated they had experienced distress as a result of their exposure and 46.4% reported symptoms in severe category of distress.

Figure 1: Exposure to Trauma?



Workers with high levels of post-traumatic stress symptoms did not report symptoms of depression, which suggests symptoms are event specific and do not translate into generalized depression.<sup>[1]</sup>

Research suggests that child welfare workers are at high risk of secondary or vicarious trauma (trauma stemming from proximity to client's lives) due to several factors:

- Prolonged relationship that child welfare workers have with victims and perpetrators
- The capacity for empathic engagement can increase the risk of experiencing symptoms
- Incidents involving children are reported by emergency responders as being the most traumatizing
- Work in people's homes, exposes child welfare workers directly to violence and traumatic material without the physical and psychological safety of the office [1]

### 3) Individual Factors:

Individual differences in resilience and vulnerability may affect how trauma is experienced.

Participants who reported lower levels of distress also reported:

- A greater sense of control over their lives
- A better ability to engage in meaningful relationships
- Less recent and less frequent exposure to traumatic events

While organizational, incident and individual factors all contribute to produce post-traumatic distress in child welfare workers, organizational factors were the strongest predictor.

### What can reduce/mediate distress in the workplace?

There is inconsistency in the literature about whether social supports can act as protective factors in worker burnout.

Child welfare workers reported high levels of support from partners, friends, colleagues and managers. However, while support may be important in many ways, it does not appear to reduce symptoms of traumatic distress. [2]

Suggestions by child welfare workers to reduce workplace stress include:

- Increased staff support
- Reduced caseloads
- Streamlining of recording procedures
- Take lunch breaks and don't work excessive unpaid or unclaimed overtime

The most effective solution to reduce distress would appear to be reducing exposure to traumatic experiences by reducing and varying caseloads and improving safety measures to reduce exposure to threats and violence.

### Can there be positive outcomes associated with workplace distress?

**YES!** Individuals frequently report positive outcomes such as: increased appreciation of social supports, higher self-efficacy, social and personal resources, the development of new coping skills and increased self-knowledge. This is referred to as post-traumatic growth. Surprisingly in this study, increased levels of distress were associated with higher reports of traumatic growth or positive outcome.

The ability of child welfare workers to respond to traumatic stimuli in the context of a stressful work environment speaks to their resilience, strength and dedication.

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- [1] Regehr, C., Chau, S., Leslie, B. & Howe, P. (2002) Inquiries into the Deaths of Children: Impacts on Child Welfare Workers and their Organizations. *Child and Youth Services Review*. 24 (12) 885-902.
  - [2] Regehr, C., Hemsworth, D., Leslie, B., Howe, P. & Chau, S. (2004) Predictors of Traumatic Response in Child Welfare Workers. *Children and Youth Services Review*, 26 (4) 331- 346.
  - [3] Regehr, C., Chau, S., Leslie, B. & Howe, P. (2002) An Exploration of Supervisors & Managers Responses to Child Welfare Reform. *Administration in Social Work*. 26 (3) 17-36.
  - [4] Regehr, C., Chau, S., Leslie, B. & Howe, P. (2002) Inquiries into the Deaths of Children: Impacts on Child Welfare Workers and their Organizations. *Child and Youth Services Review*. 24 (12) 885-902.

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