Vicarious Traumatization and Its Impact on the Pennsylvania Child Welfare System

Jo Ann Jankoski

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VICARIOUS TRAUMATIZATION
AND ITS IMPACT ON THE
PENNSYLVANIA CHILD WELFARE SYSTEM

by

Jo Ann Jankoski, L.C.S.W., Q.L.S.W., M.S.

Submitted in partial fulfillment of
the requirements for the degree

Doctor of Education

Counselor Education and Supervision
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Abstract

Although many studies have addressed burnout, secondary trauma, and job satisfaction among child welfare workers throughout the United States, a review of the current and available literature revealed limited research addressing the impact of vicarious trauma and its relationship to worker retention, recruitment, and job satisfaction. This study was conducted within the context of traumatology theory and examined how vicarious trauma affects child welfare workers and to what degree vicarious trauma has had an impact on their collective community, the child welfare system. The research question that guided this study was: How does vicarious trauma affect child welfare workers and the system in which they work? This qualitative, multi-case study was grounded in the Constructive Self Development Theory (CSDT) developed by Lisa McCann and Laurie Pearlman. CSDT is a developmental and interpersonal theory with a trauma focus that explains the impact of trauma on an individual's psychological development, identity, and adaptation. Focus groups and informant interviews were the primary source of data. The researcher utilized an interpretive approach to data collection and analysis, inquiring not only about physical events and/or behavior, but also about how the participant makes sense of those events and/or behaviors, following such lines of inquiry as: How does a caseworker make sense of listening to and knowing about the trauma of children? How does this empathetic engagement influence the caseworker's world view, personality, safety, self-esteem, and coping mechanisms? In this qualitative study, 300 child welfare administrators, supervisors, caseworkers, and support staff were interviewed. An analysis of their responses indicated severe disruptions in world view, frame of reference, self capacities,
ego resources, psychological needs and cognitive schemas, and memory and perception.

Of the three contributing factors of vicarious trauma, the organization proved to be the most disruptive and least supportive. Vicarious trauma has gone unrecognized in the child welfare system in Pennsylvania.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter I: The Problem</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>The Problem</td>
<td>7</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>9</td>
</tr>
<tr>
<td>The Study</td>
<td>11</td>
</tr>
<tr>
<td>Overview of the Dissertation</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter II: Review of the Literature</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The History of Child Welfare</td>
<td>14</td>
</tr>
<tr>
<td>The First Laws</td>
<td>14</td>
</tr>
<tr>
<td>Child Welfare in Pennsylvania</td>
<td>16</td>
</tr>
<tr>
<td>Trauma in the Context of History</td>
<td>23</td>
</tr>
<tr>
<td>The History of PTSD</td>
<td>24</td>
</tr>
<tr>
<td>Inclusion in the DSM</td>
<td>27</td>
</tr>
<tr>
<td>The Field of Psychotraumatology</td>
<td>30</td>
</tr>
<tr>
<td>Impact of Trauma on the Victim</td>
<td>31</td>
</tr>
<tr>
<td>Natural vs. Human Made</td>
<td>33</td>
</tr>
<tr>
<td>The Cost of Caring and Its Impact</td>
<td>34</td>
</tr>
<tr>
<td>Countertransference</td>
<td>34</td>
</tr>
<tr>
<td>Secondary Traumatization</td>
<td>38</td>
</tr>
<tr>
<td>Chapter</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>TABLE OF CONTENTS (cont.)</strong></td>
</tr>
<tr>
<td></td>
<td>Burnout</td>
</tr>
<tr>
<td></td>
<td>Vicarious Traumatization and the Constructivist Self Development Theory</td>
</tr>
<tr>
<td></td>
<td>Summary</td>
</tr>
<tr>
<td></td>
<td><strong>Chapter III: Methodology</strong></td>
</tr>
<tr>
<td></td>
<td>Overview</td>
</tr>
<tr>
<td></td>
<td>Rationale</td>
</tr>
<tr>
<td></td>
<td>Theoretical Framework</td>
</tr>
<tr>
<td></td>
<td>Constructivist Self Development Theory</td>
</tr>
<tr>
<td></td>
<td>Research Design</td>
</tr>
<tr>
<td></td>
<td>Ethics and Protocol</td>
</tr>
<tr>
<td></td>
<td>Methodology</td>
</tr>
<tr>
<td></td>
<td>Research Questions</td>
</tr>
<tr>
<td></td>
<td>Analysis</td>
</tr>
<tr>
<td></td>
<td>Summary</td>
</tr>
<tr>
<td></td>
<td><strong>Chapter IV: Research Findings</strong></td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td>Findings</td>
</tr>
<tr>
<td></td>
<td>Chapter Format</td>
</tr>
<tr>
<td></td>
<td>Case-by-Case Narrative Analysis</td>
</tr>
<tr>
<td>Site</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>Site 1</td>
<td>82</td>
</tr>
<tr>
<td>Locale</td>
<td>82</td>
</tr>
<tr>
<td>Focus Group</td>
<td>84</td>
</tr>
<tr>
<td>Identified Themes</td>
<td>88</td>
</tr>
<tr>
<td>Site 2</td>
<td>88</td>
</tr>
<tr>
<td>Locale</td>
<td>88</td>
</tr>
<tr>
<td>Focus Group</td>
<td>90</td>
</tr>
<tr>
<td>Identified Themes</td>
<td>98</td>
</tr>
<tr>
<td>Site 3</td>
<td>98</td>
</tr>
<tr>
<td>Locale</td>
<td>98</td>
</tr>
<tr>
<td>Focus Group</td>
<td>99</td>
</tr>
<tr>
<td>Identified Themes</td>
<td>108</td>
</tr>
<tr>
<td>Site 4</td>
<td>108</td>
</tr>
<tr>
<td>Locale</td>
<td>108</td>
</tr>
<tr>
<td>Focus Group</td>
<td>111</td>
</tr>
<tr>
<td>Identified Themes</td>
<td>122</td>
</tr>
<tr>
<td>Site 5</td>
<td>122</td>
</tr>
<tr>
<td>Locale</td>
<td>122</td>
</tr>
<tr>
<td>Focus Group</td>
<td>124</td>
</tr>
<tr>
<td>Identified Themes</td>
<td>136</td>
</tr>
<tr>
<td>TABLE OF CONTENTS (cont.)</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Site 6 ...........................................</td>
<td>136</td>
</tr>
<tr>
<td>Locale ...........................................</td>
<td>136</td>
</tr>
<tr>
<td>Focus Group ....................................</td>
<td>138</td>
</tr>
<tr>
<td>Identified Themes .............................</td>
<td>144</td>
</tr>
<tr>
<td>Site 7 ...........................................</td>
<td>145</td>
</tr>
<tr>
<td>Locale ...........................................</td>
<td>145</td>
</tr>
<tr>
<td>Focus Group ....................................</td>
<td>145</td>
</tr>
<tr>
<td>Identified Themes .............................</td>
<td>150</td>
</tr>
<tr>
<td>Site 8 ...........................................</td>
<td>150</td>
</tr>
<tr>
<td>Locale ...........................................</td>
<td>150</td>
</tr>
<tr>
<td>Focus Group ....................................</td>
<td>152</td>
</tr>
<tr>
<td>Identified Themes .............................</td>
<td>155</td>
</tr>
<tr>
<td>Individual Interview Narratives and Themes</td>
<td>155</td>
</tr>
<tr>
<td>Individual Interview 1 ........................</td>
<td>156</td>
</tr>
<tr>
<td>The Interview ...................................</td>
<td>156</td>
</tr>
<tr>
<td>Identified Themes .............................</td>
<td>159</td>
</tr>
<tr>
<td>Individual Interview 2 ........................</td>
<td>160</td>
</tr>
<tr>
<td>The Interview ...................................</td>
<td>160</td>
</tr>
<tr>
<td>Identified Themes .............................</td>
<td>163</td>
</tr>
<tr>
<td>Individual Interview 3 ........................</td>
<td>164</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS (cont.)

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Interview</td>
<td>164</td>
</tr>
<tr>
<td>Identified Themes</td>
<td>169</td>
</tr>
<tr>
<td>Cross Case Comparisons: Lessons Learned</td>
<td>170</td>
</tr>
<tr>
<td>Similarities</td>
<td>170</td>
</tr>
<tr>
<td>Differences</td>
<td>171</td>
</tr>
<tr>
<td>Intra-Case Comparison: Lessons Learned</td>
<td>171</td>
</tr>
<tr>
<td>Similarities</td>
<td>171</td>
</tr>
<tr>
<td>Differences</td>
<td>171</td>
</tr>
<tr>
<td>Summary</td>
<td>172</td>
</tr>
<tr>
<td>Chapter V: Summary, Conclusions, and Recommendations</td>
<td>176</td>
</tr>
<tr>
<td>Overview of the Study</td>
<td>176</td>
</tr>
<tr>
<td>Evidence and Conclusions</td>
<td>178</td>
</tr>
<tr>
<td>Research Question 1</td>
<td>179</td>
</tr>
<tr>
<td>Research Question 2</td>
<td>185</td>
</tr>
<tr>
<td>Research Question 3</td>
<td>192</td>
</tr>
<tr>
<td>Recommendations and Implications for Further Research</td>
<td>193</td>
</tr>
<tr>
<td>References</td>
<td>197</td>
</tr>
<tr>
<td>Appendix A: Milestones in Pennsylvania Child Welfare</td>
<td>215</td>
</tr>
<tr>
<td>Appendix B: Constructivist Self Development Theory</td>
<td>219</td>
</tr>
<tr>
<td>Appendix C: Letter to Administrators to Participate</td>
<td>223</td>
</tr>
<tr>
<td>Appendix</td>
<td>Title</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Letter to Administrators for Regional Focus Groups</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Abstract for Administrators for Regional Focus Groups</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Consent to Participate</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Consent to Tape and Transcribe</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Focus Group Data Sheet and Log Sheet</td>
</tr>
<tr>
<td>Appendix I</td>
<td>Individual Data Sheet and Log Sheet</td>
</tr>
<tr>
<td>Appendix J</td>
<td>Probe Questions</td>
</tr>
<tr>
<td>Appendix K</td>
<td>Letter of Thanks to Administrators</td>
</tr>
<tr>
<td>Appendix L</td>
<td>Letter of Thanks to Staff</td>
</tr>
<tr>
<td>Appendix M</td>
<td>Transcription</td>
</tr>
<tr>
<td>Appendix N</td>
<td>Definitions</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reported Positions Within Agencies</td>
<td>75</td>
</tr>
<tr>
<td>2.</td>
<td>Reported Personal Information</td>
<td>76</td>
</tr>
<tr>
<td>3.</td>
<td>Site 1: Identified Themes, Intra-Case Analysis Summary</td>
<td>89</td>
</tr>
<tr>
<td>4.</td>
<td>Site 2: Identified Themes, Intra-Case Analysis Summary</td>
<td>98</td>
</tr>
<tr>
<td>5.</td>
<td>Site 3: Identified Themes, Intra-Case Analysis Summary</td>
<td>109</td>
</tr>
<tr>
<td>6.</td>
<td>Site 4: Identified Themes, Intra-Case Analysis Summary</td>
<td>122</td>
</tr>
<tr>
<td>7.</td>
<td>Site 5: Identified Themes, Intra-Case Analysis Summary</td>
<td>137</td>
</tr>
<tr>
<td>8.</td>
<td>Site 6: Identified Themes, Intra-Case Analysis Summary</td>
<td>145</td>
</tr>
<tr>
<td>9.</td>
<td>Site 7: Identified Themes, Intra-Case Analysis Summary</td>
<td>151</td>
</tr>
<tr>
<td>10.</td>
<td>Site 8: Identified Themes, Intra-Case Analysis Summary</td>
<td>155</td>
</tr>
<tr>
<td>11.</td>
<td>Interview 1: Identified Themes, Intra-Case Analysis Summary</td>
<td>160</td>
</tr>
<tr>
<td>12.</td>
<td>Interview 2: Identified Themes, Intra-Case Analysis Summary</td>
<td>164</td>
</tr>
<tr>
<td>13.</td>
<td>Interview 3: Identified Themes, Intra-Case Analysis Summary</td>
<td>169</td>
</tr>
<tr>
<td>14.</td>
<td>Cross-Case Comparison of Identified Themes</td>
<td>170</td>
</tr>
<tr>
<td>15.</td>
<td>Individual Case Comparison of Identified Themes</td>
<td>172</td>
</tr>
</tbody>
</table>
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To J Bear, you believed in me from the very beginning. You were the cheerleader, the doctor, and the mama J. Thank you for the unconditional love and friendship. To Shadow, you always knew when I needed a break to play. To my teachers: the men and women who have committed themselves to ensure the safety of our children. I have been very blessed by the many lessons that you have shared with me. My deepest heartfelt thanks, appreciation, and respect goes out to each and every child welfare professional. It is because of you that our children here in the Commonwealth are safe one more night.

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That commitment was in jeopardy until you arrived on our campus. You brought with you a passion for research that was so very contagious and invigorating, an enthusiasm for teaching. More importantly, you brought your heart. Thank you for your guidance, friendship, and support. Thank you for helping me keep a commitment: For that I am forever grateful.

MOM, I DID IT!
CHAPTER I
THE PROBLEM

I believe the children are our future,
treat them well and let them lead the way,
show them all the beauty they possess inside.
(Masser & Creed, 1985, track 1)

Introduction

Many of our children never see the beauty they possess; instead, they are victims of maltreatment. In 1999, over 3 million children were reported nationwide to child protective services (CPS) as alleged victims of child maltreatment, a rate of 46 of every 1,000 children in this country. This figure was only slightly higher (an increase of 1.6%) than the rate reported in 1998. However, from 1989 to 1999, the data showed an increase of 33% in reports of child maltreatment (Prevent Child Abuse America, 2001). As appalling as these figures are, the research indicates that human service professionals, including school officials, although legally mandated in all 50 states to report abuse and neglect, failed to report half of the maltreatment cases they saw (Besharov, Lowry, Pelton, & Weber, 1998). This is only part of the problem.

As the reports of child maltreatment continue to rise, the agencies responsible for implementing the federal legislation known as the Child Abuse Prevention and Treatment Act (CAPTA) have struggled with the retention and recruitment of caseworkers who investigate these reports. Unfortunately, the average annual turnover rate in child protective services and other direct service caseworkers is reported as 20% in state and county public agencies and 40% in private child welfare agencies (American Public Human Services Association [APHSA], 2001b), yielding an inexperienced and

The Child Abuse Prevention and Treatment Act, first passed in 1974, continues to be the principal piece of federal legislation governing state child abuse programs. It provides funds to states to meet national standards for identifying, reporting, and responding to child abuse and neglect (Legislative Budget and Finance Committee, 1999). Since its initial establishment, the Child Abuse Prevention and Treatment Act, also known as Public Law 93-247, has been re-authorized and expanded several times.

The first major piece of federal legislation that expanded CAPTA was the Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272, which was implemented in response to child welfare advocates' concerns about the number of children in foster care and the poor quality of many child placements. The important aspect of this act was that it required states to make reasonable efforts to avoid out-of-home placements (Legislative Budget and Finance Committee, 1999, p. 4).

In the late 1980s, states underwent large increases in child abuse and foster care caseloads. To help them in meeting the need for more family-centered services, Congress adopted the Family Preservation and Family Support Act, Public Law 103-66, in 1993. This act provided a $930 million pool from which states could receive monies over a five-year period for family preservation and support services. One of the activities required of states requesting these funds was a proposal specifying goals and methods for measuring outcomes (Legislative Budget and Finance Committee, 1999).

In 1996, the Child Abuse Prevention and Treatment Act was once again amended and provided grant money to states for community-based family resource and support
programs and to support innovative responses to reports of abuse and neglect (Legislative Budget and Finance Committee, 1999, p. 4). However, the most important change in 20 years occurred in November 1997 when Congress established the Adoption and Safe Family Act (ASFA), Public Law 105-89, which shifted the emphasis of the 1980 child welfare policy. Originally, the policy required states to make reasonable efforts to preserve the family before placing the child out of the home. The act currently declares the major concern of all child protection efforts must be the health and safety of children, thus overriding the reasonable efforts requirements (Legislative Budget and Finance Committee, p. 5). The new ASFA requirements have been directed at safety, permanence, and well-being for children in the child welfare system (APHSA, 2001a, p. 69). The major provision of this act is a requirement that states file termination of parental rights petitions for children who have been in foster care for the last 15 of 22 months (p. 69).

Background of the Problem

Successful implementation of the Child Abuse Prevention and Treatment Act depends solely on the child welfare workforce’s ability to interpret and execute it. This requires a stable and consistent workforce. However, turnover and vacancy rates among public and private child welfare agencies continue to increase. Nationally, the annual 1997 turnover rate among public and private human service direct support staffs ranged from 30% to 70%. In 1999, state public child welfare agencies had an overall vacancy rate of 6%, compared to 4% in 1997, and an overall turnover rate of 15%, compared with 9% in 1997 (Child Welfare League of America [CWLA], 2001).
This problem has not been isolated to any particular geographic area. For example, in Massachusetts, the turnover among Department of Social Services social workers was reported in 2001 as 300 caseworkers per year, whereas in Prince William County, Virginia, the ranks of Child Protection Services were battered by low morale and a 60% annual turnover rate. Broward County, Florida reported an 85% turnover rate in 1997 (American Federation of State, County, and Municipal Employees [AFSCME], 1998).

The recruitment and retention of public child welfare caseworkers has been a recurring problem for the past 40 years. The Children’s Bureau issued a report in 1960 entitled *In Search of Staff for Child Welfare* in which they cited nationwide staffing shortages of public child welfare workers. Today, we are still in search of answers to the same problems (Children’s Bureau, 1960; Rycraft, 1994).

Staff shortages and high turnover rates have grown with increasingly rigorous work environment demands, low to modest compensation rates, and competition with more attractive options in the job market. The demands of the work environment include increases in the intensity and complexity of child welfare cases, increases in the paperwork needed to accommodate new federal guidelines, increased caseloads and coverage for the caseloads of caseworkers who leave the system, increased violence—verbal assault, physical assault, and public assault—from consumers being served by the system, and lack of cooperation and understanding from other service system professionals such as mental health, education, health care, and law enforcement personnel. Typically, child welfare workers must be prepared to handle caseloads well beyond recommended national guidelines (CWLA, 2001). Everyday, they work with
children and families with complex problems and often in situations that may jeopardize their personal safety. An American Federation of State, County, and Municipal Employees report titled *Double Jeopardy: Case Workers at Risk helping At-Risk Kids* cites the threat of violence on the job, along with rising caseloads, inadequate training, and low wages as top issues facing caseworkers. AFSCME surveyed 100,000 of the rank-in-file caseworkers across the United States and found that 70% had been victims of violence or received threats of violence in the line of duty. They also found that 60% to 80% of the caseworkers had average caseloads exceeding the Child Welfare League of America’s recommended caseload guidelines. Yet, caseworkers with four-year college degrees reported average annual salaries of only $20,000 (AFSCME, 1998).

The high turnover rate among child protective service workers places a significant burden on the workers who remain with the various agencies. They must carry not only their own caseloads but also the caseloads of terminating workers. Much of the research in this area has focused on child welfare workers’ job satisfaction and burnout (e.g., Acker, 1999; Anderson, 2000; Barnes, 1985; Cotter Mena, 2000; Daley, 1979a, 1979b; Davis-Sacks, 1985; Drake & Yadama, 1996; Geurts, Schaufeli, & DeJonge, 1998; Harrison, 1980; Holloway & Wallinga, 1990; Jayaratne, Chess, & Kunkel, 1986; MacFadden, 1982; Shannon & Saleebey, 1980; Shapiro, Burkey, Dorman, & Welker, 1996; Shapiro, Dorman, Burkey, & Welker, 1999), which have been used to describe caseworkers’ reactions to the difficulties involved with working in stressful environments. However, job satisfaction and burnout may not be sufficient descriptors in understanding the impact on individual child welfare workers who investigate the allegations of child abuse and neglect, receive multiple calls per day from
mandated reporters regarding those allegations, and work with children and adolescents who have histories of child abuse and neglect and are within the foster care system. These same workers must, on a daily basis, react to threats of violence and enter unsafe environments homes and neighborhoods while having themselves, their work, and their agency scrutinized publically. Their only defenses in these trauma-ridden situations are a pen, paper, and the federal legislation that governs the child welfare system.

In Pennsylvania, there are two laws which control child welfare services the Juvenile Act (Act 126) and the Child Protective Services Law (CPSL, Act 127). The Juvenile Act outlines the circumstances under which a child can be declared dependent and can, therefore, be removed from the home. It also defines the participation of the juvenile courts. The Child Protective Services Law defines the responsibilities of the state and counties in Pennsylvania for investigating, reporting, and providing child abuse services. These acts underwent major changes in 1998 in order to come into compliance with the corresponding federal legislation (i.e., ASFA). Without these changes, Pennsylvania could not have continued to receive federal funding (Legislative Budget and Finance Committee, 1999).

Currently, the Pennsylvania child welfare system is experiencing difficulty in the recruitment and retention of qualified caseworkers. Caseworkers report low wages and heavy caseloads. These problems are putting the safety and welfare of children in Pennsylvania at risk. As of December 10, 2000, 66 of the 67 counties in the child welfare system in Pennsylvania had 4,800 approved child welfare positions; of that total, there were 1,400 vacancies (Department of Public Welfare, Office of Children, Youth, and
Families, personal communication, December 10, 2000). Information on the 67th county, the Philadelphia area, was unavailable when this data was collected.

The Office of Children, Youth, and Families, in cooperation with county administrators, established a statewide committee, the Recruitment and Retention Committee, to explore and address the staffing crisis in Pennsylvania’s child welfare system. In a report distributed to the administrators within the Commonwealth, the Recruitment and Retention Committee (2000) stated the following:

* a complex web of factors has brought chronic recruitment and retention problems to an acute state throughout the state and the nation. These factors include the low unemployment rate, increased job opportunities in the human services, negative societal perceptions of social work and child welfare work, constant change, high caseloads and low salaries. Additional factors are the increasing complexity of the work, high level of responsibility, liability fears, negative media, portrayal of the work, inconsistent quality of supervision and lack of formal child welfare education programs. Compounding the problem, child welfare employees often experience high levels of job stress and threats to personal safety.

The Problem

The Pennsylvania Office of Children, Youth, and Families and the 67 local county administrators examined potential reasons for the low recruitment and high turnover rates among child welfare workers in the state. Several areas have been identified as causal factors: a low unemployment rate, increased job opportunities in the
human services field, negative societal perceptions of social work and child welfare work, high caseloads, low salaries, increased complexity of the work, inconsistent quality of supervision, lack of formal child welfare education programs, high levels of job stress, and threats to personal safety. An area that has been overlooked is how seeing, hearing about, and investigating child abuse and neglect affects the interpersonal development of child welfare workers. This is called vicarious traumatization and served as the focus of this qualitative study.

McCann and Pearlman (1990a, 1990b) believed the concepts of burnout and countertransference were insufficient to understand the impact of trauma work on clinicians. Instead, they proposed a new concept, vicarious traumatization, to describe the responses of clinicians who work with trauma cases. Vicarious trauma refers to the transformation in an individual's inner experience resulting from empathic exposure to clients' trauma material (Pearlman & Saakvitne, 1995b, p. 151). This means that the clinician's response is based on both personal characteristics, including cognitive schemas, and situational factors, such as the traumatic material presented by the client.

The concept of vicarious traumatization is based on a theory developed by McCann and Pearlman, the Constructivist Self Development Theory (CSDT), a developmental, interpersonal theory explicating the impact of trauma on an individual's psychological development, adaptation, and identity (Pearlman & Saakvitne, 1995b, p. 152). Hence, vicarious traumatization is an interactive approach to understanding the impact of trauma on the caseworker and may allow for a more detailed understanding of the individual experiences of caseworkers.
Although many studies have spoken to burnout, secondary trauma, and job satisfaction among child welfare workers throughout the United States, a review of the current and available literature revealed limited research concerning child welfare workers that addressed the impact of vicarious trauma and its relationship to worker retention, recruitment, and job satisfaction (e.g., Courtois, 1993; Crothers, 1995; Cunningham, 1996; Pearlman & Mac Ian, 1995). This research study was conducted within a trauma context and examined how vicarious trauma affected child welfare workers and their collective community, the child welfare system.

Several research questions were posed in order to determine the relationship of vicarious traumatization to the child welfare system in Pennsylvania: (a) To what degree does vicarious traumatization have an impact upon the child welfare worker in Pennsylvania? (b) How is vicarious trauma affecting the child welfare system in Pennsylvania and does the child welfare system have an impact on the level of vicarious traumatization in the child welfare worker? and (c) What are the effects of vicarious trauma and its relationship on worker retention and job satisfaction in Pennsylvania’s child welfare system?

Significance of the Study

There are several significant issues which drive this qualitative study. These issues affect the Pennsylvania child welfare system, in terms of pre-service curricula (e.g., counselor education, social work, and psychology), and ethical practices for all professionals who choose to work with people.

Chronic turnover rates have plagued the child welfare system for the last 60 years. Burnout, along with other factors such as high caseloads and inconsistent supervision,
have traditionally been identified as contributing to that high turnover rate. One contributing factor which largely has been overlooked is vicarious traumatization. If vicarious traumatization is identified as a contributing factor of high turnover rates in the Pennsylvania child welfare system, those within the system would be obligated to take steps to ameliorate its effects. Caseworkers, supervisors, and administrators in the Pennsylvania child welfare system are required to complete a predetermined number of hours of training in the Pennsylvania Competency Based Training and Certification Program. If vicarious traumatization exists, its effects must be included in this training program. While caseworkers, supervisors, and administrators must be trained to recognize vicarious trauma, supervisors and administrators must also be trained in ways of ameliorating its effects. Because the organization also may be a contributing factor in vicarious traumatization, those in a position to change the child welfare system are also obliged to do so.

Because professionals in human service fields choose to engage empathically with their clients, they pay a cost for caring. Vicarious traumatization is that cost. In the human service field we speak about caring for our clients and supporting them. It is also important that clinicians care for themselves. Individuals working in the human service professions are in high-risk occupations. In order to continue to do their jobs, it is important that they recognize vicarious trauma and correct the problems caused by it.

Currently, most higher education curricula which prepare professionals in the human service fields do not address vicarious traumatization. It is important that this topic be included and that future professionals discuss not only the benefits of working in the human service field, but also problem areas including vicarious traumatization. Those
who design these curricular areas have the ethical responsibility to deal with vicarious traumatization and similar topics.

The Study

The Pennsylvania Office of Children, Youth, and Families and the Recruitment and Retention Committee identified multiple factors which they believed have brought the child welfare system to the current chronic state of affairs. They had not, however, identified vicarious traumatization as one of those factors.

In order to determine whether or not vicarious traumatization was affecting workers in the Pennsylvania child welfare system, I conducted a qualitative research study. To collect data, I conducted and audio-taped multiple focus groups and one-on-one interviews in 16 counties throughout Pennsylvania. Administrators, supervisors, caseworkers, and members of the support staff in the 16 counties participated in the study. In addition to the audio-taped interviews, I took field notes during and immediately following each of the focus groups and individual interviews. I also kept field notes of my observations as I visited the agency offices. Additionally, I reviewed many documents related to the child welfare system in Pennsylvania.

Based on an analysis of the collected data, I arrived at findings indicating a high degree of disruption related to vicarious traumatization and its contributing factors. I also identified vicarious traumatization as a major factor in the high turnover rate among child welfare workers. I have made recommendations based on the research findings that will not only ameliorate vicarious trauma and its impact but will also help in stabilizing the child welfare system in Pennsylvania.
Overview of the Dissertation

In Chapter I, I have described the need for this research and presented an overview of the study. In Chapter II, I offer the following: the history of child welfare, particularly in Pennsylvania; the relationship between trauma and history; the identification of posttraumatic stress disorder (PTSD) and its inclusion in the American Psychiatric Association’s *Diagnostic and Statistical Manual*; the subsequent explosion of the field of psychotraumatology; and a discussion of burnout, countertransference, secondary trauma, and vicarious trauma, constructs that are currently being used to discuss the cost of caring and its impact on the helper.

In Chapter III, I discuss the design of the study, the rationale for the study, and the theoretical framework on which it is based. The ethics and protocol, methods used in the study, and means by which the analysis was conducted also are addressed. In Chapter IV, I present my findings. Eight focus groups and three individual interviews were selected for inclusion in this document. Chapter IV includes a case-by-case narrative analysis of the eight focus groups, the themes and contributing factors of vicarious trauma identified at each of eight sites, a narrative analysis of three individual interviews, the themes and contributing factors of vicarious trauma identified for each individual interview, a cross-case analysis of the eight focus groups within the CSDT theoretical framework, and a cross-case analysis of the three individual interviews within the CSDT theoretical framework. Tables are used to summarize the findings.

In Chapter V, I report my conclusions and recommendations. In the appendices at the end of this document, I have included a time line of the development of child welfare in Pennsylvania (Appendix A), an expanded discussion of the five aspects of the
Constructivist Self Development Theory (Appendix B), copies of all initial correspondences related to the study (Appendices C, D, and E), consent and information forms completed by the participants (Appendices F, G, H, and I), a copy of the initial probe questions (Appendix J), followup letters (Appendices K and L), one complete transcription ( Appendix M), and a list of relevant definitions ( Appendix N).
CHAPTER II
REVIEW OF THE LITERATURE

Do you as an individual know your rights? Do you have the right to share your opinions? Do you have the right to choose with whom you speak? Are you allowed to get angry and express your feelings? If you were physically assaulted, could you file charges against the individual who inflicted the pain? We as adults have rights to live and to be free under the Constitution of the United States of America. There are laws to protect our freedom of speech and to prohibit discrimination. Even animals have laws that protect them from abuse and neglect. What about children? Who protects them? What rights do they have?

In an attempt to answer these questions, I discuss the history of child welfare from its humble beginnings in New York to its inclusion in Pennsylvania law. Because this dissertation addresses the effects of vicarious trauma on the child welfare system, a discussion of trauma, its inclusion in the American Psychiatric Association’s Diagnostic and Statistical Manual, and research findings relating to its effects on helpers will also be included in this chapter.

The History of Child Welfare

The First Laws

Henry Bergh, a New York philanthropist and diplomat, was the first individual to be outraged by the maltreatment of animals in our society. In 1866, Bergh established the American Society for the Prevention of Cruelty to Animals (ASPCA), thus pressuring New York legislators to adopt the country’s initial anti-cruelty toward animals law. There
were still no laws that adequately protected children from abuse and neglect (The History of Child Protection, n.d.).

Eight years later, Henry Bergh was approached by several concerned individuals who discussed their concerns for a little girl named Mary Ellen McCormack. Mary Ellen had been found tied to her bed, neglected, and badly beaten. In 1875, this small group of concerned New York residents, with the assistance of Henry Bergh, founded the New York Society for the Prevention of Cruelty to Children (NYSPCC), the first of its kind in the world (The History of Child Protection, n.d.).

With the establishment of the NYSPCC, people of the United States started to recognize their moral obligation to protect children from abuse and neglect. As it was, for another 50 years children were seen as the property of their parents; whatever occurred within any family was considered a private matter (The History of Child Protection, n.d.). Even though society was aware of its moral obligation, the reporting of abuse and neglect was not legally mandated. It was not until 1961 that Dr. C. Henry Kempe presented The Battered Child Syndrome, putting forth a call to physicians to report suspected cases of abuse and neglect (Selected Historical Events of the Kempe Children's Center, n.d.). Even with the awareness of their professional obligation to report suspected cases of abuse and neglect, neither physicians nor any other professional group was legally mandated to do so. Finally, 99 years after the establishment of the first organized child protection institution, the United States Congress promulgated the Child Abuse Prevention and Treatment Act (CAPTA) and provided federal money to states that passed laws identifying and requiring professionals to report suspected cases of abuse and neglect (The History of Child Protection ).
Child Welfare in Pennsylvania

The Commonwealth of Pennsylvania has a long history of attending to those individuals who are in need. Dating back to 1676, the Duke of York took ownership of several parcels of land which currently comprise the state of New York and parts of New Jersey and Pennsylvania. Upon taking over this land, he adopted the Duke's Law and held an election to assign overseer responsibilities for any distracted persons whose condition might prove of public concern (Poor Relief Administration in Pennsylvania, Department of Welfare, 1934, as cited in Commonwealth of Pennsylvania, 1940, p. 1).

In 1682, the Great Law was passed and stated that if any person or persons shall fall into decay or poverty, and not able [sic] to maintain themselves or their children with their own endeavors, or shall die and leave poor orphans, that upon complaint to the next justices of the peace of the same county, the said justices, finding the complaint to be true, shall make provision for them (Poor Relief Administration in Pennsylvania, Department of Welfare, 1934, as cited in Commonwealth of Pennsylvania, 1940, p. 1).

The Pennsylvania Poor Law, which was rooted in English law, was passed in 1705. One of its provisions appointed local townships as the administrative units and their officers as the Overseers of the Poor. They were required to raise relief funds and indenture poor children as apprentices if their parents could not support them. In a continued effort to support the most needy individuals in Pennsylvania, the first almshouse was established in Philadelphia in 1731.

The Act of 1751 was the first attempt in America to develop, care for, and deliver services to individuals who were declared insane. The Pennsylvania Hospital of Philadelphia was thus created. The Act of 1751 was the foundation for Pennsylvania's
system of funding to establish and maintain public and private charitable institutions (Commonwealth of Pennsylvania, 1940).

Early in the 1800s, the Commonwealth of Pennsylvania and its residents witnessed children being cared for in the almshouses along side individuals who were mentally ill, physically challenged, able-bodied indigent individuals, and criminals. They were all restricted to the same facilities. As public concern increased, a number of women became disturbed with the placement of children in the almshouses and organized a group that, on December 20, 1814, established the initial non-sectarian institution for children in Pennsylvania under the auspices of the Orphan Society of Philadelphia. Prior to the establishment of this public, non-sectarian institution, there were several orphanages operating in Pennsylvania under religious sponsorships; these included St. John s Orphan Asylum for Boys established in 1797 and St. Joseph s Orphan Asylum for Girls begun in 1798. Unfortunately, they were not available to all children in the Commonwealth (Orphan Society of Philadelphia, Russell Sage Foundation, 1915, as cited in Commonwealth of Pennsylvania, 1940).

As the movement that addressed the placement of children in almshouses was occurring, another group, the Society for Alleviation of Miseries of Public Prisons, was organizing. They also were concerned about the placement of children in jails and passed in review the unhappy plight of children cast into the same place of internment with hardened and habitual offenders (The Glen Mills School 1826-1936" by Fullerton Waldo, 1926, as cited in Commonwealth of Pennsylvania, 1940). Through the Society s interest and public meetings, the House of Refuge was established and chartered on March 23, 1826. Its intention was for the humane and laudable purpose of reforming
juvenile delinquents, and separating them from the society and intercourse of old and experienced offenders with whom, within the prisons of said city [Philadelphia], they have been heretofore associated and thereby exposed to the contamination of every species of vice and crime (Preamble Act of March 23, 1826, Pub. L. 133, as cited in Commonwealth of Pennsylvania). In conjunction with this new movement to treat and separate juvenile delinquents from hardened criminals, the boys were transferred to Glen Mills in 1890 and the girls to Darlington in 1910.

In 1869, the legislature of the Commonwealth of Pennsylvania acknowledged its responsibility for the care and protection of the most vulnerable segment of our population, the children, by creating the first State Board of Commissioners of Public Charities. This Board was assigned the duty to inspect all correctional facilities, as well as visit cities, counties, wards, boroughs, and townships where these children may return, and report back on an annual basis to the legislature regarding their findings (Commonwealth of Pennsylvania, 1940). It is interesting to note that the first annual report regarding children in almshouses stated: Laws are made for the protection of travelers on railroads and steamships, for miners in coal shafts, why not for little children from greater and more dreadful peril? (Commonwealth of Pennsylvania, p. 4).

The Directors of the Poor in Pennsylvania, originally called the Overseers of the Poor, held exclusive jurisdiction over dependent and neglected children until the enactment of the Juvenile Act of 1903 and the formation of the Juvenile Court. The Juvenile Act addressed four areas: (1) as an instrument for dealing with child offenders; (2) in relation to its authority over parents and adults who fail to support, who neglect, mistreat or abuse children or contribute towards their delinquency; (3) in relation to its
jurisdiction in the care of dependent children (this involves decision as to custody and order of support which may be by the parents or from public funds); (4) in relation to commitment of mentally or physically defective children requiring specialized care and treatment (Report to the General Assembly of the commission appointed to study and revise the statutes of Pennsylvania relating to children, 1927, as cited in Commonwealth of Pennsylvania, 1940). The courts had shifted from trying children as adults to becoming their protectors.

In 1921, the State Board of Public Charities was renamed the Department of Welfare. It was then assigned the responsibility of establishing policies and procedures for both the private and public agencies that provided services to children in their homes or in foster care. In addition to its administrative responsibilities, the Department of Welfare was also responsible for the supervision of all public and private organizations to ensure the integrity of the agencies and to protect children from further harm (Commonwealth of Pennsylvania, 1940).

Then Governor Pinchot became distressed over the state of the child in Pennsylvania and, through the Department of Welfare, appointed seven individuals to study the statutes relating to and the conditions and practices for conserving the welfare of the children of this state (The Legal Foundations of the Jurisdictions, Power, Organization, and Procedure of the Courts of Pennsylvania in their Handling of Cases of Juvenile Offenders and of Dependent and Neglected Children, as cited in Commonwealth of Pennsylvania, 1940), thus implementing the Pennsylvania Children’s Commission which served the Commonwealth from 1923 until 1927. The Commission investigated child welfare conditions and children’s resources in seven counties in the
Commonwealth. The findings indicated that child welfare services had been established in urban areas through private agencies; whereas, the more rural counties had been untouched by child welfare services. It was with this information, a commitment from the Department of Welfare, the experiences of both private and public agencies, and mandates by residents, that child welfare services in Pennsylvania were initiated. In addition to exploring the conditions and practices for children in the Commonwealth, the Children’s Commission reviewed and made recommendations for the revision of laws associated with children (Commonwealth of Pennsylvania).

The Federal Social Security Act of 1935 provided grants to states to assist them in establishing, extending, and strengthening the child welfare system, particularly focusing on more rural communities in order to ensure that services were in place for the protection and care for the homeless, dependent and neglected children and children in danger of becoming delinquent (Commonwealth of Pennsylvania, 1940, p. 12). With the acceptance of federal money, the Commonwealth of Pennsylvania, on March 31, 1936, with an executive order from then Governor George H. Earle, developed an extension of the Department of Welfare called the Rural Extension Unit that was assigned to administer the grant. The early evolution of child welfare services under the leadership and administration of the Rural Extension Unit was a time of opportunities, experimentation, and cooperation.

There was also concern for children at the federal level. The Children’s Bureau, now known as the United States Department of Labor, was established in 1912 to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of the people, especially on infant mortality, birth rates,
orphanages, juvenile courts, desertion, dangerous occupations, accidents, and diseases of
children, employment of children, and legislation affecting them (Commonwealth of
Pennsylvania, 1940, p. 6). Upon distribution of the grant, the Children's Bureau
determined that federal grant money should be utilized to employ a state official and hire
individuals qualified and trained in the area of child welfare.

The Children's Bureau issued a guideline stating that the basic parameter under
which the Department of Public Welfare and the Rural Extension Unit were to operate
was a general child welfare program with an emphasis on the special needs of certain
counties (Commonwealth of Pennsylvania, 1950). The original design proposed to the
Children's Bureau by the Department of Public Welfare focused on seven counties, four
of which were more than 50% rural; the other three were identified as areas of special
need. Three additional areas were identified for investigation the needs of Negro
children, the impact of delinquency, the need for mental health services in rural
communities.

Three counties participated in the child welfare services by the end of
1936 Cumberland, Fayette, and Wayne; by the end of 1937, three additional counties
were included. With this undertaking, the Rural Extension Unit (changed in 1940 to
Rural Child Welfare Unit) worked closely with the Directors of the Poor who had the
legal responsibility to provide services for dependent children. In 1937, the
Commonwealth of Pennsylvania abolished the office of Directors of the Poor and shifted
their legal responsibilities to local county government, the county commissioners. During
the 1930s, the Commonwealth of Pennsylvania experienced its first intergovernmental
partnership to address, develop, and implement a program to meet the special needs of
children. Because of the information gathered within the child welfare system, the Commonwealth created an integrated, comprehensive mental health center in Harrisburg called the Tri-County Child Guidance Center; this occurred in March of 1938. This action led to the establishment of the Mental Health Act in Pennsylvania. (Commonwealth of Pennsylvania, 1950).

Today, the Office of Children, Youth, and Families (OCYF) is responsible for supervising those social services in Pennsylvania that target abused and neglected children and some delinquent youth and their families (Pennsylvania Department of Public Welfare, Office of Children, Youth, and Families, 2002). With offices in each of Pennsylvania's 67 counties, they are part of the Department of Public Welfare. Through OCYF, the Department of Public Welfare is responsible for regulating minimum services provided to children and youth, supervising the administration of the services provided, and reimbursing counties for approved services.

Although each county agency is responsible for developing and providing services to treat and prevent child abuse, neglect, and exploitation, the county commissioners carry the final authority and responsibility for the services within their county. County agencies and the child welfare professionals who service those agencies are responsible for providing services to children and their parents in order to maintain the children in their own homes and communities. For those children who cannot remain with their families, the agency is responsible for the temporary placement of those children. Their services include reuniting the children with their families or providing adoption services for those children who cannot be reunited with their families. Services and care ordered by the court for children who have been declared delinquent or
dependent are also within the purview of child welfare workers. There are 18 specific services designated as the responsibility of each county agency in Pennsylvania. Each county agency is governed by a number of laws and acts including the Juvenile Act; Act 151 of 1994, which expanded the definition of child abuse; and Act 127 of 1998 (Pennsylvania Department of Public Welfare, Office of Children, Youth, and Families, 2002). A summary of the events affecting child welfare in Pennsylvania can be found in Appendix A.

In 2000, 22,809 suspected cases of child abuse were investigated by public child welfare agencies in Pennsylvania; 5,002, or 21.9%, of those reports were substantiated. Of the 5,002 substantiated reports, 50% of them involved sexual abuse. A total of 9,042 children were removed from the setting in which the abuse occurred (Pennsylvania Department of Public Welfare Office of Children, Youth and Families, n.d.). It must be noted that all reports of abuse must be investigated within 24 hours of their receipt.

Trauma in the Context of History

Traumatic experiences are one of the few phenomena that have no boundaries, are not culturally specific, ignore age, are not prejudiced or biased, and are not gender specific. In reviewing the literature within the field of psychotramatology, the great controversy about helping-induced trauma is not Can it happen? but What shall we call it? (Stamm, 1997, p. 1).

Van der Kolk and McFarlane (1996) discussed trauma as it has related to the history of the world:

Experiencing trauma is an essential part of being human; history is written in blood. Although art and literature have always been preoccupied with
how people cope with the inevitable tragedies of life, the large-scale scientific study of the effects of trauma on body and mind has had to wait till the latter part of this century. (p. 3)

Looking back at the 20th century, one can review the trauma that has already had an impact upon hundreds of millions of people: World War I; World War II; the bombings of Hiroshima and Nagasaki; the Korean conflict; the conflict in Vietnam; widespread civil unrest; increased domestic violence; the physical and sexual abuse of children; mass genocide; ethnic cleansing; AIDS; plane crashes; highjacked planes; the Oklahoma City bombing; natural disasters; terrorist threats; the Buffalo Creek flood; the Gulf War; terrorism; the September 11, 2001, attacks on the World Trade Center and the Pentagon; the Flight 93 crash in Somerset County, Pennsylvania; the threat of anthrax; the fighting in Afghanistan. The list goes on.

With the recent national tragedy of September 11, 2001, all segments of our society have been attempting to grapple with constant fear, anxiety, sleeplessness, flashbacks, feelings of lack of control, withdrawal, isolation, startle responses, hyperarousal, and a change in our way of living and being. It was because of traumatic events like these that interest in human reactions grew in many fields the behavioral sciences, experimental psychology, sociology, medicine, and the legal profession. Professionals sought to understand the potential, long-term impact of the phenomenon which has come to be labeled as posttraumatic stress disorder (PTSD).

The History of PTSD

In the 1900s, theorists began to formulate explanations for the observed phenomenon which is now known as PTSD. The earliest conceptualizations of PTSD
attempted to categorize the observed symptoms as being strictly organic (van der Kolk, Weisaeth, & van der Hart, 1996). However, it was Sigmund Freud's work which made a significant impact on the understanding and development of trauma and its diagnostic criteria, not only in the United States, but throughout the world. While Freud's complete contribution is beyond the scope of this dissertation, there are several key issues that need to be addressed.

Freud's original view of neuroses was a PTSD paradigm known within the psychoanalytic field as seduction theory. Freud believed that during childhood development, a wide range of traumatic experiences and events could be distressing to individuals (Wilson, 1995). His initial view came under fire from other physicians in Vienna. With pressure from his peers, Freud revisited his original theory and suggested that his patients' memories may have been fantasies that had their origins in libidinal drives and conflicted or deprived attachments to parental figures (Masson, 1984).

In 1897, Freud once again abandoned the seduction theory and moved toward a conceptual model that emphasized the role of fantasy in the intrapsychic process. One of Freud's most famous works, Introductory Lectures on Psychoanalysis (1917/1966), clearly documents his understanding of traumatic neurosis and its symptoms:

The closest analogy to this behavior of our neurotics is afforded by illnesses which are being produced with special frequency precisely at the present time by the war what are described as traumatic neuroses. Similar cases, of course, appeared before the war as well, after railway collisions and other alarming accidents involving fatal risks. . . . The traumatic neuroses give a clear indication that a fixation to the traumatic accident
lives at their root. These patients regularly repeat the traumatic situation in their dreams; where hysteriform attacks occur that admit of an analysis, we find that the attack corresponds to a complete transplanting of the patient into the traumatic situation. It is as though these patients had not yet finished with the traumatic situation, as though they were still faced by it as an immediate task which has not been dealt with; and we take this view quite seriously. (pp. 274-275)

Finally, in 1928, Freud published his book *Beyond the Pleasure Principle* (1956) in which he once again addressed the issue of traumatic neuroses and utilized a metaphor of the protective shield of the ego for the defensive mechanisms. It was in that work that Freud considered traumatic events as external stressors that were strong enough to break through the protective shield (Wilson, 1995, p. 14) and inflict injury or harm on the individual. Freud wrote:

> We describe as traumatic any excitations from outside which are powerful enough to break through the protective shield. It seems to me that the concept of trauma necessarily implies a connection of this kind with a breach in an otherwise efficacious barrier against stimuli. Such an event as an external trauma is bound to provoke a disturbance on a large scale in the functioning of the organism’s energy and to set in motion every possible defensive measure. At the same time the pleasure principle is for the moment put out of action. There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises instead the problem of mastering the
amounts of stimulus which broken in and of binding them, in a psychical sense, so they can then be disposed of. (1928/1956, pp. 56-57)

**Inclusion in the DSM**

Reviewing the work of Freud, we can now trace the development of the diagnostic criteria for posttraumatic stress disorder. In 1952, the American Psychiatric Association (APA) published its first *Diagnostic and Statistical Manual of Mental Disorders*. It contained a diagnostic category known as Transient Situational Personality Disorder, which included the category Gross Stress Reaction (GSR). Gross Stress Reaction only addressed combat or civilian catastrophe (American Psychiatric Association [APA], *Diagnostic and Statistical Manual of Mental Disorders*, 1952).

In 1968, the APA published the second edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)*. Gross Stress Reaction was renamed Adjustment Reaction of Adult Life. As stated by Wilson, the asterisks by the diagnostic category name told the user of the manual to look in the appendices for additional examples of stressful life events and listed such events as car accidents, railway accidents, boat accidents, airplane accidents, and more (1995, p. 17). The subcommittee of the APA which changed Gross Stress Reaction to Adjustment Reaction of Adult Life clearly recognized that there were stressor events that contained a possible physical threat of injury or death, or were psychologically associated with states of fear and anxiety (Wilson, p. 17). Wilson questioned why the committee did not go further in determining how these types of events relate specifically to adjustment reactions (p. 17).

Events from 1900 to 1952 were investigated, researched, and published in multiple sources including those of the medical and scientific fields. Abram Kardiner...

It is interesting to note that Freud recognized the existence of stressor events (e.g., World War I, railroad collisions, physical fatal accidents, and child abuse) prior to the 1917 publication date of his book *Introductory Lectures on Psychoanalysis*. Those events frequently generated illness. Freud further acknowledged that it was not uncommon for those traumatic events to produce a traumatic neurosis and hinted that traumatic neuroses were not the same as spontaneous neuroses. In his works, Freud clearly described the core PTSD symptom clusters: intrusive imagery, physiological hyperactivity, and active reliving of the event (Wilson, 1995).

Prior to the publication of the *DSM-II* (1968), the world experienced many traumatic events: the Korean and Vietnam Wars; the assassinations of John F. Kennedy, Martin Luther King, and Robert F. Kennedy; the threat of nuclear war; civil unrest and violence in Northern Ireland; wars in the Middle East; and the pervasiveness of childhood sexual abuse. Wilson (1995) and other professionals questioned why the APA subcommittee did not go further in determining the relationship between external stressor events and adjustment reactions.

Between 1895 and 1974, the study of trauma centered almost exclusively on its effects on white males (van der Kolk et al., 1996). But that was soon to change. Ann Burgess and Linda Holstrom (1974) of Boston City Hospital described the rape trauma
syndrome. They noted that the terrifying flashbacks and nightmares seen in women who had been raped resembled the traumatic neuroses of war exhibited by battle-worn soldiers. In 1975, Richard and Cathy Kempe (1978) started their work on battered children. Systematic research on trauma and family violence began to appear (e.g., Carmen & Munson, 1978; Gelles & Strauss, 1979; Walker, 1979). In 1980, all the different syndromes—the rape trauma syndrome, the battered woman syndrome, the Vietnam veteran syndrome, and the abused child syndrome—were subsumed under the new diagnosis of posttraumatic stress disorder, PTSD (van der Kolk et al., 1996). In 1980, the *DSM-III* incorporated the new diagnosis of PTSD as a separate diagnostic entity and placed it among the anxiety disorders, presumably because anxiety, emotional distress, and physical disequilibrium were among the first affective reactions associated with traumatization.

A subcommittee of the APA revised the diagnostic criteria in 1987, and the then newly released *DSM-III-R* reflected knowledge based on research and clinical work with victims of trauma. The number of symptoms jumped from 12 to 17. To receive a clinical diagnosis of PTSD, the client had to manifest six symptoms from the three major clusters: re-experiencing the traumatic event, avoidance and numbing reactions associated with the traumatic event that were not present before the event, and symptoms of increased physiological arousal that were not present before the trauma. The changes made to the *DSM-III-R* included more than the addition of symptoms; it also attempted to clarify language, meaning, and specificity of reactions to trauma (Wilson, 1995, p. 21). Specifically, trauma stressors were defined in the *DSM-III-R* as any external events
outside the usual range of daily hassles that would be markedly distressing to almost everyone (Wilson, p. 22).

*DSM-IV*, published in 1994, reflected minor changes from the previous *DSM-III-R*. One noteworthy change included the addition of Acute Stress Disorder (ASD) and the definition of exposure to a traumatic event. ASD, although similar to PTSD, differs with respect to onset and duration. ASD was used to describe anxiety, dissociation, and other symptoms that occurred within one month of exposure to an extreme traumatic stressor (Rapoport & Ismond, 1996).

The Field of Psychotramatology

Since the 1980 addition of PTSD in the *DSM-III*, the field of psychotramatology has witnessed the creation of theoretical and empirical expositions regarding the nature and treatment of PTSD. In an attempt to provide order and commentary to this field, PTSD has become a clinical sub-specialty (Everly, 1995b).

Prior to 1991, there was no encompassing term to represent the field we now label as psychotramatology. In an attempt to unite the various areas within the field of traumatic stress studies, Donovan (1991) suggested using the term traumatology. There was, however, resistance to its use since traumatology has long denoted the branch of medicine that deals with wounds and serious injuries. Charles Figley, nonetheless, continued to use the term and defined traumatology as the investigation and application of knowledge about the immediate and long-term psycho-social consequences of highly stressful events and the factors which affect those consequences (1999 p. 5). In 1993, George Everly introduced the term psychotramatology to denote the field of psychology trauma and defined it as the study of psychological trauma; more
specifically, the study of the processes and factors that lie (a) antecedent to, (b) concomitant with, and (c) subsequent to psychological traumatization (Everly, 1995b, p. 4). We continue to use this term.

**Impact of Trauma on the Victim**

Research (Bartlett, 1932; Figley, 1985; Hayek, 1952; Herman, 1992; Janoff-Bulman, 1989; Janoff-Bulman & Frieze, 1983; Kelly, 1955; Magwaza, 1999; McCann & Pearlman, 1990a; Sexton, 1999; Tucker & Trautman, 2000) suggests that humans are negatively affected by any experience of traumatization. In order to understand the impact of trauma on an individual, we must explore how the experience affects the individual’s cognitive functioning.

Cognition represents an internally organized system of relations, a set of rules for processing information or connecting events in personal experiences (Hayes & Oppenheim, 1997). Constructivists maintain that there are certain structuring tendencies inherent to human nature by which people attempt to make sense of their experiences both within themselves and within the world in which they live (Bartlett, 1932; Hayek, 1952; Kelly, 1955). A person’s reality is shaped through experiences which describe the interconnections between oneself and the world. This process is recursive and represents our efforts to understand the changes going on around us and what it means to be me in a world like mine at a time like this (Hayes & Oppenheim, p. 23). This structuring predisposition is a concept of cognition. Each of us constructs our own personal assumptions of reality. These assumptions allow us to arrange information and function within our world with some degree of confidence (Epstein, 1985; Janoff-Bulman, 1992; Parkes, 1975) and include the assumption that the world is a safe place (Janoff-Bulman,
that one is invulnerable (Perloff, 1983), that oneself and other people are basically
good, and the events that occur are meaningful (Janoff-Bulman, 1989; Janoff-Bulman &
Frieze, 1983; McCann & Pearlman, 1990a, 1990b). Lisa McCann and Laurie Anne
Pearlman (1990a, 1990b) stated that cognitive schemas (also know as personal constructs
[Epstein, 1985] and mental structures [Paivio, 1986]) are manifestations of psychological
needs, which are a central aspect of the self. A person's schemas concerning self and
others are developed in several areas: safety, trust, esteem, control, and intimacy
(McCann & Pearlman, 1990a, 1990b). These individual schemas develop as a result of
one's life experiences within a meaningful social and cultural context. These experiences
shape the development of either positive or negative schemas within the five areas of
psychological needs, which, in turn, serve as the lens through which any event is
interpreted (McCann & Pearlman, 1990a).

Janoff-Bulman (1985) suggested that any traumatic experience will disrupt and
shatter an individual's basic assumptions about themselves and their world. That is, a
traumatized individual will change how they view themselves, determine that the world
is an unsafe place, and question the orderliness of the world in which they live.
Janoff-Bulman (1989) administered the World Assumption Scale (WAS) in a comparison
study of undergraduate non-victims and undergraduate victims and reported that victims
had a more negative view of themselves and the world than did non-victims. Magwaza
(1999) administered the WAS to 65 South African adults who had been traumatized by
representatives of the South African apartheid government. Magwaza's findings
supported those of Janoff-Bulman; the traumatized and non-traumatized groups differed
significantly in their basic assumptions about themselves and the world. The findings of
these studies suggest that trauma has an effect on the assumptive schemata of humans. In fact, Magwaza reported that the impact of the trauma was still apparent years after the occurrence of the traumatic events (Results section, ¶ 1).

In order for us to fully comprehend the impact of trauma on a victim, we must also be aware of the emotional, behavioral, and physical repercussions these traumatic events have on an individual. Figley (1985) stated that posttraumatic stress reactions are the natural behaviors and emotions that accompany traumatic events. The *DSM-IV* (1994) defines posttraumatic stress disorder as the development of characteristic symptoms following exposure to an extreme traumatic stressor (p. 424). These symptoms consist of, but are not limited to, recurrent and distressing recollections of the event, including images, thoughts, or perceptions; dreams with the sense of reliving the event; illusions; flashbacks; efforts to elude thoughts, feelings, activities, people, and places; decreased interest in involvement; and feelings of detachment from others. These indicators can be classified as the persistent re-experiencing of the event, persistent avoidance, or hyperarousal (*DSM-IV*; Herman, 1992). Phoebe Tucker and Richard Trautman reported that studies have demonstrated that PTSD patients have greater physiological reactivity to specific trauma cues (2000, p. A42). These reactions include, but are not limited to, an elevated heart rate and/or blood pressure, rapid breathing, and sweating.

**Natural vs. Human Made**

Prolonged stressors deliberately inflicted by people are far harder to bear than accidents or natural disasters. Most people who seek mental health treatment for trauma have been victims of violently inflicted wounds dealt by a person. If this was done deliberately in the context of an ongoing relationship, the problems are increased. The
worst situation is when the injury is caused deliberately in a relationship with a person on
whom the victim is dependent, particularly in a parent-child relationship (Giller, n.d.).

The most personally and clinically challenging clients are those who have
experienced repeated and intentional violence, abuse, and neglect from childhood
onward. These clients have experienced tremendous loss, the absence of control,
violations of safety, and betrayal of trust. The resulting emotions grief, terror, horror,
rage, and anguish are overwhelming. Psychological effects are likely to be most severe if
the trauma is human caused, repeated, unpredictable, multifaceted, sadistic, undergone in
childhood, and perpetrated by a care giver (Giller, n.d.).

The Cost of Caring and Its Impact

While there exists an extensive body of knowledge on the impact of
psychological trauma on victims, very little attention has focused on the secondary
victim, the helper (Everly, 1995a). B. Hudnall Stamm, the Director of the National
Center for PTSD, addressed the effects of trauma on those in helping roles. He said it is
apparent that there is no routinely used term to designate exposure to another s traumatic
material by virtue of one s role as a helper (1997, p. 1). There are several
terms countertransference (CT); compassionate fatigue (CF), later renamed secondary
traumatic stress (STS); burnout; and vicarious trauma (VT) which are most commonly
used in an attempt to describe the impact of trauma on helpers.

Countertransference

Judy Herman (1992) stated that traumatized individuals seek a safe environment,
what she calls a therapeutic sanctuary, in which to engage in an interpersonal relationship
with the therapist. This safe relationship facilitates recovery. It assists the traumatized
individual in integrating the stressful experience within the ego structure in ways that are no longer disruptive or distressing. As in any therapeutic setting, the establishment of a trusting and safe environment is paramount. Achieving empathy requires the ability to project oneself into the phenomenological world being experienced by another person (Wilson & Lindy, 1994, p. 7). Wilson and Lindy remind us that countertransference originated with Freud in 1910 and has traditionally referred to the reciprocal impact that the patient and the therapist have on each other during the course of psychotherapy (p. 9). Freud never clearly addressed his meaning of countertransference; however, he used the condition in a negative sense (Gorkin, 1987). Freud’s two specific references to countertransference caution the clinician to overcome it and to keep it in check. Freud’s position on countertransference insinuated that the clinician’s reaction was based on her/his own unresolved conflicts (Gorkin).

Other theorists, particularly those individuals associated with the British Object Relations School (Heimann, 1950; Little, 1957; Winnicott, 1949), focused more on the clinician as a participant in the therapeutic process, while emphasizing the importance of the clinician being emotionally attuned to the client (Gorkin, 1987). This modification in therapeutic attitude parallels the progress of countertransference from something to be avoided to a useful tool for understanding clients (Gorkin). Countertransference reactions (CTRs) are an essential tool for understanding the patient, rather than an obstacle for the therapist to overcome (McCann & Colletti, 1994, p. 101).

The concept of transference was initially discussed by Freud (1905) when he referred to the client’s feelings about the clinician based on early significant relationships. Traumatic transference (Herman, 1992) and trauma-specific transference
(Wilson & Lindy, 1994) are terms used to describe the traumatized client’s reactions to the clinician. Debra Neuman and Sarah Gamble (1995) stated that there are unique challenges in the areas of countertransference and vicarious traumatization to clinicians who work with traumatized individuals. The first countertransference theme is a group of responses that are evoked by client transference patterns and enactments (Neumann & Gamble, p. 341). Miller (1990) reported that adult survivors have unique internal configurations of their psyches that embrace three areas of self representation as a victim, as a perpetrator, and as a non-protective other. The three self descriptions are closely connected with expectations of others grounded in the client’s individual childhood experiences. The end result is that the client experiences her/himself and the context of one of the three representations (Neumann & Gamble). This type of countertransference may evoke reactions including rescue fantasies (Neumann & Gamble), possibly causing therapists to generate a profound preoccupation with their clients. While Miller described the clinicians’ reactions as rescue fantasies, Kauffman (1992) introduced the term countertransference hostage syndrome. This reaction by clinicians is associated with feelings of being silenced and controlled by the client. The clinician’s therapeutic options seem closed off. There is a sense that the clinician is losing her/his own perspective in the face of the client’s sense of reality (Neumann & Gamble, p. 342).

A second cluster of countertransference consequences affects therapists working with individuals who have a trauma history. These consequences result from the fact that clients’ experiences are apt to destroy therapists’ personal and cultural mythologies. Clinicians’ deeply held beliefs about human nature, the sanctity of
childhood, and the capacity for evil that exists in all of us (Neumann & Gamble, 1995, p. 342). The reaction of a therapist, caseworker, social worker, or school counselor can be one of denial of their client's experiences as a safeguard to hold on to their own worldview and beliefs. In an attempt to process horrific information, clinicians may intellectualize it (Neumann & Gamble) or make generalizations regarding their clients' experiences. This distancing maneuver is important for the clinicians as a result of their empathic engagement with individuals who have been traumatized at the hands of another human being. Because of this, clients tend to view their clinicians as being cold and disengaged.

By the very nature of our humanness, we can become fascinated from hearing the horrific stories our clients have shared with us. Being human, we could become sexually aroused or excited or even curious about our clients' experiences (Davies & Frawley, 1994). Once this unconscious fascination is brought to the clinician's attention, he or she often experiences feelings of shame, guilt, and/or shock (Neumann & Gamble, 1995).

Karen Saakvitne (1990) introduced the term container countertransference. Clinicians are often asked to respond to a client's impaired capacity to tolerate and manage strong affect (Neumann & Gamble, 1995, p. 342). Because of this, the clinician may feel defeated by the client's inability to voice her/his inner experience and their tendency to vacillate between controlling affect regulation to dramatic emotional abreacts. Caseworkers, therapists, and other professionals who work with the traumatized may encounter countertransference themes which, left unaddressed, could impact the clinician in a variety of ways.
Secondary Traumatization

Charles Figley stated that there is a cost of caring (1999, p. 10); that is, those individuals who care for others often undergo pain as a consequence of their exposure to others’ traumatic material. A review of the literature resulted in an abundance of studies with references to secondary trauma. Those studies were primarily dedicated to the traumatization of crisis workers, firefighters, police, rescue workers, and emergency medical technicians and therapists (e.g., McCann & Pearlman, 1990b; Raphael, Singh, Bradbury, & Lambert, 1983-1984; Weiss, Marmar, Metzler, & Ronfeldt, 1985).

Secondary traumatic stress was initially designated as compassion fatigue by Charles Figley (1999). He stated that it was a natural consequence of working with individuals who had undergone intensely stressful events. Compassion fatigue, or secondary trauma, he contended, developed as a result of two things: the clinician’s exposure to the client’s experiences and empathetic engagement with the client.

Figley (1998) proposed that family, friends, and professionals are vulnerable to developing traumatic stress symptoms from being empathetically engaged with victims of traumatic events. Since then, several researchers (e.g., Danieli, 1994; Dyregrov & Mitchell, 1992; Eth & Pynoos, 1985; Herman, 1988; McCann & Pearlman, 1990a, 1990b; McFarlane, 1986; Munroe, 1990; Pearlman & Saakvitne, 1995a; and Stamm, 1999) have contended that traumatic stress symptoms are contagious and create parallel effects in those who work with trauma victims. Secondary traumatic stress is defined as the natural consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995, p. 7).
Professionals who choose to work with individuals and their traumatic material undergo the same cluster of traumatic stress symptoms as do the victims of those traumatic events (Beaton & Murphy, 1995; Dyregrov & Mitchell, 1992; Figley, 1995, 1999; Horowitz, 1974; Pearlman & Saakvitne, 1995a; Sexton, 1999; Wilson & Lindy, 1994). The symptoms can include sleep disturbances, flashbacks, nightmares, irritability, anxiety, and a sense of loss of control. Trauma and its impact, frequency, and duration varies from person to person; the impact on the professional community is no different. There is an undeniable relationship between the longevity of a career, high caseloads, the intensity and repeated exposure to clients’ traumatic material, and long hours to stress traumatic symptoms (Beaton & Murphy, 1995; Chrestman, 1999; Cornille & Meyers, 1999; Munroe, 1990; Pearlman, 1999).

**Burnout**

Along with the concepts of countertransference and secondary trauma, burnout is another idea that has been utilized to explain the influence of working with people. Burnout has a negative connotation attached to it; the concept itself is associated with individuals who are addicted to drugs. Initially, the term burnout referred to the consequences of prolonged drug abuse. Freudenberger (1975) is given credit for introducing the term burnout in the human service realm. His model of burnout emphasized an individual psychology, whereas Christine Maslach (1982) studied burnout from a social-psychological perspective with the focus on the connection between environmental and individual circumstance.

In reviewing the literature, there were over 300 articles published on burnout. Christine Maslach (1982), one of the first psychologists to perform research in the area of
burnout reported over 30 definitions and descriptions of it. Maslach stated that burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems (1982, p. 3).

Much has been written about burnout among child welfare workers (e.g., Anderson, 2000; Barnes, 1985; Daley, 1979a, 1979b; Davis-Sacks, 1985; Davis-Sacks, Jayaratne, & Chess, 1985; Drake & Yadama, 1996; Geurts, Schaufeli, & DeJonge, 1998; Harrison, 1980; Holloway & Wallinga, 1990; Jayaratne & Chess, 1984; Jayaratne, Chess, & Kunkel, 1986; Jones, 1993; MacFadden, 1982; Murphy-Hackett & Ross, 1984; Ratliff, 1988; Shannon & Saleebey, 1980; Shapiro, Burkey, Dorman, & Welker, 1996; Shapiro, Dorman, Burkey, & Welker, 1999; Skovholt, 2001). It has been suggested that burnout among child welfare workers is the result of external circumstances such as high caseloads, overwhelming paperwork, arbitrary deadlines, and critical comments from the community in general, bureaucratic difficulties, and isolation of caseworkers. McCann and Pearlman (1990a) suggest that burnout may be the aftermath of working with trauma victims, but the burnout concept alone does not appropriately address the repercussion of the traumatic material presented by traumatized clients on the worker.

Munroe (1990), who conducted research on therapists working with combat veterans, reported that having a higher caseload of clients who had not been diagnosed with posttraumatic stress disorder did not produce PTSD-like symptoms for the therapist, whereas a parallel caseload of clients with PTSD did have an impact on the therapist. Schauben and Frazier’s (1995) study with psychologists and counselors working with
sexual survivors reported disrupted beliefs among the psychologists and counselors and an increase of PTSD symptoms. They also supported the position that there is a marked difference between burnout and vicarious trauma.

One does not need to be a professional to experience secondary traumatic stress disorder. Family members, friends, co-workers, or any individual who knows, hears, and/or sees the toll it takes on a victim can exhibit PTSD-like symptoms. While countertransference, secondary traumatic stress disorder, and burnout are significant concepts to assist us in understanding trauma and its impact, none of these concepts address how knowing about a victim’s trauma or hearing about it or seeing a traumatic event changes us as people. We, as helpers who empathically engage with our clients as they undertake the healing journey, can become the hidden victim (Duckworth, 1991; Patton, 1989). But, to what cost to the helpers? How do we make meaning out of violence inflicted by other humans? What would cause someone to intentionally put out a cigarette on a child’s arm or face, shake a baby so violently that the child suffers cerebral hemorrhaging, or place a child on a hot stove in order to discipline the child?

Vicarious Traumatization and the Constructivist Self Development Theory

McCann and Pearlman (1990b) stated that persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons (p. 133). This process is called vicarious traumatization.

We live in a violent world where people of all racial identities, ethnic backgrounds, genders, ages, and sexual preferences can fall victim to some type of trauma—rape, vehicle accidents, causality of war, racism, bullying, domestic violence, or
sexual abuse. The list goes on. Recently, there has been an increase of victims seeking treatment from professionals to assist them in their journey of healing. But at what cost to the therapist, counselor, social worker, psychologist, school counselor, or other helper who serves witness to another individual’s sustained horror (Herman, 1992)?

To understand the impact of trauma on a therapist, Lisa McCann and Laurie Anne Pearlman (1990a) coined the term vicarious traumatization in an attempt to describe and articulate the repercussions of trauma and its consequences on therapists. Pearlman and Mac Ian (1995) defined vicarious traumatization as the transformation that occurs within the therapist . . . as a result of empathic engagement with clients’ trauma experiences and their sequelae (p. 558). Trauma and its impact are marked by unique, individual reactions to an experience determined by the meaning assigned to the trauma.

Lisa McCann and Laurie Pearlman introduced vicarious traumatization within the Constructivist Self Development Theory (CSDT) as a new theoretical model which included a description of its application to work with adult survivors of trauma. Prior to presenting their theory, McCann and Pearlman reviewed several leading theories: self psychology (Kohut, 1977), social learning theory (Rotter, 1954), and developmental theory (Mahler, Pine, & Bergman, 1975). While CSDT draws largely from developmental social cognition theories, McCann and Pearlman adopted several ideas from the above theories in an attempt to develop a comprehensive personality theory with a constructivist perspective. The major underlying premise of CSDT is that individuals possess an inherent capacity to construct their own personal realities as they interact with their environment. This constructivist position asserts that human beings actively create their representational models of the world (McCann & Pearlman, 1990a, p. 6). Within
CSDT, McCann and Pearlman focus on three psychological systems: (1) the self (or the individual's sense of himself/herself as a knowing, sensing entity, complete with capacities to regulate self-esteem and ego resources to negotiate relationships with others); (2) psychological needs (which motivate behaviors); and (3) cognitive schemas (or conceptual frameworks for organizing and interpreting experience) (1990a, p. 6).

While the topic of developmental personality theory is beyond this paper, I refer you to read Kohut and Mahler, Pine, and Bergman.

Several conceptualizations referring to self existed prior to McCann and Pearlman's work (e.g., Jung, 1960; Kohut, 1977). However, McCann and Pearlman defined self as a hypothetical construct we use to describe the psychological foundation of the individual. We view the self as the seat of the individual's identity and inner life. The self comprises: (1) basic capacities whose function is to maintain an inner sense of identity and positive self-esteem; (2) ego resources, which serve to regulate and enhance one's interactions with the world outside oneself; (3) psychological needs, which motivate behavior; and (4) cognitive schemas, which are the beliefs, assumptions, and expectations, both conscious and unconscious, through which individuals interpret their experiences. The self develops as a result of reflection, interactions with others, and reflection upon those interactions. (1990a, p. 16-17)

Trauma is defined by McCann and Pearlman as an individual's psychological response and a paralyzed, overwhelmed state, with immobilization, withdrawal,
possible depersonalization, evidence of disorganization (1990a, p. 13). Figley (1985) also conceptualized trauma as the response rather than the stressor. Figley stated that trauma is an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm (p. 35).

There are four self-capacities within CSDT that allow an individual who has been traumatized to keep a constant sense of identity and self-esteem. The first category is denoted as aspects of the self and their functions. These regulate self-esteem and include the ability to tolerate strong effect, the ability to be alone without being lonely, the ability to calm oneself, and the ability to regulate self-loathing. The second category is labeled as ego resources and includes those items which regulate interactions with others. They include intelligence, the ability to introspect, willpower, initiative, the ability to strive for personal growth, awareness of psychological needs, the ability to take perspective, empathy, the ability to foresee consequences, the ability to establish mature relations with others, the ability to establish boundaries, and the ability to make self-protective judgements. The third category, psychological needs, refers to those items which motivate behaviors frame of reference, safety, trust/dependency, esteem, independence, power, and intimacy. The final category, cognitive schemas, describes those characteristics that organize experience of self and the world. Included in this area are beliefs, assumptions, and expectations related to psychological needs (McCann & Pearlman, 1990a, p. 17).

The essential premise of CSDT is that human beings construct their own personal realities through the development of complex cognitive structures which are used to
interpret events. These cognitive structures are constantly evolving and become increasingly complicated as individuals interact with their environment (McCann & Pearlman, 1990b). These cognitive structures were described as schemas by Piaget (1971) and include beliefs, assumptions, and expectations about self and world that enable individuals to make sense of their experiences.

McCann and Pearlman reviewed the literature on adaptation to trauma and identified six psychological needs that are important to understand trauma survivors' frame of reference, safety, trust/dependency, esteem, independence, and power and intimacy (1990a, 1990b). Their propositions are in agreement with the findings of several following theorists: Julian Rotter (social learning theory, 1954); George Kelly (personal construct theory, 1955); Aaron Beck (cognitive theory of depression, 1967); Jean Piaget (structural theory, 1970, 1971); James Mancuso (1977), whose work synthesizes the work of Kelly and Piaget; Seymour Epstein (cognitive-experiential self-theory, 1980); and Michael Mahoney (cognitive constructivism, 1981; Mahoney & Lyddon, 1988). Each of these theories focused on an individual's active participation in making sense of their life experiences through the development of cognitive structures (schemas).

Schauben and Frazier (1995) evaluated vicarious traumatization and disrupted schemas, symptoms of PTSD, and burnout in 118 female psychologists and 30 female rape counselors. Their findings indicated a direct association between higher caseloads involving work with survivors of trauma and a greater number of disruptions in schemas and symptoms of PTSD on the part of the helpers. Munroe (1990) established that current and cumulative exposure to combat-related trauma clients linked significantly with
intrusive symptoms. Dyregrov and Mitchell (1992) conducted research with 85 emergency personnel in Norway responding to a bus accident with 12 children and three adults killed. They reported higher intrusive images with regards to the children than the adults. Carolyn Knight (1997) conducted research with 177 professionals who specialized in working with adult survivors. She reported a disruption in beliefs and sexual intimacy along with mistrust and a sense of being unsafe. Follette, Polusny, and Milbeck (1994) compared 225 mental health professionals and 46 police officers who had training in the area of sexual abuse. The police officers reported experiencing higher degree of symptoms of PTSD than did the mental health professionals. Of those involved in the study, 19.6% of the police officers and 29% of mental health professionals disclosed a personal history of trauma. The researchers concluded that there is a direct correlation between personal history and symptoms of PTSD.

Pearlman and Mac Ian (1995) surveyed 136 self-identified trauma therapists. They found it interesting that there was a significant difference between those therapists with a history of trauma and those therapists without a personal history as measured by the Traumatic Stress Institute (TSI) Belief Scale. Therapists who were newer to the field (calculated by number of years) reported more disruptions in the areas of self-trust, intimacy, and self-esteem. Therapists with a history of trauma who were also new to the field reported more disruptions and PTSD symptoms than those therapists with more years of experience. The researchers reported several significant indicators of vicarious traumatization: higher repeated exposure to clients’ trauma material, larger caseloads, greater duration of client exposure, and greater frequency of exposure to the clients
Therapists working with trauma victims may experience intrusive images and generate a heightened sense of vulnerability (Danieli, 1988; Figley, 1995; Haley, 1974; Herman, 1992; McCann & Pearlman, 1990a). Figley (1995) believes that working with traumatized clients consisted of absorbing information that is about suffering (p. 2) and that requires absorbing the suffering as well. Vicarious traumatization addresses the interplay between traumatic events, the therapist's cognitive schemas about self and the world, and the ability to adapt. This concept is limited to trauma work. Professionals will experience personal and professional changes and the effects of vicarious traumatization are cumulative and may become permanent. This is a direct result of the interaction of the traumatic material shared by the client and the personal attributes of the therapists (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995a).

Summary

In this chapter we examined child welfare in Pennsylvania from an historical perspective. We also looked at the impact of trauma on those in caring professions and the current research in this area.

While the concepts of burnout, countertransference, and secondary traumatic stress are extremely important concepts in assisting us to understand the effects of traumatic stress, none of them address how knowing about a victim's trauma, seeing a traumatic event, or hearing about a horrific event changes us as people. Vicarious traumatization, however, does explain how we, as people, are changed and how we adapt to ongoing traumatic stress.
CHAPTER III
METHODOLOGY

Overview

Qualitative research designs differ from quantitative designs in a variety of ways. Qualitative methods facilitate the study of issues in both depth and detail. The researcher is the instrument in this process and approaches fieldwork without being constrained by predetermined categories of analysis (Patton, 2002, p. 14). This approach contributes to the depth, openness, and detail of qualitative inquiry (Patton, p. 14) and is unlike quantitative research that requires the use of standardized measures so that the varying perspectives and experiences of people can be fit into a limited number of predetermined response categories to which numbers are assigned (Patton, p. 14).

Within this chapter, I have described the rationale, theoretical framework, methodology, research questions, and analysis procedures used in this qualitative, participatory action research study. The research was conducted within the Pennsylvania child welfare system from July 2001 through March 2002. Its purpose was to determine the effects of vicarious traumatization on the child welfare system. For the purposes of this study, the child welfare system is defined as including the state-level Office of Children, Youth, and Families; the various county governments which oversee the implementation of child welfare services; the county-level child welfare offices; and the individuals who work in these different entities.
Rationale

For six years prior to this study, I served as a trainer to caseworkers, supervisors, and foster parents through the Pennsylvania Child Welfare Competency-Based Training and Certification Program. When I walked into my first training, I was confronted with a group of caseworkers huddling in a corner. It was clear that someone was distressed. Several individuals were crying. Before I could begin the training, I chose to process with the group, believing I had to do that before they could be present and receptive to the training. I found that one of the younger caseworkers had experienced the death of a child and was being blamed in the public media for the child’s death. The media did not address the real issue that a perpetrator had taken the life of a child. Instead, they wanted to find fault with the child welfare system. That caseworker left the child welfare field six months later.

That was the first of many similar experiences I had within the Pennsylvania child welfare system in which I watched caseworkers, supervisors, and foster parents agonize over the horrific situations they observed, investigated, heard about, and experienced. Those experiences all involved harm caused to children. When I began my doctoral studies, I knew that I wanted to conduct research within the child welfare system. I investigated those phenomena which had been researched within child welfare. Most of the research findings pointed to burnout as a causal factor for the high turnover rates in child welfare systems throughout the United States. However, based on my experiences, that was not what I was observing with the professionals within the Pennsylvania child welfare system. I believed there had to be something else. My investigations brought me to
the recognition that another phenomena, vicarious traumatization, was responsible for much of the upheaval in the child welfare system. My explorations eventually led to this research.

Theoretical Framework

Constructivist Self Development Theory

This qualitative, multi-case, participatory action study was grounded in the Constructivist Self Development Theory (CSDT) developed by Lisa McCann and Laurie Pearlman (1990a, 1990b). CSDT is a developmental and interpersonal theory with a trauma focus. It explains the impact of trauma on an individual's psychological development, identity, and adaptation.

McCann and Pearlman defined trauma as an individual's psychological response to some event. It results in a paralyzed, overwhelmed state, with immobilization, withdrawal, possible depersonalization, [and] evidence of disorganization (1990a, p. 13). Charles R. Figley, a researcher in the area of secondary trauma, viewed trauma as the response rather than the stressor. He classified trauma as an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm (1985, p. 35).

McCann and Pearlman (1990a) went a step further when they asserted that trauma affects helpers as well as victims. They coined the term vicarious traumatization to describe the change that occurs within helpers as a result of their empathetic engagement with one or more victims and their traumatic material. While McCann and Pearlman developed the Constructivist Self Development Theory in an attempt to explain how
victims adapt to traumatic experiences, they realized the theory also explained how helpers are transformed because they choose to engage empathically with victims. There is a cost for caring.

The major underlying premise of CSDT is that individuals possess an inherent capacity to construct their own personal realities as they interact with their environment (McCann & Pearlman, 1990a). There are five aspects of the Constructivist Self Development Theory that could be disrupted by the nature of one’s experiences. These five aspects include frame of reference, self capacities, ego resources, psychological needs and cognitive schemas, and memory and perception. A more detailed explanation of these aspects can be found in Appendix B. Disruptions in any of these five aspects could point to a generalization that an individual had undergone some traumatic experience. That experience could be personal and/or vicarious in nature.

**Research Design**

In order for me to study this phenomena, a qualitative research design was utilized, with multiple cases and a participatory action research focus. I wanted to understand child welfare workers within the culture and context of their world. Although I had beliefs and assumptions going into this research, I did not want to impose my generalizations onto these professionals; rather, I wanted to conduct a naturalistic inquiry which Eagon Guba defined as a discovery-oriented approach that minimizes investigator manipulation of the study setting and places no prior constraints on what the outcomes of the research will be (as cited in Patton, 2002, p. 39). It was my desire to get as close as possible to the child welfare culture and to gain a deeper understanding of the lived experiences of the workers.
in that system.

One way to accomplish that was to incorporate case studies. Bromley (1986) stated that case studies, by definition, get as close to the subject of interest as is possible. This is because case studies involve direct observations in natural settings and because the researcher has access to the thoughts, feelings, and desires of the subjects. Bromley also stated that case studies tend to spread the net for evidence widely (p. 23) by having a broad, rather than a narrow, focus. Sharan Merriam stated that including multiple cases is, in fact, a common strategy for enhancing the external validity or generalizability (p. 40) of qualitative case study research findings.

Implementing a qualitative case study allowed me to utilize the interpretive approach, inquiring not only about physical events and/or behaviors but also about how the participants made sense of those events and/or behaviors (Merriam, 2001). That is, how did caseworkers make sense of listening to and/or knowing about the trauma of others? How did this empathetic engagement influence caseworkers' world views, personality, safety, self-esteem, and coping mechanisms?

Action research focuses on two main tasks. The first task is to reveal information that is useful, through some means such as education or socio-political action, to a group of people (Berg, 2001). Secondly, based on the information gathered, the process can be used by those involved in it as a means of empowerment and to engage them in a process of change (Berg; Patton, 2002). To begin this process and develop the research questions, it is a common practice to conduct one or more focus groups with stakeholders (Berg).

The design of a participatory action research study and the associated collection of
data tend to be informal; the individuals being studied are often directly involved in the information gathering process (Patton, 2002). Also, the language and content involved in the process are generally understandable by both professionals and lay people (Berg, 2001). Action research is a collaborative, qualitative research approach (Berg) that tends to focus on a specific problem (Patton).

One of the first steps in this process is that of gaining entry into the site or sites by attaining the confidence and permission of those who are in a position to approve the research (Merriam, 2001). Since many groups deny access to outsiders, this process can be more easily facilitated if the researcher is known to the culture to be studied or can be introduced through a mutual contact (Merriam).

Before one can begin the actual research, a relationship must be established between the observer and those being observed (Maxwell, 1996; Merriam, 2001). This relationship is the means by which the researcher gains entry to the group and establishes a rapport with the research participants. This relationship is important because the researcher in qualitative research is the instrument of the research and the relationship the researcher has with the culture being studied is the means by which the research gets done (Maxwell, p. 66). Sometimes participants will discuss personal matters with strangers because they never expect to meet those strangers again. At other times, strangers are not permitted into a culture and are, therefore, not given permission to learn about the culture.

The researcher can be involved in the data collection process in one of four traditional ways. In the first, the researcher is a member of the group and conceals her/his
role as a researcher. This is done so that the natural activity of the group is not disrupted. In the second setting, the group is aware of the data collection that is occurring; however, the role of the researcher as data collector is secondary to her/his role as a participant in the group. In the third situation, the researcher participates in the group but her/his role as information gatherer is known as the primary task. The researcher participates in the group in order to gather information; however, he/she does not take part in the activities that constitute the core of group membership. In the last setting, the researcher is hidden from the group and observes from a point of anonymity. A fifth means by which research can occur is that in which the researcher and the participants act as equal partners in the process as they define the problem, collect and analyze the data, and write and disseminate their findings (Merriam, 2001).

A related issue that must be addressed by a researcher is that of deciding who will participate in the study. While Patton (2002) describes 15 different ways to determine a sample, it is most important that the sample be a rich source of information (Maxwell, 1996; Merriam, 2001; Patton). Patton emphasizes that the most common sampling practice that of sampling by convenience is the least desirable since it is neither purposeful nor strategic (p. 242). Another common sampling technique, random probability sampling, is often used in quantitative research. However, it cannot accomplish what in-depth, purposeful samples accomplish when research is conducted in a qualitative fashion (Patton, p. 245). Purposeful sampling is a sampling technique that is based on the assumption that the researcher wants to discover, understand, and gain insight (Merriam, p. 61) into a specific group. It is therefore most important that the
sample be one from which the most can be learned.

There are several different aspects of purposeful sampling that may be addressed. The following are discussed because they were used in this research study. A panel is a form of purposeful sampling and consists of people who are uniquely effective as informants because they are either experts in a particular area or were witnesses to one or more relevant events (Maxwell, 1996). The researcher may also select extreme or deviant cases in order to gain information about a specific phenomenon, or he/she may choose cases that meet some criterion. Intensity sampling involves selecting those cases which are rich in information and manifest the phenomenon being studied. Theory-based sampling involves finding aspects of a theoretical construct of interest to the researcher in order to expand on and examine that construct and its variations. In snowball or chain sampling, the researcher identifies additional rich informants from information provided by existing informants. Opportunistic or emergent sampling involves following leads provided during fieldwork (Patton, 2002). A combination of several of the sampling techniques is called mixed purposeful sampling and was employed in my research.

While the method of sampling is important, the size of the sample was another critical consideration in this qualitative research study. Patton (2002) contends that there are no rules regarding the size of a sample in qualitative research. Rather, it depends on several issues including what the researcher wants to know and the purpose of the inquiry, what information will be useful to the study, and the credibility of the information obtained from the subjects.

Qualitative researchers are skilled observers who have learned to pay attention to
what they see and hear. They have developed the skill of writing descriptively and are disciplined takers of field notes. They are skilled in separating detail from trivia and use rigorous methods to validate and triangulate the observations they make. They also report the strengths and limitations regarding their own perspectives on the research (Patton, 2002).

Rubin and Rubin (1995) embrace qualitative interviewing not only as a proliferation of skills but as a philosophy, an approach to learning (p. 2). In order for people to describe their lived experiences, the researcher must establish a relationship that is based on respect, openness, and trust. With this established, the researcher can gently encourage people to share their stories and, by doing that, enhance the researcher's understanding of their world experiences. More importantly, embracing this attitude defines the boundaries of any study, including determining what is interesting and ethical, what standards will be utilized in evaluating the character of the research, the nature of the relationships, and the integrity and precision of the write-ups.

Interviewing is one of the techniques utilized in qualitative research to gather information. This technique is appropriate and useful when new light needs to be focused on complicated topics, when elaborate relationships must be understood, when events develop slowly, or when a depth of understanding is required (Rubin & Rubin, 1995). Interviewing is defined as a conversation with a purpose... the purpose is to gather information (Berg, 2001, p. 66). When considering qualitative research, it is important to process the types of questions the researcher wants to ask and the types of responses the researcher might receive. This approach guides the researcher in developing the questions
to be asked and in determining the type of interviewing format to implement (Berg).

Interviews can be structured, unstructured, or semistructured. Rubin and Rubin (1995) refer to this as the family of qualitative interviews. In structured interviews, a predetermined list of interview questions is asked of each interviewee in order to elicit responses indicating the thoughts, opinions, or attitudes about the issues being studied. In a semistructured approach, a number of predetermined questions and/or topics are presented to the subjects. They are not required to respond to each question or address each topic. In the unstructured approach, the researcher approaches the interviewees without any predetermined questions. The conversation unfolds naturally and the researcher asks follow-up probe questions on the information shared by the interviewees (Berg, 2001; Rubin & Rubin).

Qualitative interviews can be conducted between the researcher and one subject, or they can be conducted in what is called a focus group format. A major difference between one-on-one interviews and focus groups is the researcher’s ability to watch attentively the interactions between the participants (Berg, 2001). One of the goals in conducting focus groups is to allow the participants to spark off one another (Rubin & Rubin, 1995, p. 140) permitting answers and clarifications that are socially constructed instead of individually created. Because the focus group is a social experience, it is important that the questions asked be informal in nature (Krueger, 1998b). There are several advantages of focus groups over other interviewing formats. The collection of data is cost-effective; the sample size is increased significantly; the interaction among the participants enhances the quality of the data collected; commonly shared views or
extremely diverse opinions can be quickly assessed; the groups tend to be enjoyable for the participants because humans are social beings; and participants are inclined to provide checks and balances for each other, weeding out false or extreme views (Patton, 2002). Patton said it best: the power of focus groups resides in their being focused (p. 388).

While interviews are the major source of data collection in most qualitative studies, observations are an important research skill as well. They take place in the natural setting and represent a firsthand encounter with the phenomenon of interest. In order to use observation as a research tool, there are four aspects that must be taken into consideration. The observation must serve a specific research purpose, is planned intentionally, is recorded in an organized fashion, and is subject to typical reliability and validity checks and controls (Merriam, 2001). The researcher can be trained to become a skilled observer. It requires practice in writing descriptively, discipline in recording field notes, knowing how to separate detail from trivia, and learning to pay attention to what one sees and hears (Patton, 2002).

Qualitative researchers usually employ a variety of data collection techniques. This is known as triangulation. It involves the collection of information from a diverse group of individuals and settings, using an assortment of methods such as interviews, observations, taking of field notes, and document review (Merriam, 2001).

Qualitative researchers are concerned about the reliability and validity of their research. Reliability refers to the extent to which research findings can be replicated (Merriam, 2001, p. 205) while validity is concerned with the extent to which the research findings correspond to reality. Krueger and Casey (2000) reported that validity is
overemphasized in qualitative research (p. 203). Instead, they insist that the researcher should concentrate on good practice (p. 203). They go further and state that the qualitative researcher should be able to answer the question: What are you doing to ensure that you have followed the steps associated with quality research? (p. 203).

Merriam (2001) listed six basic strategies to enhance the internal validity of a qualitative research study. One, obviously, is triangulation, using multiple means by which data is collected. Examples include using co-researchers and multiple sources for data collection. The second is to check with the group which was interviewed and ask if the interpretation is correct; this process is recursive. The third is the use of long-term observations; that is, repeated observations at the same site or observations of the same phenomenon made at different sites. The fourth is peer examination; that is, asking colleagues to comment on the findings as they emerge. Fifth is participatory or collaborative modes of research where participants are involved in the research from its inception to the reporting of the findings. The last is the researcher's bias. This involves clarifying the researcher's assumptions, world view, and theoretical orientation at the outset of the study (p. 205).

Reliability, in the traditional sense, does not fit when associated with qualitative research. Instead, it should be viewed as dependability or consistency of the results obtained. The strategies used to check the validity of qualitative research can serve the dual purpose of checking its reliability (Merriam, 2001). Merriam stated that one of the assumptions underlying qualitative research is that reality is holistic, multidimensional, and ever-changing; it is not a single, fixed, objective phenomenon waiting to be discovered,
observed, and measured as in quantitative research (p. 202).

Ethics and Protocol

I, as the researcher, am sensitive to the emotional and ethical aspects of trauma research. This study was conducted within the theoretical context of traumatology and examined the degree to which vicarious trauma has had an impact on child welfare workers and their collective community, the child welfare system. The interview process used in this study had the potential to reawaken a past trauma in the participants. They could potentially experience distress during the interviews and/or focus groups. Therefore, prior to the start of an interview and/or focus group, I informed the participants of the purpose of the study. I continued with a discussion of the risks of participating in this study. Some of the risks included, but were not limited to, distressing memories, feelings of helplessness, and flashbacks. During the interviews and focus groups, I monitored the participants’ reactions and frequently asked, “How are you, do you need to stop?” or “Would you like to stop?” During the individual interviews, I built in rest periods by alternating stressful questions with de-stress questions. I was respectful of a participant’s wishes to continue, stop, and/or reschedule. In the event that a participant indicated distress, I was prepared to assess the individual and provide information on counseling services. During the informed consent period preceding a focus group, I asked for prior agreement that any participant who became distressed during the focus group and left the room, meet with me prior to departing the building.

I also discussed the benefits of participating in this study. Those benefits included, but were not limited to, an opportunity for the caseworkers to be heard by an empathic
listener and to assist in identifying areas that might make an impact on local county agencies, as well as state and national agencies. By not addressing the effects of working with abused children, caseworkers who continually face the onslaught of hearing and knowing of the abuse inflicted upon children by humans often experience feelings of numbness. Addressing vicarious traumatization is also an ethical imperative. We have an obligation to our clients as well as to ourselves, our colleagues, and our loved ones not to be damaged by the work we do (Saakvitne, Gamble, Pearlman, & Lev Tabor, 2000, p. 159).

I am a licensed, masters-level, Qualified Clinical Social Worker (QCSW); the Children’s Clinical Coordinator as well as a county Delegate for the Fayette County Mental Health/Mental Retardation Office; and the Assistant Clinical Coordinator of the Fayette County Critical Incident Team, which responds to fire, EMS, emergency room personnel, police, and civilian populations. I am a member of the Red Cross Disaster Response Team and have extensive training in trauma assessments, crisis defusing and debriefing, rape crisis response, Eye Movement Desensitization and Reprocessing (EMDR), and trauma therapy.

Methodology

Initially, I was introduced to Mr. Gerry Sopko, Administrator of Westmoreland County Children’s Bureau and co-chair of the Pennsylvania statewide Recruitment and Retention Committee, to discuss the current situation within the Pennsylvania child welfare system. Ultimately, I was invited by Mr. Sopko to present a research proposal to the Recruitment and Retention Committee at its July 2001 meeting in Harrisburg,
Pennsylvania. I was accompanied by my dissertation committee chair and a member of the committee.

Members of the Recruitment and Retention Committee included various county child welfare administrators, the president of the statewide foster parent association, the president of the private child welfare organization in Pennsylvania, and several officials from the state-level Office of Children, Youth, and Families. At that meeting, I introduced and discussed the concept of vicarious trauma. Multiple issues were discussed including: 1) Is vicarious trauma an issue among child welfare workers? 2) If vicarious trauma exists, does it affect Pennsylvania child welfare workers? 3) What can be done to ameliorate vicarious trauma if this phenomenon does exist among Pennsylvania's child welfare workers? 4) Would I be permitted to have all caseworkers in Pennsylvania (over 5,500 of them) complete a questionnaire? 5) Would this research include supervisors and administrators? 6) Is vicarious trauma an issue for foster parents? and 7) How could the child welfare system assist me in pursuit of this information?

This initial meeting with the Recruitment and Retention Committee served as the first of many focus groups held between July of 2001 and March of 2002. It served to narrow the focus of my original research design. I had originally wanted to survey all caseworkers in Pennsylvania. As a novice researcher, I had assumed that vicarious trauma affected child welfare caseworkers. My proposed questionnaire was focused on determining the degree of vicarious traumatization within the child welfare culture. However, after processing with the Recruitment and Retention Committee members and, later, with the chair and member of my dissertation committee, I realized that the concept
of vicarious traumatization may or may not have existed within the child welfare system. I then determined that I had to investigate whether or not it existed in the child welfare system.

This meeting with the Recruitment and Retention Committee served three primary purposes. First, it assisted me in narrowing the focus of my study. Second, it helped me gain entry into the child welfare system. Most importantly, it established a relationship between me, as the researcher, and the committee in which we were both committed to a shared, common goal that of identifying the causal factors for the high turnover rate of workers in the Pennsylvania child welfare system and finding ways to retain competent, knowledgeable, and committed child welfare professionals. This relationship between me, as the researcher, and the members of the Recruitment and Retention Committee is called a reciprocity model by Gallucci and Perugini (as cited in Patton, 2002).

Before leaving the July meeting, I was asked if I would present the same information at the statewide Pennsylvania Children and Youth Administrators annual meeting. On October 16, 2001, I presented the research proposal at the annual conference held at the Seven Springs Resort, Champion, Pennsylvania. I had changed the original proposal. Instead of surveying over 5,000 caseworkers in the child welfare system, I had decided to hold regional meetings in which I planned to gather information about whether or not vicarious traumatization was affecting child welfare workers in Pennsylvania. This is in line with what Rubin and Rubin (1995) stated about the design of a qualitative study being an iterative process which emerges slowly and is cooperatively developed by the researcher and the participants in the study.
It was during that presentation that one administrator stated, "I now have a name to attach to the behaviors I have been observing with my staff." It was that administrator who asked if I could include her county agency in the study. She invited me to meet with her supervisors, caseworkers, and her individually. That request snowballed. Eight additional administrators asked if their counties could be included in the study. My research design had changed again. Instead of meeting with regional focus groups, I would be meeting with county focus groups. At that meeting I was also presented with an opportunity to conduct impromptu interviews with several of the administrators. They discussed specific situations that were occurring with members of their staffs. This type of interviewing is called opportunistic or emergent sampling (Patton, 2002, p. 240).

When I consulted with my dissertation committee, alerting them to the changes that had occurred, my chair reminded me of the study's participatory action research characteristics. The nine counties that requested inclusion became the focus of the study. I sent letters to them confirming their participation. A copy of that letter is included in Appendix C.

In discussion with my committee, it was decided that I would conduct focus groups and individual interviews in each of the participating counties. I planned to use purposeful sampling within each focus group in order to identify caseworkers or supervisors who could participate in one-on-one interviews and add to the richness of the information shared during the focus groups. My next step was to set up the meetings with the various county agencies.

I contacted the various county administrators by telephone, confirming a time,
date, and location for me to conduct the research. It was during those conversations and
due to the partnership I had developed with the members of the child welfare system, that
we arrived at a method for selecting the focus group members. Initially, I had suggested
that I send a letter to each caseworker in each participating agency, asking if they would
like to participate in the focus groups. The first two administrators with whom I spoke
preferred a different method. They said they would circulate the letter I had sent to them
and allow caseworkers and supervisors to self-select themselves for inclusion in the focus
groups. This self-selection procedure is a form of purposeful sampling and the
self-selected groups are panels of informants who are experts in a specific
phenomenon—the child welfare system. I used the same selection method in all remaining
county agencies.

In order to give any other county agency the opportunity to participate in the
study, I sent a letter to each county administrator asking if they would like to participate in
countywide focus groups. A copy of the letter can be found in Appendix D. I included a
summary of the study in each letter (see Appendix E).

Once the study was underway, additional county administrators contacted me
either through telephone calls or via email, requesting the opportunity to participate in the
study. The total number of counties involved in the study increased to 16. In keeping with
the precepts of participatory action research, I was collaborating with the very people I
was studying. Because they believed this research would serve as a mechanism for change,
I, with confirmation from my committee, agreed to include them in the research.

I began my field research on January 7, 2002. The research concluded on March
25, 2002. On seven of the site visits, I worked alone. A co-researcher accompanied me on
the other nine visits.

At any particular site, I conducted focus groups for caseworkers and supervisors.
Caseworkers usually preferred to process in a group without their supervisors present;
they said they were fearful of repercussions if they spoke openly in front of their
supervisors. I interviewed those administrators who volunteered to participate in a
one-on-one setting. When I visited the second county agency, the administrator asked if I
would be willing to include support staff personnel in the focus groups. This was an
example of snowballing or chain sampling. I agreed to include the support staff who
wanted to participate in the focus groups even though their inclusion was not part of the
research design as it was originally conceived. This iterative process continued to unfold in
partnership with the participants in the study.

The ideal size of a focus group is between six and eight people (Krueger & Casey,
2000). Often the size of a group would exceed that number. When possible, I asked that a
large group be separated into two or more smaller groups. On two occasions, that was not
possible. Typically, a focus group meets for two hours (Krueger & Casey). Depending on
the size of the group and the interaction and dynamics in each group, those that I
facilitated lasted between 90 and 150 minutes.

All of the focus groups were held in a conference room setting at each county
office site. Participants seated themselves around a table at which I had audio recording
equipment in place. Initially, I engaged in small talk with the participants in order to allow
them to be at ease. The use of this type of conversation to make the members feel
comfortable is suggested by Krueger (1998c). I discussed the purpose of the study, the confidentiality with which I would hold their identities and the information they shared with me, the risks and benefits for participating in the study, how they could file a complaint with the University IRB (Institutional Review Board) or my committee chair, their entitlement to a copy of the report, their consent to voluntarily participate (see Appendix F), and their consent to audio-tape and transcribe (see Appendix G). Finally, I indicated they could request that the interview stop if it became emotionally upsetting or too intense. Once all the paperwork was completed, I had the participants sign on a focus group log. I gave each individual a code that indicated the county, the focus group in which they participated, and a seat identification. I placed that coded number on the information sheet completed by each participant (see Appendix H). The log sheet, containing the name and code for each individual, was only seen by me. I did this to protect the anonymity of each participant as much as was possible and to have a means of contacting a participant if I had follow-up questions or needed clarification when I analyzed the taped sessions.

Once all the paperwork was completed, I asked permission to turn on the tape recorder. As each focus group began, I asked the participants to share their first name, current position in the organization, and the length of their employment in child welfare. The question I used to open the dialogue was "Would you be willing to share with me your experiences of working in child welfare?"

On the first day of my field research, I went into each focus group with a set of questions (see Appendix J) I intended to ask. Because of the dynamics of those groups,
they addressed the questions before I had the opportunity to ask them. I would ask follow-up questions, when I needed clarification on a point that was made. Because of the power I observed the verbal intensity, the interactions within the groups, and the nonverbal messages I decided to change the format from a semistructured approach to one of conversational partners.

At the end of each focus group, I would ask the question Is there anything I should be asking in order to get a deeper understanding of the child welfare culture? The participants usually responded by summarizing the issues we had discussed and indicating that the important issues had been addressed. I would thank them for teaching me about their culture and inform them that I was turning the audio recorder off.

At many of the sites, the administrator would have a list of workers who wanted to meet with me individually. Some of them also met in the focus groups; others wanted only to meet with me individually. After the focus groups concluded, I gave anyone who had not previously signed up for a one-on-one interview the opportunity to do so. Throughout the state, I met with 65 caseworkers, supervisors, and administrators on a one-on-one basis.

One-on-one interviews were conducted in a similar fashion. I discussed the purpose of the study, confidentiality issues, the risks and benefits involved, the voluntary nature of their participation, the consents to audiotape and transcribe, and the provision to stop if the material became too intense or overwhelming. I also coded these individuals and had them sign an individual interview log (see Appendix I). The individual interviews lasted anywhere from 30 to 60 minutes and were held in the conference rooms where the
focus groups had taken place. After conducting 62 individual interviews, I realized the information they shared was no different than that expressed in the focus groups. Neither was the information as rich as that provided in the focus group settings. From that point on, I conducted one-on-one interviews only with administrators.

In addition to conducting the 24 focus groups and 65 one-on-one interviews, I took copious field notes during and immediately following these sessions. In those settings in which I was the sole researcher, I would listen to the tapes at the end of the day and take additional notes.

Fieldwork permitted me to personally engage with multiple people, witnessing and sharing their personal experiences. This is referred to in the research as reflexivity (Patton, 2002, p. 64). I used this process in collecting the data, reporting the findings, and analyzing the participants' experiences. This reflexive process involved self-questioning and self-understanding and was crucial in conducting this study. It involved having an ongoing conversation about experiences while being in the present. This process of self-awareness is referred to as sharpening the instrument (Brown, as cited in Patton, p. 64), the instrument being the researcher. By being introspective, my personal feelings and impressions assisted me in comprehending the culture in which child welfare professionals operate.

Following the field research, I sent letters of thanks to each county administrator and to the staff at each of those locations. These letters can be found in Appendix K and Appendix L.

Research Questions
Based on the two initial focus groups conducted with the Recruitment and Retention Committee and at the Children and Youth Administrators Annual meeting held in Seven Springs, three questions evolved and were the focus of this research study. Those questions were: (a) To what degree does vicarious traumatization have an impact upon the child welfare worker in Pennsylvania? (b) How is vicarious trauma affecting the child welfare system in Pennsylvania and does the child welfare system have an impact on the level of vicarious traumatization in the child welfare worker? and (c) What are the effects of vicarious trauma and its relationship on worker retention and job satisfaction in Pennsylvania's child welfare system?

Analysis

While the analysis of the data began with the first meeting (Krueger, 1998a) with the Recruitment and Retention Committee in July of 2001, the analysis of the data collected during my field research began immediately after the first focus group, January 7, 2002, and continued long after the field research ended on March 25, 2002. Analysis was a recursive process for me. I constantly examined my approach, analyzing the manner in which I asked questions and determined which questions provoked the more powerful interactions among the participants. After a day of interviewing, I would listen to the tapes, review my field notes, and engage in a personal reflection process about how I, as the research instrument, was affected by the group process.

After the field research was completed, I continued the analysis of the taped interviews and focus groups by listening to each of the 89 taped sessions. As I listened to the tapes, I took notes and indicated those themes which immediately revealed themselves,
the verbal intensity of the overall group, the degree of intensity with which the participants
shared their information, and the dynamics of the group whether one individual dictated
the conversation or if it was a shared group experience. This process is known as
inductive analysis (Patton, 2002). Of the 89 tapes, I chose 21 of them 17 focus groups
and 4 individual sessions which I planned to transcribe. The 17 focus group tapes best
represented the population of 270 focus group participants and came from groups that
were very verbal, that shared relevant information, and that interacted with one another in
sharing that information. The informants in the 17 groups provided the richest information
and fluently articulated their concerns better than the members of the other groups.

Many of the individual interviews were used by the interviewees as a means to vent
personal complaints. They did not add to the body of information being collected. Each of
the four individual interviews I chose to transcribe clearly represented one of the
contributing factors of vicarious traumatization. One addressed the impact a personal
history of trauma has on job perceptions; another discussed the effects client material has
on the caseworker's personal life; the other two talked about the contributions of the
organization to vicarious trauma.

I randomly selected tapes and began the transcription process. After completing
the 11th transcription 8 focus group and 3 individual sessions it became evident that no
new themes were emerging; I had reached a point of saturation. Once again I consulted
with my committee members and shared some initial findings. I indicated that the focus
groups provided a greater wealth of information than did the individual interviews. My
findings support the work of Stewart and Shamdasani (as cited in Berg, 2001) in that the
dynamics among the participants within the focus groups produced a synergistic effect that permitted the participants to feed off or build on common themes. This group dynamic provided the opportunity for them to explain, explore, and validate their experiences.

This iterative process stopped when the information being processed continued to support a small number of integrated themes. Each additional taped interview added no more ideas or themes to those identified at that point. This is supported by Rubin and Rubin (1995) who contend that the process halts when this repetition of themes becomes conspicuous. Glaser and Strauss (as cited in Rubin & Rubin) call this point theoretical saturation.

Summary

In qualitative research, the researcher is the instrument and approaches fieldwork with the desire to understand the phenomenon under study as it relates to peoples experiences, without any preconceived notions. This is unlike quantitative research in which responses must be limited to the number of predetermined categories.

Employing the researcher as the instrument is a reflexive process that involves self-questioning and self-understanding. It became an ongoing conversation while still being in the present with the participants being studied. This process of sharpening the instrument concerns the self-awareness of the researcher.

This research was conducted within the Pennsylvania child welfare system from July 2001 through March 2002. Its purpose was to determine the effects of vicarious traumatization on the child welfare system. This qualitative, multi-case participatory action study was grounded in the Constructivist Self Development Theory (CSDT) developed by
Lisa McCann and Laurie Pearlman (1990a, 1990b).

This was a naturalistic, discovery-oriented inquiry that did not manipulate the environment nor place constrains on the potential outcome of the study. Rather, I attempted to gain a deeper understanding of the lived experiences of the workers in the child welfare system. The design of this qualitative, multi-case, participatory action research emerged slowly and was developed cooperatively with the participants in the study.

Twenty-four focus groups and 65 individual interviews were conducted and served as the major source of data collection. Observations, detailed field notes, debriefings with a co-researcher, and a review of pertinent documents added to the wealth of information.

Analysis was a recursive process, starting with the initial focus group in July of 2001. Although this research began as a very broad design, it slowly narrowed to the study that was reported here. It ceased when no new themes emerged.
CHAPTER IV
RESEARCH FINDINGS

Introduction

A total of 300 individuals participated in this research study. These participants were administrators, supervisors, caseworkers, or staff members from 16 public children and youth county agencies throughout Pennsylvania. Of the 300 participants, 65 participated in one-on-one interviews. Thirty of the 65 participated only in the individual interview process; the other 35 were also involved in focus groups, yielding a total of 270 individuals who participated in the 24 different focus groups.

The average age of all participants was 37.5 years. The participants reported involvement in one or more of nine job-related responsibilities within child welfare agencies. These totals are reported in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Reported Positions Within Agency</th>
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</thead>
<tbody>
<tr>
<td>Position</td>
<td>Number</td>
</tr>
<tr>
<td>Administrator</td>
<td>12</td>
</tr>
<tr>
<td>Supervisor</td>
<td>63</td>
</tr>
<tr>
<td>Ongoing Services</td>
<td>82</td>
</tr>
<tr>
<td>Intake Services</td>
<td>75</td>
</tr>
<tr>
<td>Adoption</td>
<td>14</td>
</tr>
<tr>
<td>Foster Care</td>
<td>38</td>
</tr>
<tr>
<td>Independent Living</td>
<td>5</td>
</tr>
<tr>
<td>In-home Services</td>
<td>6</td>
</tr>
<tr>
<td>Support Staff^a</td>
<td>21</td>
</tr>
</tbody>
</table>

^a Clerical, Fiscal, Reception
The total of the numbers reported in Table 1 is 316. Several individuals reported having more than one job responsibility within their agency; hence, the discrepancy between the total number of participants (N = 300) and the total number of positions (316).

The 300 participants reported other relevant personal information which is summarized in Table 2. This information included their gender and marital status. Of the 300 participants, 144 reported having one or more children living with them.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Marital Status</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Married</td>
</tr>
<tr>
<td>47</td>
<td>253</td>
<td>159</td>
</tr>
</tbody>
</table>

\(^a\) Two individuals did not report their marital status

\(^b\) These individuals reported living with extended family members

For the most part, the participants in this study were college graduates. While one of the support staff members held a baccalaureate degree in business, the other 20 held either associate degrees or high school diplomas. The caseworkers, supervisors, and administrators were all professionals with baccalaureate or masters degrees. Of the 279 administrators, supervisors, and caseworkers, only 69 held degrees within the human service field counseling, social work, or psychology. The others reported degrees in diverse fields including anthropology, art, criminal justice, education, geology, and parks and recreation.
The participants were also asked to report whether or not they had a personal history of trauma. Trauma is a uniquely individual and subjective experience of an event or an enduring condition which may include a threat to life, bodily integrity, or sanity. It affects an individual’s ability to integrate emotional experiences (McCann & Pearlman, 1990a, 1990b). Because trauma is such a subjective phenomenon, I allowed the participants to self-identify based on the previous definition of psychological trauma. Of the 300 participants, 200 reported a personal history of trauma. They were not asked to disclose the specificity of the trauma.

While the initial design of the study included the nine counties whose administrators had originally volunteered to participate in the research, an additional seven counties were eventually included after their administrators requested to participate. These requests were made soon after my field research began, either via email or through telephone contacts with me, and occurred for two primary reasons. Some county administrators, supervisors, or caseworkers talked with their peers in other counties concerning the research and determined that it was viable research in which they wanted to be involved. Others received a letter of invitation sent to all 67 county agencies asking if they would like to be involved in regional focus groups. While agreeing to participate in regional focus groups, several counties asked to be included as separate case studies. I included the counties individually and forewent the regional focus groups. It is important to note that one additional county asked to participate in the study; however, they were unable to participate due to conflicts in scheduling.
I consulted with my committee to express the concerns of these additional seven agencies. I wanted to include them because they expressed the belief that I was providing a voice for them and their experiences through the research being conducted. Although my committee was concerned about the large number of participants and the corresponding mass of data being collected, they agreed to the inclusion of the seven additional county agencies. As I proceeded with the additional focus groups and individual interviews, I noted a strong similarity in the themes being reported by all respondents. It was very clear to me after the first eight focus groups that no additional themes were being reported by the participants. They used different words to share the same lived experiences of other caseworkers throughout the Commonwealth. Although no new themes appeared to emerge, I proceeded with the taped interviews because the participants continued to report that someone is listening to us and I wanted to give them the opportunity to be heard.

It should be noted that two focus groups and two one-on-one interviewees requested that I not record the proceedings. In those cases, I took copious field notes during and immediately following the interviews. All other interviews, whether individual or focus groups, were conducted on site and were audio-recorded. The interviews were conducted with a semi-structured format, engaging the participants as conversational partners. Although I had developed a list of semi-structured questions (see Appendix J), I abandoned a strict adherence to that list and delved into conversations with the participants. It was my desire to learn and understand the culture of child welfare
workers how knowing about, seeing, listening to, and/or investigating child abuse affects caseworkers. Surprisingly, most, if not all, of my questions were answered during our conversations and without any prompting from me.

A total of 24 focus groups were conducted in the 16 participating county agencies. The duration of each focus group was between 90 and 150 minutes. The size of the focus groups ranged between 8 and 16 participants. An additional 65 individual interviews were facilitated.

While the analysis of the data began with the first focus group with the Recruitment and Retention Committee in July of 2001, the analysis of the data collected during my field research began immediately after the first field focus group, January 7, 2002, and continued long after the field research ended on March 25, 2002. Near the end of each session, I asked one recurring question of the participants: Is there a question that I should be asking you or the participants in upcoming focus groups so I can gain a better understanding of this culture?

Analysis was a recursive process for me. I constantly examined my approach, analyzing the manner in which I asked questions and determined which questions provoked the more powerful interactions among the participants. After a day of interviewing, I would listen to the tapes, review my field notes, and engage in a personal reflection process about how I, as a research instrument, was affected by the group process.

After the field research was completed, I continued the analysis of the taped interviews and focus groups by listening to each of the 89 taped sessions. As I listened to
the tapes, I took notes and indicated those themes which immediately revealed themselves, the verbal intensity of the overall group, the degree of intensity with which the participants shared their information, and the dynamics of the group whether one individual dictated the conversation or if it was a shared group experience. This process is known as inductive analysis (Patton, 2002). Of the 89 tapes, I chose 21 of them 17 focus groups and 4 individual sessions which I planned to transcribe. The 17 focus group tapes best represented the group of 270 focus group participants and came from groups that were very verbal, shared relevant information, and interacted with one another in sharing that information. The informants in those cases provided the richest information, while they fluently articulated their concerns better than the members of the other groups.

Many of the individual interviews were used by the interviewees as a means to vent personal complaints. They did not add to the body of information being collected. Each of the four individual interviews I chose to transcribe clearly represented one of the contributing factors of vicarious traumatization. One addressed the effect a personal history of trauma has on job perceptions; another discussed the effects client material has on the caseworker’s personal life; the other two talked about the contributions of the organization to vicarious trauma.

I randomly selected tapes and began the transcription process. (Appendix M contains the complete transcription from one of the focus groups.) After completing the 11th transcription 8 focus groups and 3 individual sessions it became evident that no new themes were emerging; I had reached a point of saturation. Once again I consulted with my committee members and shared some initial findings. I indicated that the focus groups
provided a greater wealth of information than did the individual interviews. My findings support the work of Stewart and Shamdasani (as cited in Berg, 2001) in that the dynamics among the participants within the focus groups produced a synergistic effect that permitted the participants to feed off or build on common themes. This group dynamic provided the opportunity for them to explain, explore, and validate their experiences.

When conducting the focus groups, I observed the interactions among the participants and witnessed much nonverbal, powerful communication between them. The rich interactions could not be experienced in one-on-one interviews. With the committee’s approval, I stopped the transcription phase and continued with the analysis process.

Findings

Chapter Format

Because of the massive amount of information being reported, this chapter has been separated into four sections: (a) a case-by-case narrative analysis of the eight focus groups and the themes and contributing factors of vicarious trauma identified at each site, (b) a narrative analysis of three individual interviews and the themes and contributing factors of vicarious trauma identified for each individual, (c) a cross-case analysis of the eight focus groups within the Constructivist Self Development Theory theoretical framework, and (d) a cross-case analysis of the three individual interviews within the Constructivist Self Development Theory theoretical framework. Following each narrative, both focus group and individual, a table will be used to summarize the identified themes. The table will contain a list of the five components of the Constructivist Self Development Theory, the three contributing factors of vicarious trauma, and a list of the other themes.
which emerged throughout the various focus groups and individual interviews. The themes identified at a particular site are indicated by a checkmark ( ). The focus group reports will be made in a random fashion. Reporting them chronologically or geographically could give the reader insight into the participants’ identifications; I wish to maintain the anonymity of all participants as much as is humanly possible.

The five components of the Constructivist Self Development Theory are (a) frame of reference, (b) self capacities, (c) ego resources, (d) psychological needs and cognitive schemas, and (e) memory and perception. Each of these is further subdivided into other factors. The complete list can be found in Appendix B. There are three factors that contribute to vicarious trauma: (a) the organization in which one works, (b) the clientele with which an individual works, and (c) a person’s own life experiences. Other themes which emerged in the focus groups and interviews reported below include (a) PTSD symptoms, (b) supervision issues, (c) training concerns, (d) the influence of the job on relationships, (e) misperceptions of others regarding the role of child welfare, and (f) concerns over state and federal regulations related to child welfare in Pennsylvania.

Case-by-case Narrative Analysis

Site 1

Locale. It was a beautiful drive through tree-lined country roads. I arrived at a quaint little town. I had simply followed the directions given to me and I arrived at the home of the children and youth agency. When I entered the building, I viewed a long, deep hallway with signs above the doors; I began to search for the doorway that marked the
offices of the children and youth agency. The walls were blank and painted blue-grey. Only when I asked someone for directions was I sent to the second floor.

When I got to the agency office, I peered through a little window and saw a receptionist sitting there. She smiled, asked me if I was Jo, and invited me in. Other than the little window, there was nothing else to impede my entrance to the office.

As soon as I entered through the door, I was confronted by the cubicles where the caseworkers performed their tasks; the quarters were tight. Crammed into each cubicle was a desk, chair, and file cabinet. In spite of the cramped quarters, the atmosphere was open, jovial, and professional. The staff came up to me and introduced themselves. There was a feeling of openness, acceptance, and mutual interaction. The workspace was U-shaped. Some of the individuals were located along the windows. The entire area was well-lit. I saw a lot of personalizing touches in each of the workspaces. This wasn’t what I expected from the exterior setting in which the offices were located.

I saw before me a group of professional women. They were appropriately dressed, professional but relaxed. They were very open and inviting. This was one of the smaller staffs I visited. One of my initial reactions was the comradery I observed among all the staff: administrator, supervisors, caseworkers, and support staff.

As I stood there, it occurred to me that the only protection this predominantly female group had was a small glass window and a wooden door. There were no security officers, no keypad entry system, no locked door, nothing to keep them safe!

Focus group. The focus group from this agency consisted of eight females ranging from 24 to 57 years of age with an average length of employment of a little over 4 years.
Of the eight professionals three were single and five were married. Three of the women reported having children living at home. All eight participants reported some type of personal history of trauma. Seven of the eight women held bachelors degrees.

The focus group was held in the conference room. Initially, we engaged in light conversation. I had served as a trainer for members of this group and they discussed that experience, including how cold the room had been. Suddenly one of the participants said, "Wait, we can't start until we have comfort food!" At that, she disappeared and returned with doughnuts and orange juice. They proceeded to select their favorites—the doughnuts with the most calories. Properly satiated, we began the group interview.

I began the session as I did all the others. I discussed the purpose of the study, the consent to participate, the consent to audiotape issues, the consent to transcribe, the confidentiality to be maintained by me, their voluntary participation and ability to request a copy of the report, the use of the IRB to file a complaint against me, and their ability to stop the process due to any emotional discomfort. The conversations were lively; the air was filled with laughter. They joked as they completed the paperwork. I then informed the group that I was going to turn on the tape recorder.

Amazingly, the tone of the entire group abruptly changed. The air appeared to grow heavy. The previously established eye contact with me stopped; everyone gazed downward at the table or the floor. I was very aware of my personal emotional reaction—a tightness in my chest and an increase of anxiety which this change in the group caused. I couldn't determine what was happening. As we proceeded, each participant was asked to
provide basic information about themselves. I then asked them to teach me about their experiences in child welfare.

Dead silence! Deep sighs. Everyone looked down.

For me, this period of silence appeared to last forever. In reality, it lasted a minute or two. The silence was broken by a caseworker aide, a soft spoken woman who praised the work of her colleagues: I think I have the easiest job. I see a lot, but I don’t have the responsibility these guys do. I don’t have to worry about ensuring the safety of a child; they do. . . . These professionals are great. The aide was the only person at that table who gave me eye contact.

And then, the tears began. Some of them cried silently. One woman was sobbing noticeably. Another left the room for a box of tissues. A few minutes later I saw a sign from their concerned administrator through the window of the conference room: Jo, what are you doing to my staff?

I prompted them again: What’s happening? And then, the floodgates opened!

The first caseworker to open up shared a story that occurred during her first year of employment, four and a half years before. It was when I first got here, and it was my first big investigation case. We had a woman hitting her kids with rocks. I still remember that can of stewed tomatoes. [The woman was also hitting the children with cans of stewed tomatoes.] I will not even allow a can of stewed tomatoes in my house because this is the picture that comes to mind. . . . It’s still vivid today. . . . The first kid I took growled at me for the first month, like he would not talk to us. Slowly he started to talk with the foster mother and it finally came out that the mother was hitting him with rocks.
She hides the rocks behind the couch. She continued to share that there were also sick twins at the home. The hospital had me on speed dial and they called me several times a day. When it came down to the day and time when they had to give testimony, they refused. I had to send two very sick and needy babies to a home that did not deserve these kids. . . . I cried the entire weekend. It was my birthday and I cried. I can remember:

What if those babies die? I didn’t do anything to save them. . . . We’re supposed to be so strong. I remember feeling so foolish in court. I had not slept all month. . . . What if I forgot to say something on that stand and that could have swayed the judge. . . . I felt so foolish because in the courtroom I just bawled.

As the caseworker told this riveting story, others in the group were crying. The caseworker cited the support she received from her family and from her peers: It’s not just one of us having a suckie day, it’s all of us.

As a group, they expressed feelings of powerlessness and lack of value. The judge, the attorneys do not see any value in what we know and see. And, what we say has no impact. We are the lowest rungs on the ladder. We are the ones in the homes; they have no clue what’s happening. When we have an opinion based on our training and experience, they should value more of what we say. However, they did express support and feelings of worth from their administrator and their supervisors: . . . when you need them, they are standing right beside you. And, even when you don’t ask for support from them, they are there.

The participants made some interesting comments regarding the manner in which their jobs have changed them as people. One individual said she was very distrusting of
everyone and their motives. Another wondered why they should be trusted and stated that, as caseworkers, they strive to build relationships with people and then sometimes have to take their kids. She went on, All the work that you do with families is pointless. Then, you have to worry about what they are going to do to you or if they see you somewhere. Another caseworker shared a fear associated with her job. I have nightmares nightly, about this one guy. He has never threatened me; it’s just the perception in the community about him and the history of domestic violence and what he is capable of. I wake up with him coming after me with knives and that’s not fair. My sleep is my time.

Safety is definitely an issue with these participants. A caseworker spoke of her fear: I check my doors and windows several times a night and when I wake up. Another shared that she does not feel safe in the community since you never know who will go off on you. She asked why she must live in fear. Another caseworker shared, I had a guy who owned a baseball bat and put my name on it, wanting to use it on me.

Safety also relates to their families. They reported having unlisted telephone numbers and being on guard when shopping or going to a restaurant; they always try to avoid their clients when out with their families. Some of them have codes they use with their families and friends: If I see a client, I will walk away from my husband and kids until the coast is clear. One caseworker reported that when she marries, she will continue to use her maiden name instead of her married name.

Several caseworkers reported the pain, frustration, and anger they experience
regarding the effects of their jobs on their families. I hate when my kids and family get the fallout of this job. Then, you feel even worse. Another said, You take it out on the ones you love and then you just cry. Another caseworker's husband was aware of the emotional pain she was carrying home with her on a nightly basis. He said You have an hour to get rid of it. Don't bring it home. That's how bad it was getting for us.

A familiar theme was the lack of trust of others where their children were concerned. One woman said, I will not let my kids spend the night at their friend's home until I do a background check. I am very distrusting with lots of people. Another woman reported questioning the motives of her husband and extended family.

When I pointed out that they have the most important job that of protecting the most vulnerable population, our kids one woman spoke about being unappreciated. She said, Game commissioners get paid more than we do. Fines are put out for killing an animal, but we have to fight so hard to protect our future, the world's future.

Identified themes. The themes which emerged at Site 1 are identified in Table 3. They include all five components of CSDT, two of the factors that contribute to vicarious traumatization, PTSD symptoms, and two additional themes.

Site 2

Locale. The building was located somewhere in the middle of the town. It took eight inquiries of townspeople before I accidentally ran into the agency. It's very surprising but most of the people of whom I asked directions did not know the location of the children and youth agency in their community. I believe this said a lot for the agency it is not a known nor respected entity.
Table 3

*Site 1: Identified Themes, Intra-Case Analysis Summary*

<table>
<thead>
<tr>
<th>CSDT Components:</th>
<th>Other Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Frame of Reference</td>
<td>PTSD Symptoms</td>
</tr>
<tr>
<td>2) Self Capabilities</td>
<td>Supervision</td>
</tr>
<tr>
<td>3) Ego Resources</td>
<td>Training</td>
</tr>
<tr>
<td>4) Psychological Needs and Effects on Relationships</td>
<td>Community Misperceptions</td>
</tr>
<tr>
<td>5) Memory and Perception</td>
<td>Contributing Factors</td>
</tr>
<tr>
<td>The Organization</td>
<td></td>
</tr>
<tr>
<td>Exposure to Client Material</td>
<td></td>
</tr>
<tr>
<td>Personal History of Trauma</td>
<td></td>
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</tbody>
</table>

The building itself was attached to the courthouse, a stone edifice. Many of the conference rooms were shared with other agencies also housed within the building. I entered the building without seeing any security guards or devices. The poorly marked offices were located on the first floor.

The agency location consisted of a small lobby area. The receptionist’s office had a window through which she could peer. There was also a circle cut into the thick glass through which one might speak to the receptionist. A half-moon section of glass at the bottom was removed so that papers could be passed to her. To the right of the window was a locked door. One needed a key to gain entrance.

There were offices for the supervisors and the administrator. The caseworkers were set up by units in cubicles. The quarters were cramped to say the least; however, I saw personal items in each of the work areas. I heard voices but could not determine the source. Later, I realized that the water cooler was a popular meeting place for staff.
members to air their frustrations.

With the exception of the water cooler meetings, I did not observe any interaction between the staff members. The familiar sound of chattering throughout the office was missing. I sensed a lack of comradery. Everything was too businesslike. I did not get a warm, welcome feeling from this environment.

Focus group. This focus group consisted of four females and four males with an average agency service of less than three years. They ranged in age from 28 to 58 years. Of this group of eight, six were married, one was divorced, and one was single. Four of them reported having children living with them. Six of the eight reported a personal history of trauma. Each of these individuals held a bachelors degree.

The focus group was held in the conference room. It was small but comfortable and very businesslike. The tables were arranged in a U-shape. The windows overlooked a back alley. It was a cold, overcast day.

Unlike the atmosphere in the cubicle area, the eight entered the room laughing and joking with each other. I joined the general conversation with the group, joking that the last person in the door would buy lunch for all of us. Although it came as a surprise to the man who was the last to enter the room, he took it in stride. Then, they invited me to lunch with them.

I began the session as I did all others by explaining what I was doing and explaining their rights. In this group, there was a lot of joking when the tape recorder was first turned on. They wondered how they would sound on the tape. For this particular session, I began by asking how hearing about, investigating, and seeing child abuse has
affected them. One man responded immediately: It impacts you mentally, physically, and socially and in any other way you can think. He continued: I am very tired at times. At other times I am so upset. And, there are times I go home, and I hate who I have become.

He went on to share one of his worst experiences. The school official called me after a kid that I was working with shot himself in the head and blamed me for his death. . . . I didn’t know the kid was suicidal. After this, he got very quiet. His speech was pressured; he needed to share this. He lowered his head as if he was ashamed. He made no eye contact with anyone. Several of his colleagues were shocked to hear his disclosure; they were not aware of his situation. It was kept quiet. He reported shame, embarrassment, and isolation. He wondered what people were saying behind his back. He didn’t want to return to the schools because they look at you and sneer at you and say shit like You’re the asshole who made this kid die. This episode was followed by head shaking and crying by several members of the group.

The tone of the group changed; it became very intense. When I asked him how he processed the whole affair, he said: For me, it brought back all the shit from Vietnam. It’s all trauma related. It’s like a ripple effect. . . . I know I’m not responsible for this kid’s death, but I feel responsible because it’s my job.

He made a comment about transferring to another unit. When I asked if the incident has precipitated the transfer, he indicated it had. But, shortly after transferring into the new unit, three other deaths occurred on his caseload. Although these deaths occurred several years ago, it was evident that sharing his experiences in the group
brought them to the forefront: You never forget it. You never forget this horrific stuff.
It's burned into your memory forever. Handling the death of a child is never easy.

There were a great many sighs and tears following his second disclosure. However, a colleague sitting across the table from him said, You also had one great save. He acknowledged the save and shared the experience with the group. He was working with a drug-addicted mom who had one child in the hospital and one at home. He indicated he had a gut feeling something else was going to happen. His feelings were realized: She was so strung out on drugs, she sat the other child on the stove and caught his diaper on fire and burned all his clothes off of him. We removed him, terminated rights, and he was adopted by a new family. His voice was softer as he spoke about this positive experience.

The participants had much to say about the effect on their families. One man said that his daughter came home and had to complete a school report in which she was to discuss her parents' occupations. She can't tell where her dad works because she is harassed because of what I do for a living. Yet another participant stated, I have no energy for my kids when I get home, I have nothing left to give. My daughter always yells, I hate your job mom, you never let me go anywhere. What am I doing to my family? Several heads nodded in agreement. Their eyes were downcast; they looked at the table. I sensed they were feeling ashamed of the impact the job had on their families.

I felt my heart being tugged as I witnessed the anguish they were feeling as they shared the stories of how their families had been affected by their jobs. I saw the pain on their faces, their eyes welling up with tears, and their cheeks becoming flushed as several
of them tried to repress the tears. There was a great heaviness in their voices.

I asked if their lives had changed since the start of their employment within the child welfare agency. Several members reacted immediately, all trying to talk over one another. Several of them leaned over the table, stressing that what they had to say was important. Finally, one of the women, an articulate individual, stated, “I am totally different today than I was nine years ago when I started this job. I used to be outgoing and fun loving, now I have become a real bitch. I try to turn it off and shut it out at least on the surface, but it eats away at me.

Her comments were followed by nervous laughter and multiple voices reiterating the point that they had all become very negative, letting every little thing bother them. One of the newest caseworkers shared that she had joined the agency several months prior to the focus group meeting. She indicated that she was struggling with her emotions. “As a new caseworker, I feel angry every minute of every hour of every day while I’m at work. Then, I take it out on my family. This is different. This anger is so strong of a feeling, it scars me. I feel numb and really unresponsive to my family, and they hate to see me come home at times. Oh, no. Look at mom. It’s been another bad day.

If they were changing because of what they saw and dealt with on a daily basis, how were they viewing the community in which they work? This job changes how you see people, the world, and yourself. You are paranoid about everyone your husband, family, and neighbors. One theme that was consistent among all the participants was a strong sense of distrust for everyone. We never leave our job, yelled one of the members. I’m walking in the park with my kids and I’m watching some mother beat on
her son, and I wonder Should I be calling this in? Or, you go to the mall and . . . The room erupted with laughter, heads nodded, and several other members completed his statement, you walk down the mall and you say, Perp, perp, perp. One of the many voices added, You question Why is that man with that young child? From the far end of the table a soft voice, unheard to that point, uttered You get paranoid thoughts.

I inquired further and asked how the job had changed them. Another older woman spoke, This changed me for life. I don t trust anyone. At times it causes difficulties with my husband because of the distaste I have for fathers. Another voice broke in, This job opened my eyes and I realized how much pain we inflict on children.

I was concerned about how they care for themselves. One woman jokingly shared, I have a couple of beers before I go home, just to take the edge off. Another stated, If I could find Valium, that would help a lot. Another sadly mentioned that her drinking really had increased and stated she could not remember the last time she was able to relax without a drink. Collectively, they shared concerns about weight gain and their increased dependency on comfort food. One man, the youngest in the group, shared that he walks his dog to get way from all the ugliness. It doesn t always work, he said. The youngest female in the group added, You really don t have time to take care of yourself; everyone else comes first.

I inquired further about the residual effects on them from hearing about, seeing, or investigating child abuse. Again, several people spoke up and discussed how the memories or the stories of these children intruded into their sleep. There are times I m lying in bed and wonder if this kid is okay, or is this dad beating on this kid, shared the oldest of the
caseworkers. Another worker said she will awaken in the middle of the night, reliving an experience with her kids. I find myself crying in the shower or driving home from work for no reason. Again, the one member who had been the quietest said very softly, almost embarrassed with her comment, There are times I don't want my husband to touch me in any way. It hurts and being sexually intimate has not happened in months. I just can't! Her voice faded and tears began to slowly roll down her cheeks.

The conversation turned to safety for themselves as well as for their families. The participants openly shared that they have codes or procedures in place to protect their families from the individuals with whom they work. We work with some individuals who will verbally assault you. They have made comments to my children and my wife. I don't want them exposed to this. Another voice lent support, My wife and I decided that when we are out in public together, I walk 10 paces behind her and to the right so we are never really together, yet we are close enough to talk. And, if someone shows up, I just keep walking. I fear for my family's safety. One of the women, who had a three year old daughter, shared an incident with me regarding her daughter and the daycare facility. I just pulled up in front of the daycare to pick up my daughter, when my client pulled up behind me. I knew she worked at a local pizza place. I found myself crouching down in my car so she didn't see me. When she got out to deliver the pizza, I pulled out and drove around the block until I knew she was gone. I do not want her to know that my daughter attends that daycare.

What was interesting to me is that all of the members of this group are able to verbalize their love for their job, yet they hate the pain they see. They report having
unlisted phone numbers, and they never tell anyone where they work. In fact, if someone is persistent, they simply state, I work for the county. I asked them if they felt valued and respected. The entire room erupted. There were multiple voices yelling over one another: Are you kidding? Shit, we're treated like monkeys. Everyone hates us.

We're not even acknowledged by our commissioners. Providers hate us. We are damned if we do and we are damned if we don't. These were some of the comments I was able to hear when this explosion of loud voices overpowered me. As the group again found its balance, one member stated, If we are going to talk about how systems treat us, we need to include, sorry, Jo, nothing against you, our mental health system SUCKS. All the heads nodded in agreement with his statement. No one respects our training, our knowledge, or our opinions, yelled one member. This is the first time I feel that what I have to say is important and I am actually being heard. Thanks, Jo! All the members were looking at me at that instant, and I was beginning to feel hot and flushed. When she shared this comment, I found myself becoming angry, not at her or at the group, however. I was surprised by the intensity of my emotion.

I asked if the organization in which they work was supportive of them. Now you are getting to the real issue, screamed one of the workers. Supervision is a joke, one member shared. There is a lot of inconsistency among how supervisors handle situations, stated another. Supervision, for me, is an ass chewing. I bypass the supervisor as much as I can. I never, ever get a straight answer from anyone. They tell me It's your case. You know it the best. I can go with your recommendation. Then, you do it, and, all of a sudden, it is now wrong. Another added, I would rather deal with my
client's pain and stuff than deal with the bullshit in this office. Around the table, the heads nodded agreement. A low rumble of voices said, She's right! Several of the group members discussed the punitive nature of the organization. The turf wars are ridiculous.

Everyone, including supervisors, puts each other down. I would love to hear just once that I did a good job instead of This is not finished. You forgot this. Come on. There is another case to take care of. You know, we need the AD [administrator] and the supervisor on the same page with the same interpretation of the regulations. Another added It will not stop the abuse we see or the horrific stories we hear. But, it would really help us deal with the ugliness, knowing that the supports were here when we came back in.

Wrapping up the focus group, I asked the last question: Is there any question I should be asking you about your experiences in child welfare to help me develop a better understanding of what you do? The woman who has had been the quietest said, No, you asked us about everything and anything. We are thankful for you listening. I made the choice to work here and I knew the salary when I started. I accept the anger from the families in which we work with. BUT, I did not expect the total disrespect from my supervisor, the administrator, our county commissioners, and other professionals. I deserve to be treated with respect and acknowledged as a professional and not as a monkey. Everyone nodded corroboration with her statement.

Identified themes. The themes which emerged from the Site 2 focus group are specified in Table 4. They include all five CSDT components, all three contributing factors of vicarious trauma, PTSD symptoms, and two additional themes.
Table 4

*Site 2: Identified Themes, Intra-Case Analysis Summary*

<table>
<thead>
<tr>
<th>CSDT Components:</th>
<th>Other Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Frame of Reference</td>
<td>PTSD Symptoms</td>
</tr>
<tr>
<td>2) Self Capacities</td>
<td>Supervision</td>
</tr>
<tr>
<td>3) Ego Resources</td>
<td>Training</td>
</tr>
<tr>
<td>4) Psychological Needs and</td>
<td>Effects on Relationships</td>
</tr>
<tr>
<td>5) Memory and Perception</td>
<td>Community Misperceptions</td>
</tr>
<tr>
<td></td>
<td>Contributing Factors</td>
</tr>
<tr>
<td>The Organization</td>
<td>State and Federal Regulations</td>
</tr>
<tr>
<td>Exposure to Client Material</td>
<td></td>
</tr>
<tr>
<td>Personal History of Trauma</td>
<td></td>
</tr>
</tbody>
</table>

**Site 3**

*Locale.* The office of children and youth was nestled within the downtown business section of this very busy town. Initially, I could not find the office. I drove around aimlessly only to pass a sign stating, *IF YOU DRIVE PAST THIS AREA MORE THAN 3 TIMES THIS IS CONSIDERED CRUISING.* I had already passed it three times! My first thought was how would they know and what would I say to the officer who may stop me?

The building in which the agency was located was newly renovated. Unfortunately, there was no sign indicating that the children and youth office was located inside the building. Had it not been for a helpful police officer I might still be passing the *NO CRUISING* sign.

Upon entering the double glass doors into the foyer, I was immediately taken by the spacious and open feeling. In front of me was a large oak desk. An armed security
guard sat at the desk and scrutinized everyone who entered the building. Another individual, seated at an information desk, asked if I needed assistance. I made my way to the agency offices. There was a keypad entry system. Only staff from children and youth had access to the system! This place felt safe!

The office area was crowded with back-to-back cubicles, a few offices along the wall, and an ample supply of office furniture. The aisles between the cubicles and offices were narrow. No space was unused. I saw a lot of personal effects, from baby pictures to plants. I also noted the smell of a scented candle. A homey touch, I thought. There was a small desktop waterfall in the administrator's office. It provided a relaxing, inviting atmosphere.

Focus group. The focus group was held in a conference room on a floor above that of the agency offices. The room was spacious, initially cool, and comfortable. Six women made up this focus group. Of the six, two were married and four were single. None of them had children. Five out of the six reported a personal history of trauma. Their ages ranged from 22 to 48 and the average length of employment was a little over four years. Academically, one person had a masters degree; the others had bachelors degrees. This was one of only two focus groups in which caseworkers and supervisors sat together and openly shared their experiences with me. I was initially surprised when they introduced themselves and indicated their positions in the agency. I even made a comment to that effect.

I began the focus group as I had done with other groups by asking them to teach me about their experiences in child welfare. At first, they were very quiet and then one of
the supervisors opened up: I think I have gotten very hard over the years. At first, I thought she was modeling for the caseworkers to help them in this sharing process. Then, I asked for clarification: What do you mean by hard? Her response surprised me:

Things that appalled me when I first started this job don’t even effect me on the outside. It seems like there’s almost nothing that surprises me, nothing that shocks me. And, that scares me!

The group discussed being in the field, doing investigations, and seeing all the horrific cases that involved children. They compared this to the mundane tasks of completing the necessary paperwork. They found the paperwork overwhelming: You just return from the field. You have to write it down in so many different ways and times and spots and forms! It does become a bother. I think that’s what . . . to write it. People say I can’t do this anymore. After listening to her comment, I realized I had goose bumps. Not only do they have to experience the situation with the child, but they have to relive it three times over as they complete their paperwork. I began to wonder if this was one of the reasons they avoid the paperwork.

Another supervisor jumped in: When I was a caseworker, I used to dream about cases. Wake up picturing kids’ faces. And, now, as a supervisor, I still have those dreams. I thought that I wouldn’t, but I still do based on all the judgement calls I make throughout the day. Just a few months ago I made a call [she got very quiet, put her head down, and took a deep breath] where I left the kid in the home and then found out the kid was severely physically abused again. The power we have is just unbelievable. The amount of pressure and the decisions we have to make, on both of us [she pointed to caseworkers
and supervisors in the group], all the judgement calls are difficult to deal with. The others in the room began to nod their heads.

A caseworker added: The decision-making is a constant worry. In addition to that you worry about justifying it to this person, this person, and this person when they trust you enough to be competent to make the decision but yet you have to worry Will they back me up on this? If something happens, who will be there to support me? Who s going to be there to question what I did and what I could have done. And, for me, that weighs a lot heavier on my decision-making than anything else. Who am I going to answer to? Always questioning, what if, what if, what if.

I asked them if they had changed by doing this job. They responded with a resounding Yes! No matter what I do, I find myself constantly questioning myself. They even shared that their viewpoints of society had changed. I can t even go into the mall without seeing a father walking in the mall with their kid and giving them [the kid] a tap on the butt or gives them a hug and I find myself questioning Why is he hugging her? What s going on? You know, the paranoia of the caseworker. Or you see a kid and somebody wacks them and you ask yourself What do I do now? You re never released from a caseworker s job no matter how much you separate yourself. No matter how much you want to distance yourself, even that split instance that you see something, you go to automatic caseworker mode.

Another caseworker added: I have become so suspicious. Everyone I meet, I think they re drug involved, or every husband beats his wife, or everyone is using physical discipline. My whole perspective is skewed. Several additional members shared their
thoughts: It’s hard to see any other world, other than the one you’re dealing with.

Another commented on how she views the community around her. I never knew any of this stuff existed. I thought it was just in the movies; now it’s everywhere and we are not making a dent in this. And, finally, the oldest professional in the group stated, My friendships have changed. I tried numerous times to talk about some of this ugliness and they just don’t want to hear it. They can’t hear it. And, I think, I listen to everything you have to say. Why can’t you listen to me? It bother[s] me, then I realize the average Joe does not want to know about this, doesn’t want to hear about it.

I was aware that one of the members had not participated, so I gently invited her to join the conversation. I just started and I just completed my first placement. It’s funny because I go home and unload and I don’t even have a caseload or anything, all I have to do is hear about it and it’s burned into my memory. As she was speaking, she made no eye contact with any of us. She pointed to the front part of her head when she stated that the memories were burned into her head.

As the conversation started to take another direction, one member asked the group to stop so she could share her comments about her personal relationships. Initially, when she started to speak, her voice was soft and difficult to hear. One of the members asked her to speak up. Upon increasing her volume, she shared her frustration with her husband and his inability to soothe her. She sounded angry as she strongly pronounced soothe as if it consisted of several syllables. My husband is out there, has no idea that this actually is a life movie [everyone laughs]. It only exists in the movies. As much as he wants to comfort me, or I have had a bad day and I say what has been happening, he has gotten to
the point where he’ll hear it, but What do I say? How do I comfort her? I don’t even know how he could comfort me. [Her voice fades off again. She looks down and I see a single tear rolling down her cheek.] I don’t know what to tell him to say to me. Just listening has gotten to the point where it is not enough. I need him to come back with something, but I don’t know what it is. Slowly she closes her eyes, giving herself a hug. I was aware that I was having difficulty breathing. Swallowing was becoming more difficult. My chest hurt and my face felt like it was on fire. My eyes began to fill with tears.

Finally, the quietest member of the group spoke, pausing to collect herself as she took a deep breath. I think now that my family life was so good growing up that I’m pushing my parents away for no reason. My mom, of all people, will ask me, So how was your day? Tell me about it. I don’t want to talk about it [her voice inflection became very stern]. And I find myself saying that. [She shook her head in disbelief.] And, I say, Oh, my God. I want to talk about it but not with you. Everyone was very quiet. I could feel the pressure. No one looked at anyone else in the room. I watched the face of the woman who just spoke turn red. Tears slowly started to roll down her face. One of the others acknowledged her pain, I get so upset about it. It’s because they are so supportive and so proud that it just tears me up. I want to talk with them, you want to share everything that’s happened and yet . . . .

Several of the group members shared that they left children and youth at one point in their careers and then returned. I inquired about their decisions to return. One member voiced, The one thing that keeps me here is the support network of just your peers. These individuals sitting around this table are the ONLY ones who really understand what
you go through day in and day out. There was a lot of head nodding. I could hear several saying You’re right. I came back for several reasons to make a difference in the life of a child and mental health was too boring for me, reported another caseworker. At least I know I kept one more kid safe. Her voice faded, a soft glow on her smiling face.

I watched in awe as this professionals danced, interacted with one another, allowing themselves to be vulnerable in front of their colleagues while offering their colleagues a sense of hope and connection. The conversation focused on the need for self-care, including connections with self as well as with others. I lost myself, lost my purpose in life, stated one caseworker. I would leave here after talking with my friends and colleagues and still have nightmares; at times I felt I was reliving the entire situation over again. I am able to say I needed to go to treatment. This individual spoke with such conviction about her need to reconnect with life, I inquired if this form of self-care was supported here. One of the supervisors stated, I also go to treatment and, yes, I support my staff. It is seen as a sign of weakness, one of caseworkers yelled from across the table. Several heads were down at that point. The supervisor continued, I have at least three workers going to therapy because of the job, and I thought that was great for them, but they do not want that publicized. They really want that kept quiet. As I looked around the table, I saw nods of agreement. I heard myself yelling in my head, We are a human service field and we can’t support our own! What the hell is the problem here? I felt my chest getting tighter, my pulse rate increasing, and my teeth grinding down to nothing.

I trust very few people. It takes a lot for me to stay connected. I think it takes
longer and maybe it comes with the longer you’ve been here. But, I think something that happens here is that we’re so judged by so many people, you know, the court, the newspaper, everybody, lawyers, your peers, everybody, that when you find somebody that affirms you and supports you, you really stay connected to that person and you kind of stay glued together. We will protect our own. These were some of the comments I heard as the conversation switched directions.

Several members addressed the issue of safety. Safety is one of my biggest concerns and I think child welfare, as a whole, has been lucky that the numbers are low people getting killed or physically assaulted, shared a concerned caseworker. We walk into drug raids, dark alleys, families that have loaded weapons in their homes, echoed another caseworker. There is nothing to protect me, another caseworker chimed in. I could throw my pager, laughed another caseworker. What good would that do? It can’t stop a bullet.

One of the group members shared her story of being physically assaulted. It was in 1994. I watched her look upward, eyes squinting, as if to focus in a movie. It was after she had placed a child. She called the birth mother to ask if she would pack some clothes for her child. The mother threw the suitcase down the steps at the caseworker, watching while the caseworker went crashing into a wall. The kicker in this situation was she was not able to file the charges as a county employee, even though this occurred on the job. She had to file charges through the courts as an individual terroristic threat. The woman was eventually incarcerated. Several other members shared their stories. A client threatened to burn down my house. She told me she would follow me home and torch my
house. I went to the police; nothing happened. The police stated, It’s the nature of your job; they’re going to threaten you. A supervisor spoke up supporting her colleague, We’ve had a caseworker followed home, tailing her, and coming real close to bumping into her. She made a report. NOTHING!!

The group members played off one another, discussing how they take different routes home every night. I lock my door as soon as I get into the car. My awareness has increased since I started working here. I am constantly looking around as I walk, drive anywhere. It became very quiet. A soft voice broke the silence; it was one of the supervisors. What bothers me the most, being a supervisor, is sending workers out into that [she motions with her hand to indicate the world outside the office] into the unknown. I’m afraid something’s going to happen to one of them. And, I don’t know if I can live with that.

I asked the group if they felt valued. A roaring, collective NO came rushing at me. They attempted to talk over one another, each one believing what they had to say was more important. I was humiliated by a hearing master in front of clients who were probably one of the worst sex offenders in the county, declared one caseworker. We are not respected, not by the courts, the community, our clients, and not even in our own industry, vented another.

It was interesting to note that this group of professionals was able to discuss individual issues with one another, putting aside their assigned roles within the agency, permitting no barriers to the flow of the conversation. Comments about the inconsistency of supervision were made; several of the supervisors who were present agreed. I can go
to five different supervisors and get five different answers. And, yes, this job reflects, no matter how objective you try to be, you’re going to have your personal opinion influence it, which caused problems with consistency within the agency. Or, just pacifying everybody and not thinking what is in the best interest of the child. I watched the dialogue occur between the individual who just spoke and one of the supervisors. Maybe we need to put this major issue on the table for all of us to talk about, she stated.

Supervisors recognize there are inconsistencies. Caseworkers can recognize there is a difference from supervisor to supervisor, as well as caseworker to caseworker. She then asked to be corrected if she was wrong. Everyone agreed that the information was correct. This particular county, from its administrator to its supervisors, caseworkers, and support staff are aware that there are problems within this agency. The last few months we have begun shifting our focus to us as a team, not us versus them, said one supervisor. This county recently implemented a six-month training program with the old deputy district attorney or assistant, whichever. She does the in-house trainings which are, actually, really helping our caseworkers, reported one of the supervisors. They are still allowed to shadow and they’re managing low caseloads in the beginning, but they have to go through training for six months, proudly stated one of the caseworkers in speaking of newly hired caseworkers. They told me that, on the day of this interview, the county offered their first staff support group and noted it will be offered twice: once during work hours and once after hours.

When I asked if there were other questions I should be asking the professionals within child welfare, one of the caseworkers softly said, Yes. I think you need to know or
ask about the multi-facets of the job. When I inquired about this important issue, the individual looked at me, sat straight up in her chair, placed her elbows on the table, and said, Being a mother, the father, the doctor, the child, the sibling, the nurse, the counselor, the lawyer, the educational advocate. Think of any single profession and that is a caseworker wrapped up into one.

Identified themes. Table 5 contains a summary of the emerging themes. They include CSDT components, contributing factors of vicarious trauma, PTSD symptoms, and others.

Site 4

Locale. It was a gray day; dark clouds appeared in the sky, ready to break open with a hard, cold rain. I was aware of the high crosswinds as I continued my drive on a desolate four lane highway. I had never been in that part of Pennsylvania; I wondered how I was going to find the agency. I followed the directions given to me and found the center of town. At last I found the courthouse; the agency had to be nearby. But I kept driving in circles unable to find the agency. Finally, I spotted a police officer who, apparently, was providing a good tongue lashing to a group of young men on skateboards. As the officer turned on his heels, I called to him, asking for directions to children and youth. Once again, I heard, Ma am, it s Sunday night; the agency is closed. I chuckled to myself and thanked him for reminding me of that fact. I informed him that I had a meeting in the morning and wanted to get my bearings.

Table 5

Site 3: Identified Themes, Intra-Case Analysis Summary
CSDT Components: Other Themes

1) Frame of Reference PTSD Symptoms
2) Self Capacities Supervision
3) Ego Resources Training
4) Psychological Needs and Effects on Relationships
   Memory and Perception Community Misperceptions
   Contributing Factors State and Federal Regulations

The Organization
Exposure to Client Material
Personal History of Trauma

The officer proceeded to give me directions. At one point, I stopped him and questioned the directions he was providing. He had directed me out of town! I thanked him again and went on my way. As I was driving out of town, I was very mindful of the distance between the city and the agency office.

Upon arriving at the location indicated by the officer, I still could not find the agency. What had happened to it? There was no visible sign indicating I had reached the agency office. I saw no indication of security in the area. I wondered what type of message, if any, this sent to the staff. I decided to call it a night and return in the morning.

On Monday morning I awoke to a heavy snowfall; multiple school delays were reported on the local television station. I started to question if this county ever closed due to inclement weather. I again arrived at the location described by the officer; again, no luck in identifying the building in which the children and youth agency resided. I decided to stop at a huge red brick building and begin my quest.

Upon entering the building, I was confronted by an old, musty smell that rushed to
my nose. The hallway was short, yet wide, with offices on either side. No sign of the agency. As I walked through a set of glass doors, I noticed an office with the lights on. I decided to enter. Soft music played in the background and a mild scent of vanilla filled the room. A small woman walked from behind a cubical, startling me as I enjoyed the vanilla smell. I inquired about the office of children and youth. What do you know! The office was in that very building. I had found them!

As I struggled up two flights of stairs, I became acutely aware of the old peeling, light green paint that covered the walls. The office of children and youth was located at the end of the hallway. The wooden floor creaked as I made my way to the reception area. The outer office door opened into a small waiting area that contained three chairs. At either end of the waiting area were open doors.

I was greeted by a middle-aged woman. Her voice was very stern and she gave me no eye contact as she continued to answer the telephone. The administrator soon came out and we proceeded to the room where the interviews would be held. I inquired about the offices I had passed as I walked to the reception area. I was told that all the offices I had passed belonged to the agency. My mind started to race with safety concerns, particularly how someone in one of the offices knew if someone was in danger in the front part of the hallway.

Upon entering the first door, I was struck by the small area that was literally packed with filing cabinets and a small work table where five people where attempting to read, review, and take notes. The area was very drab. It was difficult to move around. All five of the professionals spoke to me, acknowledging my presence.
The administrator asked if I could meet briefly with the entire staff to discuss my research and introduce the concept of vicarious trauma. I met with her staff in a small conference room that consisted of a conference table, a television and VCR on a cart, and more filing cabinets. The curtains at the windows were drawn closed, giving me the sense that the room was closing in on me. I discussed vicarious trauma, my purpose for conducting the research project, and the protocol for facilitating the interviews.

**Focus group.** This group consisted of eight females, all of whom were professionally dressed. Of the eight, three were married, four were single, and one was living with a significant other. Of the three who were married, two had children living at home with them. Their ages ranged from 22 to 36. The average length of employment was 2 years, 9 months. Seven of the participants reported a personal history of trauma. All eight of these professionals held bachelors degrees.

I started this group by asking what it was like to work in child welfare. Stressful, very stressful was the first response to this question. Her head was down and she was very soft spoken; I strained to hear her. They don't tell you when you first get here either. And no one tells you or even talks about this stuff in college. She started to laugh while still peering down at the conference table. Nobody warned you or talked with you about what happens to you.

My attention was redirected to another voice. It started out as a mumble and grew to a very strong, anger-filled level. Child welfare is not dealing with children. It's dealing with their parents. I assumed, when I took this job, that I would be working with children. Well, I don't! I work with their parents. She shook her head in disbelief. I was shocked.
I had no clue what all was involved in this job, commented another voice. One of the more experienced professionals stated, This job is stressful. We are expected to wear so [she pronounced it as sooooooo ] many hats. We are expected to have answers for every other system. We are not trained in most areas, but yet when we go into court, we are held accountable to have all the knowledge for the other systems. We are really put on the spot. The judge is very demanding and, at times, has unrealistic expectations of us. It is impossible for us to know everything.

With such strong opening comments from these professionals, I marveled over the extent to which this job had changed them. Or did it? My whole disposition has changed since I started here and it s only been two months!! stated the youngest professional. I used to be happy go lucky, now [her head went down at that point, the tone of her voice changed, eye contact stopped, and silent tears begin to roll down her face], now . . . . A long deep breath followed, was held for a few seconds, and was slowly released. One of her colleagues reached out to touch her shoulder. She continued, Now, I see pain everywhere I turn. I don t see anything positive. I don t have a lot of hope that things will get better anytime soon. A colleague joins in, I share that same frustration. I am so very defensive, I can t take a joke. I m okay here with these people; as soon as I go home . . . . [She lifted her hands up and began shaking them as if she was trying to make sense of something.] I can t take the petty stuff that goes on at home. I find myself cussing my boyfriend out. I don t want to deal with him and/or my parents. I don t have anything to give my cat or dog. I really don t want to be bothered or deal with anything when I get home. For me, stated another worker, I am a lot less patient with people. Not me,
said a voice from the corner. I am a lot more suspicious of people. I trust no one, and it causes lots of problems at home.

Following up on the last comment, I asked if the job had an effect on their home lives. Try explaining to your nine year old why she can’t ride her bike around the block or why she can’t spend the night. It affects me at home, all the time. This last comment came from a voice not yet heard. I think about it all the time!! I get nausea in the morning thinking about coming in here. I know there are certain families that I have to see, and I will try anything to avoid them. Yet, I know I have to have contact them. I am sick all day. Then, I go home and take it out on everyone, including my dog. Immediately, another caseworker jumped into the conversation as if she was going to complete her colleague’s statement: There are just some days here that you give and give and give so much to our clients, then I go home to my family and I can’t give anymore. My son, [long pause] my son wants my attention and I have nothing. [Tears began to flow from her eyes, her voice dropped, and slowly she began to shake her head.] I have nothing to give him. I am so drained. The room became very quiet. As I scanned the room, I saw several group members agreeing with her, shaking their heads. They started to cry also.

Finally, the silence was broken with, Jo, it’s worse when you are on call. This last comment came from one of the veterans in the room. She continued: Emotionally, you’re a wreck. We work Sunday to Sunday, and it definitely reflects at home. I can’t hear anyone’s problems. My husband constantly tells me that I should quit my job; it’s not worth tearing our family apart. Several other members shared how the job affected their families, including the disruption of family activities and questions from their children.
My daughter always asks me, Mom, do you love those children more than us? All of my family, including my husband, hates to see when I walk into the house with the black bag.

Her friend jumps in: So, when are we going to see you this week? are some of the comments he makes.

The biggest reaction came from the entire group when one of the caseworkers stated, It's when I have to leave my child when they are sick. I feel so guilty leaving them. How do you pack up your own kid when they have a temp of 101? And, as I walk out the door, my boyfriend, who is holding my son, says, How can you do this to him? I just walk away crying.

While listening to how this job affected their families, I started to wonder where they found their support. Well, unless you work in child welfare, there is no way someone can relate to this kind of job. There is no one out in the professional community or in the community in general who understands, or who wants to understand [she emphasized the word wants] the type of stuff we see. Once again, a colleague jumped in to finish her thought: Several police officers shared with me that they would rather deal with adults, because it's too tough to see the impact of violence, abuse, and/or neglect that is inflicted by human beings on the most vulnerable and helpless people, and I agree with him so it falls onto our shoulders. We have to, no matter what, ensure the safety of all children. So, with this very unique experience, we, as with every other child welfare professional in every CYS office, develop a bond with our colleagues. Several members, all at the same time, tried to share their familiarities with the internal support that is so important to them. You can yell, scream, cry, and question here in this office without
feeling you’re weak. People understand because they have been there.

Many more comments were made. Because everyone spoke at once, I could only capture a few. You cannot go home and talk about your work with your family for several reasons: confidentiality and the fact they don’t want to know about the ugliness that surrounds them, stated one of the younger professionals. My husband is supportive. He respects that I want to protect children, but he shares with me that he has difficulties in understanding why people want to hurt kids. It’s my mom who is not supportive. I asked why her mom was not supportive. My husband and I have been trying to have kids, and, one Friday night, she came over and we were talking about how tough the week was for me and her comment was to me, I don’t know how you are ever going to have kids. You are not going to have any emotions left to give them. As she completed that statement, she bowed her head, took a long deep breath of air and held it. As she slowly exhaled, she commented, I can’t stop thinking about it. Is that why I can’t get pregnant? Because I have nothing to give my child. Do people think that I have no feelings? Are people thinking I’m going to be a bad mom because of this job? Several of her colleagues responded immediately through words and gentle touches on her shoulder. I was aware that I was feeling tight, and I needed to hear that someone outside of their office was helpful to these professionals. I asked the question again. Is there anyone who is supportive of you at home? Yes, I have gotten nothing but support at home. My parents and my boyfriend tell me that they admire me, they look up to me, that they are actually proud of me for doing this job. My family does listen to me, and they don’t believe all they read in the papers. So, I know that I am very blessed to have that support, because I know
most of us do not have that at home.

I was amazed as I sat back and observed the interactions among the group members. They continued the conversation, feeding off one another and building on each other’s comments. As a participant observer, I joined the conversation by sharing with them the theme that was a constant point of emphasis—that of safety.

Once again, I became aware that the room fell silent. I started to hear a low rumbling which I was finally able to identify as laughter, nervous laughter. Jo, sorry, it’s very strange to hear someone ask me about my safety. No one thinks about our safety and/or our family’s safety. The last comment came from the oldest professional in the room. Look where we are, said another caseworker from whom I had not heard thus far. All the important county offices are in town next to the courthouse. Where are we? We are out here away from everything. So, do you actually think that our county officials are worried about our safety? Her tone of voice was filled with anger, and her eyes were filled with disgust. Since September 11, our courthouse now has metal detectors. We deal with clients who don’t want us in their lives, who have guns in their homes, who at any time can walk in here and start blowing us away. We have nothing here! If we want to lock our front doors, we have to go outside to lock it. [She became very animated, using her hands as if she was drawing a picture for me.] Let’s not forget how this office is set up. Coming down this front hall, you can take out at least eight people. So, tell me, do you really think anyone cares about our safety? We are not valued by anyone!

Immediately, another caseworker jumped in: I just want to add to what she was saying. We have no protection. We have no fire exits. If this building catches on fire, there is no
way out! This building is so structurally unsound, it's disgusting. I could not record all
the comments made by those caseworkers. I was, however, overwhelmed by the anger in
that room. Everyone was talking, fast, cutting off each other's speech, trying to talk over
the next person. Their speech was pressured, forced. Everyone wanted to make a point
about the safety, or lack of safety, in that building. It was mayhem.

The conversation then shifted to external safety with the following examples
shared. Protection, safety on call, does not exist, shared one of the caseworkers. We
have cell phones; they don't work in this county. There are so many dead spots. That's
when we can get a cell phone from the agency, said a caseworker laughingly. One of the
younger caseworkers spoke up and said, Jo, I realized the value I have here in this county
when I went out on a call around 1 a.m. up this dirt road that only a four wheeler should
be on. The agency vehicle got stuck, and, so, I called for assistance from our police.
Needless to say, I had to wait 45 minutes for them to arrive, and, when they did, the
comment from our officer was, I bet you were trying to go up the hill to see Mrs.____.
As he started to laugh, he stated She is the best shot in the county. You're lucky you
made it out. At that point, I realized that we CYS [Children and Youth Services] workers
are so unimportant.

I was dumbfounded, trying to make sense of the information they had shared with
me. I knew I was shaking my head. Jo, we are not permitted to carry pepper spray, but,
too bad, I do, and if I loose my job because I take steps to protect myself, then, so be it.
At least I am alive. No one else seems to care if I live or die.

Due to the nature of their job, I inquired about their sense of safety when they are
at home or just in the community with their families. I am constantly looking around when I leave here. I am always checking my rearview mirror. Another voice chimed in, 

We put our lives, our family’s lives, on the line because of our job. We get shit from everyone and for $20,000 a year. Then, several group members shared their reasons for not having their telephone numbers listed. They also said they don’t tell people where they work, and they described the codes they have in place when they are out in public. For example, I don’t want any of my clients to know what my husband and/or children look like. So, I walk in front of them, close enough to hear them yet far enough away so no one can identify them. Yet, several other members indicated that they tell people where they work, and that they are proud of the work they do: I’m proud of my job, and I am proud that I know that I can make a difference in the life of a child. I accept the bull that I get from my families that I work with. I do not accept the disrespect and/or comments from our so called community leaders and professional community.

As I was reflecting on the comments just made, I wondered if there was any connection between safety and value. Do you, as professionals, feel valued? The room erupted in a clash of voices: No! Are you kidding? Get serious! The judge has an attitude about you. The cops have an attitude about you. The schools, mental health, and the public in general have an attitude. These comments came so rapidly and with such force that I felt as if I had been physically moved. It’s hard for people to understand that we are working under the juvenile law which means only a judge can order us to remove a child. I think it is because our system is so misunderstood by everyone. I mean, a client told me that she knew first hand that for every child that was removed by a caseworker,
that caseworker received $5,000! Another caseworker added, We are questioned by everyone the judge, attorney, supervisors, school officials, and, of course, the families in which we work. I am in the home. I see what’s happening. I know what has been reported to me, but still I don’t know nothing, my opinion does not matter. So I always question myself, Why am I doing this?

Several members openly discussed their frustration with the court system a judge who interprets the law his way and attorneys who belittle and attack the caseworkers. Following are several examples: It was a six month review and I was testifying on the parents’ lack of participation in treatment. The attorney would ask me a question and before I could even open my mouth, his comment was, Isn’t it so Ms. ___ that you personally don’t like Mr. and Mrs. ____ and you are making up these lies? I kept pleading with the judge and our attorney to object. And, nothing! You never know what to expect when you go to court; you just hold your breath. And, finally, the quietest member of the group stated, I get tired of hearing You don’t do your job! No matter which way we go, removing the child or leaving the child in the home, we get the heat from someone. We are the lowest man on the totem pole. The commissioners and the other professionals think that we are unintelligent, that we don’t know. [She made a strong sound of disgust at this point.] They look at us as peons. There was a pause in the dialogue. As I scanned the group, I noticed one of the workers starting to nod her head up and down. That’s it! I need someone to say, Hey, nice job on how you handled that case, or Thanks. You’ve been working hard. And, I hope it would come from our supervisors or AD. We need support from the federal and state folks, to the judge,
supervisors and other professionals. This last statement was begun by one person and completed by another. The others chimed in with You’re right and She’s right. There was a lot of head nodding to support their statements.

This group also discussed leaving the field. I know a lot of us sitting around this table, in the last two weeks, have and/or are currently looking for other jobs. I love my job, but there is a point, a breaking point. Something has to give. These comments received a great deal of support from the other group members. Heads were nodding agreement. I saw several people doodling and writing things like time to go and time to move on.

I hate removing children. I hate to see the conditions that some of these kids live in. [Her head slowly fell to her chest; her voice was barely audible.] I can’t sleep at night, I relive some of the incidents in my head. I’ll wake up screaming! So, I guess there is something wrong with me. Another member jumped in and yelled, It’s not just you! It’s me too! I just don’t tell anyone because I’m afraid what others may think about me.

Most of us are taking some type of antidepressant. All eight group members started to nod their heads in agreement. Counseling is seen as a form of weakness, said one of the veterans. I asked questions about self care, but no one was able to identify what they did to take care of themselves.

I was mindful that they, as a group, were getting tired. We had been talking for nearly 90 minutes. The expenditure of energy, the intensity of the session, and the richness of information they shared was draining for me as well. I asked if there was a question I should be asking to better understand their experience and the child welfare system. After
a long period of silence, the responses came: Jo, in spite of what the general public thinks about us in child welfare being and knowing everything, we are people with families and problems just like everyone else. This job is a little easier, not much, when your personal life is in order. My brother passed away several months ago, and it was hell coming in here and dealing with my clients stuff while I was trying to handle my own. It's unfair that we are seen as superhuman beings.

As I started to close down this group, thanking each member for teaching me, one woman asked if she could make one more comment. Jo, you need to know that people think we are God. [The others supported her statement by making comments or nodding their heads.] And, I know that everyone has an opinion. In reality that is exactly what our AD and state office of CYS ask of us on a daily basis. We are changing people's lives, whether for the better or the worse. We are asked to make decisions every single day that will affect these people forever. And, I know I do things that I know are gonna affect my life. We take this serious!

**Identified themes.** The emerging themes from Site 4 are indicated in Table 6. All five CSDT components as well as all three contributing factors of vicarious trauma and PTSD were identified. An additional four themes emerged.

<table>
<thead>
<tr>
<th>Table 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site 4: Identified Themes, Intra-Case Analysis Summary</strong></td>
</tr>
<tr>
<td>CSDT Components:</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>1) Frame of Reference</td>
</tr>
<tr>
<td>2) Self Capacities</td>
</tr>
<tr>
<td>3) Ego Resources</td>
</tr>
<tr>
<td>4) Psychological Needs and Effects on Relationships</td>
</tr>
</tbody>
</table>
5) Memory and Perception

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<tr>
<th>Community Misperceptions</th>
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<tbody>
<tr>
<td>Contributing Factors</td>
</tr>
<tr>
<td>State and Federal Regulations</td>
</tr>
</tbody>
</table>

The Organization

Exposure to Client Material

Personal History of Trauma

Site 5

Locale. I arrived on a Wednesday evening and thought I would drive into town and find the county agency office. It was an adventure! Upon reaching the city limits, I was hit with a plethora of road signs. There must have been 15 of them. I followed the directions given to me, but the street name changed before I found my destination. I drove around for at least 20 miles trying to find the office. Thinking logically, I decided it would be close to the courthouse. Wrong! It was rainy and cold, an ugly night. I gave up and went to my hotel.

On Thursday morning, I arrived early at the courthouse. I wanted to set up. The security guard (one of two) said the children and youth offices were on the other end of town, going out of town, about four miles out of town. I headed east, as he had indicated, only to have the street end. I just happened to turn right and there it was! A small sign marked the offices of children and youth. I asked myself: How do consumers find this place?

The adventure continued! Where was I to park? How was I to get into the building? I was rescued! A cheerful woman, who had also just arrived in her car, asked if she could be of any assistance. She helped me to find parking and the entrance to the building.
Upon entering this office, I walked down a long and narrow hallway, barely wide enough to allow two people to pass each other. As I was being escorted to the conference room, I was aware of how crowded the office spaces were, although I did see a lot of personal belongings. Many of the caseworkers shared desks. This agency office was the most overcrowded one I saw while doing the field research. I wondered how they could work in such tight quarters. How did they come back to this office and get their paperwork done? How could they think with all the clutter?

As we proceeded to the conference room, we passed the main entrance to the building. There were no security personnel, no metal detectors, nothing to protect the occupants from any individual who might try to cause harm. While there was a locked door for which the staff needed a key, an intruder would only have to climb through one of two large windows used by the receptionists to answer questions. Finally, I arrived at the conference room. It was small and cold. It was separated from another room by a divider that reminded me of a curtain. Near the conference room were other offices. They also were crowded and overflowing with office equipment and personal belongings.

**Focus group.** This group of professionals, five females and three males, strolled in together. They were casually dressed. They ranged in age from 25 to 48 and had been with the agency for an average of 4 years, 8 months. Of the eight individuals, two were married, one divorced, and five were single. Three reported having children living at home with them. One held a high school diploma and the others held bachelors degrees or better. Some held a degree in social work. Five reported some type of personal history of trauma.
Initially, I observed the interactions among the individuals. As this group entered, the small room was filled with energy; there was a lot of joking, smiling, and voices trying to talk over one another. I started this group as I had the previous groups, asking if they would share their experiences working in child welfare. The room erupted with multiple voices: Where do you want us to start? Are you sure you want to hear our stories? It's stressful. Yea, it's very stressful.

This group began by discussing their frustration with the lack of community support for the families with whom they work. Working with people is frustrating for me. It appears to me that they don't get better. Dirty homes, kids that are reacting to their environment, parents that are drug addicted, not enough [information] to place the kids, they just have enough to keep the home going, stated one of the caseworkers. You only put a band-aid on the family, and you don't do enough to affect them long term. There aren't sufficient resources out there to help families. These words resounded from a colleague.

The group members openly vocalized how it appeared that some of the same families and their extended families reentered the system and how exhausting this recursive problem was for them. They come back to our agency, and we start the entire process of dealing with them because they have not learned the skills to make effective and prolonged changes. That strong comment came from one of the older members of the group.

Everyday, I hope that when I work with one of our families that I can assist them to create incontestable changes in their personal lives so they may promote healthy changes for their children. I don't want their children to come back. I've been here long enough
that the kids I worked with when they were 13, 14 years of age are now 21, 22 years of age, and we now have their kids in the system, said a disheartened senior caseworker.

Based on their comments, I asked how this recursive problem touched them as people. Before I could finish my question, a male caseworker jumped in. It's very draining. A moment of stillness fell over the entire group. As I looked around, several of the members had their heads down, eyes looking at the table. One of the members was looking out the window and suddenly, from across the room, a soft voice broke the silence. There is a lot of times when I go home. There was another pause, as the entire group focused their attention on this member. She took a deep breath. As she started to exhale, her words were initially difficult to hear: I usually get home after it's dark. You sit down; you don't answer the phone. I will never answer the phone. I don't want to talk to another person. I am so tired. As I scanned the room, several heads were nodding in agreement and a soft grumbling of Yea, you're right could be heard. She continued, You gulp food down because you know you need to, not because you're hungry [her eyes widened and she made a face] You loose your appetite. Jo, one of two things happen here in this system you either gain weight or loose it. You either eat to give yourself comfort, the one thing you can do, and it's always sugary stuff, or you don't eat at all because you just can't stomach it any more. Her comment was supported: I gained 60 pounds in the last year. Forget that. I just drink every night after work. This last comment was made by one of the male caseworkers. Come on now. It's not just you! We all meet at _____ to take the edge off, another worker added. At that moment, the room burst into Yea, you're right. You can't hold your alcohol. You're a light weight.
I asked, How else has this job affected you, if at all? Ummm. Well, it's hard to maintain relationships, said a male in the group. I asked for clarification of his previous statement. A lot of our/my family and/or personal relationships suffer because of this job. You can't give them what they need because you give everyday to your co-workers to help them to keep going from day to day. At times, it's hour by hour. Paul [not his real name] is right. We are always [as she spoke these last three words, the caseworker spoke each syllable separately and with emphasis as she shook her head from left to right] giving 120% because there are still more people who need you. Another member jumped in, We are always hearing, You need to keep going, Keep up this energy level and commitment, and The clients need you because you are the one thing that is keeping them from poverty or keeping them from losing their children or their homes and from keeping them from going insane.

A low-key voice penetrated the conversation. In fact, everyone was looking around to determine who made the nearly inaudible comment. Slowly, a slender female sat up in her chair and repeated her comment: I said, Where is my social worker? All the services are for our families. No one thinks about us and how this job affects us, our loved ones.

As the topics constantly changed, the caseworkers persisted in their expressions of loyalty to their professional colleagues and to the families they are committed to work with. Our families, or I should say my family, is very angry with me. They hate my job. I have a little girl and when she comes home, she is so excited and yells, Mommy, guess what happened in school today. God forbid anything bad happened! I have nothing to
give her. Her voice faded, she lowered her eyes, a single tear rolled slowly down her cheek.

The group members reported having sleep disruptions; several physical ailments, including irritable bowel syndrome; and tension headaches. And, one worker shared, I have recently been diagnosed as anorexic. The room fell silent. Then, We have problems just like everyone else. We can t go to counseling where our clients go. Yea, this wonderful EAP [Employee Assistance Program] program gives you three sessions and you re healed! Multiple voices broke out in laughter once again, showing signs of support and agreement.

The group members shared the same sensitivities of isolation, being trapped, and not being valued. I am confused. I feel so ashamed because of the job I do and its repercussions on me. Other professionals have what I call normal jobs, and we re trying to ensure and protect our children within our communities and we spend so much f---ing time protecting and covering our ass with paperwork. [He became very loud and enunciated each syllable of each word. I could feel the anger in his voice as I watched his body language match his spoken words. He sat straight up, with his right hand punching the air. Then, suddenly, his voice and mannerism changed again to a sarcastic tone. His body went limp.] Then, we go home to our families and friends and it s like walking into a fairy tale, everyone living in a peaceful community, everything is wonderful. BULLSHIT!!

From that point, the group s conversation went in a totally different direction.

They addressed the lack of internal support within their agency. Several members
vehemently stressed how their DSS [Director of Social Services] and sups [supervisors] continuously informed them that they cannot take on any more kids. It costs too much! one worker yelled. Or, they hear from their administrator, We can’t place any more kids. We have to stop placing kids. Damn it, we just can’t do that! came from another. They strongly voiced opposition to the practice standards that are in place within their agency. They agreed that one of the problematic areas within their agency was the lack of staff to support the services needed.

The conversation was moving quickly and I was mindful that, by listening to their stories, I felt torn, stuck, and very overwhelmed. We are told we can’t bring them into protective services because there is nowhere for them to go, while on this hand [this individual literally shifted hands from left to right], we are told that we must ensure the safety of every child. I have told my sup and DSS that it’s their decision, and the responsibilities fall on their shoulders.

The room erupted again. They all talked to each other in pressured speech patterns. Several group members actually stood up to make their points heard. After several minutes of watching this powerful exchange and the emotions that were evident, a female voice yelled over the crowd, Jo, Jo! As she yelled my name the second time, it caught everyone’s attention. Even though we may disagree with the sups and DSS and it’s their decision, it really falls back onto us. She pointed her finger at herself. The others nodded agreement or confirmed her statement verbally. Another colleague finished her thought by saying, We are all very conscientious professionals, and we take our job seriously, more than anybody. But, when it falls to a child, it is our responsibility, and we
take it serious, more than the judge, more than the administrator. We are the ones who see these kids. We are in the homes, and we are the ones the kids talk to. Our voices are not heard. Or respected. A lot of the times, we are not listened to by the administrators or it’s just minimized. Either way, we get the shit from everyone if something goes wrong. One of the caseworkers shared a situation that involved an infant who was a victim of shaken baby syndrome. The parent made the decision to disconnect this child from the respirator.

I was with this baby’s mother when she was struggling with the decisions that were facing her. This mother of 24 years of age asked me to be in the room as they removed her child from the life support. The room fell absolutely quiet. There was not a sound. Several members reached over to put their hands on her shoulders as she started to sob. She continued through her tears. I was with her when she made the funeral arrangements. I was at the funeral home. [There was anger in her voice. Her eyes were locked onto something as she stared off into space.] I was expected to go on about my business and attend my other meetings and give 100% to my other families. The tears rushed down her face as she placed her head into her hands. I asked if she wanted us to stop. She said no,

If it was not for my co-workers, I could not have made it through. I was really empathizing with her and feeling myself becoming tearful when another voice crashed into my head and brought me back to the present. Our administration don’t give a damn about us or the effects this job has on us.

Another piped in, Yea, they are very insensitive, very insensitive. There is nothing in place to assist us in dealing with the human pain and suffering we see on a daily basis.

In this agency, we have received so many rewards for our work. Our turnover is
extremely high. In spite of that, we still are being awarded. Big shit! We are completely overworked. There are more than three-fourths of the caseworkers on some type of antidepressant or anti-anxiety medications to help them cope. I know of at least 15 workers whose marriages are falling apart. No, let’s not talk about what may be causing this, said one of the male caseworkers in a sarcastic tone. This group drove home the idea of distrust within an organization and how it breeds resentment among the workers, how the us versus them attitude affects workers who stand up against the organizational machine, as Kim [not her real name] called this organization. They will find ways to not promote you. These words of frustration came from another group member who added, They say your skills are not good enough. How in the hell would they know when they have not seen me in action with my clients in the field?

It became apparent from the comments being made that these caseworkers did not believe the administration was in tune with their staff. They continued: They tell us to be safe, but do they call and check in with us? They, the administrators, are so removed from us. This last comment caused the group to concentrate on the lack of safety and value. They all agreed that they had been verbally assaulted both on the job and while they were with their families. We get beepers to carry. There was a great deal of overlapping talk about beepers and cell phones. Yea, there are three cell phones for this whole agency, yelled one of the group members. One of our workers was in the south part of the city, and several individuals were shooting at one another, and he was caught in the crossfire. He actually peed himself. And, he did not have a cell phone to call for help. The thought had been completed by another member of the group. Everyday, we put our
lives on the line. We go out with the police, who actually carry guns, and they walk behind us. Or, we go with JPO [Juvenile Probation Office], and they have bulletproof vests and guns, but we are always the first ones at the door. So, you explain to me that we are professionals, and we are a valuable member of our professional community!

Several additional concerns regarding the organization were divulged. Caseworkers are expected to use their personal vehicles for work-related transports. They must also retain a rider on their insurance policies to allow for such transports. In compensation, the agency reimburses them $200 a year for car insurance. That is, if your insurance company cooperates. Mine doesn’t. Several others agreed. There are 3 vans for 77 caseworkers. I had my windshield kicked out twice by two teenagers; I had to replace it myself. The members shared how they get 30 cents per mile reimbursement for the use of their personal vehicles. They also discussed the long distances they travel. They spoke about safety issues and transporting kids in their personal vehicles. Several talked about the number of car accidents they have had and how they can’t afford to get their vehicles fixed. Some of my clients make more than I do; yet, I was threatened that if I don’t get my car fixed and on the road, the agency will fire me, reported one caseworker.

I was numbed by what I was hearing. Then, I realized there was a hand on my shoulder, and, as I looked to my left, I could see the caseworker’s mouth moving, but I could not make out her words. As I started out of this fog, I heard her say, We are hoping you are the catalyst agent for change. The change can’t take place on any county level. It has to start on the state level. Multiple voices confirmed her opinion. I sat there absolutely stunned; I felt as though my head was in a huge whirlwind. I can remember
thinking to myself, How can we expect these professionals to continue ensuring the safety of our kids when we cannot guarantee their safety?

Then, several additional members shared information about attacks, threats, and stalking involving their families. One of the staff was verbally threatened while he was with his family in WalMart; his report was extremely graphic. Another reported, I received a letter in the mail. In this letter, he had my home address, phone, and what my children looked like. I was terrified, she stated, as she started to shake. I received this letter a year ago, and, every time I think about it, it makes me physically ill. The group finished her story, relating that neither the agency nor the police did anything.

The conversation took another turn as they began to address federal and state concerns. Several members shared again that many of their clients make more money on SSI [Social Security Income] and assistance than they do. I am eligible for WIC [Women, Infants, and Children], one of the female workers disclosed. All of the workers stressed how they live paycheck to paycheck and that there are no incentives on any level. They compared their jobs with those of DPA (Department of Public Assistance) caseworkers.

They are income maintenance workers and sit in an office, and the starting salary there is $32,000 . . . . We ensure the safety of children and work in deplorable conditions, and our starting salary is $24,000. One person shared, we work for the state, yet we get paid as county employees. Another said, Each county implements the laws differently, and each county does things so very different.

I then investigated the concept of the CWEL (Child Welfare Education for Leadership) Program. CWEL is a state-offered, county-supported academic incentive
program that allows eligible caseworkers the opportunity to return to school and complete their MSW. The group members agreed that they are encouraged to participate in the CWEL program. They also expressed problems with the program. There are no benefits of going because, if you’re a regular caseworker, you have to have comp time accumulated, accrued, so you can leave on time; however, a supervisor can leave early, was one of the comments shared. Even when you earn your masters degree, there is no increase in wages, nothing, shared another. Several of the caseworkers stated that once they give back the two years to the agency, they are planning to leave. I thought I was coming here to work with kids; instead, I find myself working with adults who have mental health issues, drug and alcohol addictions. I can accept that. I will no longer accept the disrespect from our administration, judicial system, other so-called mental health professionals, and the school officials, stated one of the older caseworkers.

Another important subject expressed by this group was the misconceptions about the role and function of children and youth services within the community, as well as with other professionals. The community at large thinks we are baby snatchers, that we just walk into your home and take your kids. We can’t; only the judge and/or the police can take custody of a child, stated multiple voices. They jointly voiced agreement that, even though they know what their role is within this difficult system, they have to deal with the repercussions of the court’s decision. When something goes down with a kid, and all hell breaks loose, it’s not the judge who gets screamed at. It’s us!! It’s our office and that particular caseworker that gets slammed in the paper, a very angry voice shouted.

As this group shared and thrashed out their concerns, one new issue the
law surfaced. They said that someone convicted of burglary can get five years, whereas someone who physically or sexually abuses a child is charged with a misdemeanor, corruption of minors, for which one year is served.

They made comments about how the job has affected them: We have become harder. We lock our emotions away. I just became a bitch. I don’t trust anyone. I have become desensitized to violence, drugs and alcohol, sexual abuse. There were many indications that the group agreed strongly with the last statement. One of the younger caseworkers spoke up and said, I have been here for two years, and I have become so cynical. Another added, We want to keep everything a secret here. It might interfere with our tourism. I don’t trust anyone outside of this room. These are the only people, internal and externally, I trust. This last statement came from the senior caseworker.

I was very mindful that there has been one member who had not shared, and, so, I invited everyone to have their voice heard. The quiet individual turned out to be a member of the unit support staff. Her view of what had transpired was interesting. She shared the difficulty of dealing with some of the more vocal clients who would cuss and yell at her. Her words were comforting to some in the room and annoying (based on nonverbal messages) to others. I have a very busy life. I go to church and that’s where I take this stuff. I pray. I pray all the names of the kids I am aware of and I pray for the people I work with to ensure their safety. She was very young and small in stature. One of the caseworkers spoke to her: In some ways, you’re fortunate, because you don’t actually see this shit. [His voice became shaky; his eyes welled up with tears.] Sometimes seeing this stuff can push you away from church. I constantly question, Why does this shit
happen? Then, I see Judge ____ in church every Sunday and I say to myself, Why does he allow this shit? Why does he do this? He has the power and the law to stop it and he doesn't.

A nuance that emerged was that some of the caseworkers believed that individuals want to work for CYS because it gives them a sense of power. I work with an individual who is on a power trip, and he really believes he's the man, said a male caseworker.

There are a lot of us, well let me speak of me. I know I have a history of abuse [the others in the room nod their heads in agreement], and they came here hoping to make a difference in the life of a child. Unfortunately, there are some who are in it for the power trip. These final words on the subject came from the elder spokesperson for the group.

We approached the issue of supervision. Several of the group members shared that supervision is strictly administrative and very punitive in nature. When was the last time you saw this child? Are your notes up-to-date? Have you made all your visits? One caseworker stated that supervisors ask questions similar to those. Supervisors yell at their staff and literally verbally assault them.

**Identified themes.** This group identified several of the same themes specified by previous groups: lack of adequate training, organizational distrust, lack of community resources and awareness, hiring of individuals without appropriate training, and the effects of their employment on personal relationships, just to name a few. The summary of their emerging themes can be found in Table 7.

**Site 6**

**Locale.** This site was a lot easier to find than the others had been. It was nestled in
the middle of the city with a wonderful park alongside. It was a clear morning; the sun was bright and the market plaza was beginning to fill with people. As I found this complex, I found myself laughing at a sign on the side door NO WEAPONS BEYOND THIS POINT. There was no one around to enforce this strong statement. I thought, Yea. All the bad people carrying weapons will dispose of them at this point. I walked away shaking my head.

Table 7

<table>
<thead>
<tr>
<th>CSDT Components:</th>
<th>Other Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Frame of Reference</td>
<td>PTSD Symptoms</td>
</tr>
<tr>
<td>2) Self Capacities</td>
<td>Supervision</td>
</tr>
<tr>
<td>3) Ego Resources</td>
<td>Training</td>
</tr>
<tr>
<td>4) Psychological Needs and</td>
<td>Effects on Relationships</td>
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<td>Community Misperceptions</td>
</tr>
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<td>State and Federal Regulations</td>
</tr>
</tbody>
</table>

The Organization

Exposure to Client Material

Personal History of Trauma

The agency office was located in a corner building with a restaurant on the bottom floor. The building housed all the human service offices. It was clean and bright, with signs that directed you to your desired location. As I entered the elevator, I was aware that no one had access to a certain floor until a certain time of the day. I wondered if it held the CYS offices. The door opened, and the mystery continued.

As I got off the elevator, I viewed a long hallway with a swinging gate. To my left was a small desk area. Off to my right was a door marked EMPLOYEES ONLY.
There was no sign of any type of security measures; the door to the reception area was open. As I entered the receptionist's area, I was greeted by a warm, friendly, and outgoing woman who addressed me by name. Now, that surprised me. Mary (not her real name) asked me about my dog Shadow and questioned her whereabouts. She proceeded to share with me the favorite animals of the staff at the agency. The waiting area was bright and colorful, with several toys and two very old stuffed animals (both teddy bears) for children. The bears were sitting on a chair, just waiting for a small child to hold them.

Mary took me to the conference area where I would meet with the staff. We walked past several offices with chairs and toys that were used for visits. I turned the corner into a huge box-shaped area separated into many cubicles. On the right were several small offices where the administrator and supervisors were located. The area was very crowded, yet warm and filled with personal items and a variety of toys for the staff to play with stuffed animals, puppets, stress balls, spinning tops, and others. The conference room was open. Glass windows lined the interior walls separating the conference area from the cubicle area. The exterior windows overlooked a park. The conference room was very businesslike, unlike the rest of the office area.

Focus group. This was one of the larger focus groups 13 individuals. As they came into the room, I was aware that there was a low rumbling going on; people appeared annoyed and upset. These professional were casually dressed, and several walked in with red eyes, shaking their heads. This collection of 10 female and 3 male child welfare professionals ranged in age from 21 to 50 years. Their lengths of employment ranged from three days to 27 years, an average of 8.5 years. Of the 13 individuals in this group, seven
were married, four were single, one divorced, and one living with a significant other. Six reported having children living at home with them. Eleven individuals shared that they had a personal history of trauma. Their academic degrees included an MSW and several BSW, BA, and BS degrees.

I approached this group as I had the previous ones. However, I was aware that something was happening that had unsettled them. I opened this conversation with, “I am wondering if you would be willing to share with me what’s going on?” I noticed several members looking at each other, and, finally, a voice broke the silence and awkwardness in the room. She indicated that the commissioners and Director of Human Services had just hired a new administrator. They had been told of the change by the acting administrator and they were not happy with the change. They were expressing typical anxiety over the new change in leadership. They also questioned the experience of the new administrator in the child welfare area. The staff had assumed that the acting director would be promoted. There was a lot of anger in the group; I made the decision at that time to allow the group to process through the shocking news of an outsider being appointed to the administrator’s position. They had to work through their mixed feelings of anger, betrayal, and a sense of uncertainty before we could process.

During this processing piece, several members pointed out that the children and youth system is very different from others because of its complexity. We have invited the commissioners to come along with us to make home visits, to stop in the office and ask questions; they don’t want to, they are clueless, said one of the male caseworkers. One of the older, more seasoned, female professionals stated, Our commissioners are afraid to
come and visit with us. Increasing one's awareness about the severity of abuse and neglect within your own comfort zone slams into your protected reality. There was a great deal of head nodding in agreement with her statement. One individual stated that the commissioners were more interested in outcome measures than in ensuring the safety of children.

I heard my name called several times, but I could not find the source. Finally, everyone sat back in their seats and looked down at the end of the table to a very mature and respected professional. As this individual sat upright, she looked at her colleagues and began her comments to me. Jo, the county commissioners slapped us in our face. Once again child welfare is seen as the bastard child and we are totally disrespected. I wanted to know what she meant by respect. But, before I could finish my question, several members completed it for me: For someone to say Thanks or You did a great job testifying. Someone should value me enough to provide some type of security for me. These were examples of the statements these professionals provided. It was clear to me how important the concept of validation was to these individuals.

Building on the previous perception of value, I was intrigued to know if these individuals felt valued within their own organization. Everyone in the focus group agreed that the real support and validation within child welfare comes from co-workers. Your co-workers are the only ones who know what is really happening out there. Yea, he's right. They are in the trenches with you. One caseworker stated, Jo, that's what keeps me here. In spite of the internal BS, in this office here, most of us are friends. We do have our disagreements. For the most part, you can count on your co-workers. If you are
feeling down or if you need to talk, there are a lot of people you can turn to, said one of the female caseworkers. It was interesting to note that every head was nodding in agreement while a low clamoring of voices shared the times when they were supportive to one another. Then, laughter broke out. In unison, the group disclosed that, due to the nature and the familiarity of the job, they believed that the true ugliness of their job bonds them together.

The dialogue shifted slightly to their experiences regarding support from the administrator and supervisors. A general consensus emerged from this group that supervisors are human, while some days they can be real pricks, and other days they can’t do enough for you. Numerous workers conveyed the message that they didn’t feel appreciated for the things they do. If they don’t support or appreciate what we do, who will? There were mixed opinions regarding supervision. Many of those at the table shared their frustration with the system, saying it was too rigid, inflexible, and very closed. They indicated that supervisors were not consistent in interpreting the regulations and that they were very critical of the caseworkers and their work. On the other hand, several workers reported that if it was not for their supervisor, they would not be in child welfare today. I really think it’s the personality of the supervisor and their individual knowledge of what supervision is all about, commented one of the younger, inexperienced workers. I wanted to gain insight from them about what they thought and/or believed to be the purpose of supervision. There were different opinions. One worker stated, I thought supervision is where someone looks over your work and tells you you screwed up. The group laughed explosively at that comment. I thought a supervisor is, well, a mentor, trainer, confidant,
and a cheerleader, said a soft voice, straining to be heard. The youngest caseworker said,

This is only my third day on the job, and I can't help wondering if this is really worth it?

I then asked the effect, if any, on them of knowing, investigating, and/or listening to the many stories told by children. This once open and outspoken circle of professionals immediately fell speechless. The room became eerily quiet. Their body language changed instantaneously. They went from sitting erect, with elbows on the table and eye contact with each other, to a position in which their heads were bowed and there was no eye contact. Several individuals sat back in their chairs and lowered their heads. As the stillness continued, the sound of a barking dog could be heard from the park below.

Suddenly, someone spoke, catching all of us off guard: I have nightmares. I constantly replay the situations over and over again. This individual had taken the risk and shared how this emotional material affected her. As soon as she was done, a male co-worker jumped in and articulated, I don't watch TV movies about abuse. I hear so damn much [he issued a very deep sigh, his voice cracked, tears well up in his eyes] of it, I don't want to discuss it. I sure as hell don't want to answer the phone or do anything. [He laughed nervously.] I just want to be alone.

Several of the individuals in this group openly shared their descriptions of how the job had affected them and their relationships. I've become hardened. It scares me at times. I can't feel anything except sadness and anger. They disclosed having experienced flashbacks, sleepless nights, and intrusive images. One caseworker unmasked his own pain by sharing with us the burning pictures of every kid he had completed a risk assessment on. He told us that he goes home and prays that the kids are safe for one more night. I
question myself every night and day, hoping that I made the right decision to ensure that kid’s safety. I don’t know what I would do if one of my kids died.

Other members expressed remorse for how the job affected their loved ones. I am emotionally bankrupt when I get home. I just sit there and, basically, ignore my husband and kids. They hate when I’m on call. [She began to cry.] My son always yells as I am leaving the house with my black bag. You love those kids more than me. Another said, I find myself thinking about a situation at home, and my daughter will be talking to me and I miss the entire conversation. She’s talking about issues that are important to her, and I am totally numb. I shut down. I can’t hear and/or absorb any further information. Several members disclosed how trust or the lack of it influenced their decisions regarding their children and loved ones. I don’t let my daughter spend the night anywhere, including her grandmother’s house, one caseworker shared. The most profound statement of this group was made by an individual who had worked in child welfare for three and a half years: I have made the conscious decision that I will not have any kids. I will not bring any child into a world that is full of violence and of uncertainty and where children have no rights. I can remember how her words affected me. My heart ached. I could feel my feet become cold, and I immediately felt a sense of anger and loss for her. Someone called my name, jolting me out of my own world. Jo! a male voice echoed in my head. This job automatically makes you think negative about the person you just met. I could hear several voices repeat the word absolutely. Once again, I listened to these individuals who, as their colleagues before them had done, ran background checks on any individuals whom their family members may know. Their actions were to ensure
the safety of their families. One caseworker/parent shared, I have too much information, and that can be very dangerous.

This topic of world view was very disturbing to these professionals. One comment in particular was made by a female worker who said, I hear trigger words when I am out in public with my husband, like Who s my special girl? that sends up the red flag for me every time. I don t want to hear that phrase, and I told my husband don t ever say those words!! As she was about to continue, I heard several members indicating that they hate trips to the grocery store. One said, I ll see a man and will start saying to myself, Perp, perp, perp. The room erupted with a laughter that confirmed their agreement with her comment. Everyone is a perp. We see clients everywhere we go. Then, one of the group members stated, We re constantly working, 24/7." Finally, the female caseworker who started this conversation said, You become suspicious of people you never thought you would become suspicious of. When I asked for clarification, she answered, My husband. That s very personal and hard for me to say, but it s true. I don t have any birth children, but I have 12 nieces and nephews, and, every once in a while, I think Yea, he s fine watching them. Then, that one little suspicious thought is always in the back of my head: Maybe they are not safe with him. She started to cry, took a deep breath, and asked her colleagues if she was a bad person for thinking those thoughts. They immediately responded No. In fact, one of the men in the group shared with her: I m remarried and I always wonder about my wife and her side of the family. You never know. His voice trailed off, and he repeated his words softly again: You never know.

Identified themes. Several themes emerged from this focus group. They included
the five CSDT components, two of the contributing factors to vicarious trauma, PTSD symptoms, and three other themes. They are summarized in Table 8.

Table 8

<table>
<thead>
<tr>
<th>Site 6: Identified Themes, Intra-Case Analysis Summary</th>
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<tbody>
<tr>
<td>CSDT Components:</td>
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<tr>
<td>1) Frame of Reference</td>
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<tr>
<td>2) Self Capacities</td>
</tr>
<tr>
<td>3) Ego Resources</td>
</tr>
<tr>
<td>4) Psychological Needs and Effects on Relationships</td>
</tr>
<tr>
<td>5) Memory and Perception</td>
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</tbody>
</table>

The Organization

Locale. This focus group was conducted at one of the previously described sites. I have chosen to not identify the specific site in order to further maintain the anonymity of the group.

Focus group. This focus group was made up of supervisors six females and two males and the administrator of this children and youth agency. The ages of these group members ranged from 28 to 52 years. Their average length of employment with the agency was 13 years and 7 months. Of the nine participants, five were married and the other four were single. In this group, four reported having children currently living at home with them. Two of these professionals conveyed a personal history of trauma. Their educational backgrounds included a high school diploma, an MSW, and several BS and BA degrees.
Several members of this group were causally dressed, while the others were dressed in more businesslike attire.

I started this interview as I had done with the others: How does hearing about, seeing, and/or knowing about the horrific cases of abuse from your staff, affect you? It was interesting to note that this group of administrators and supervisors jumped into the issues that the caseworkers had cited. They stated that they don't give enough support to their staff and that they themselves feel inadequate: I don't know what to tell them that would make any difference for the situations that are dealing with, one supervisor shared.

I don't know how to give them support, to get them through whatever they are dealing with, said another supervisor. I don't have time to ask them Hey, how are you doing? or Are you okay with that? or How has that affected you? I always talk about the administrative details that need attended to: Hey, is the court date set? or Do you have your recommendations? or Are your subpoenas ready? Sometimes, I think of them as robots, and that bothers me. It was interesting for me to observe that this group, while very attentive and alert, was discussing their staff when, in reality, the question I posed asked the effect the job had on them.

One of the younger supervisors informed her colleagues, No, no. The question is how does this affect us, not our staff. With that redirection, she shared, It affects me immensely. And, with that, she started to cry. Her voice lowered to a soft whisper. As she struggled through her tears, she continued, I think about it everyday. I don't feel like I am doing enough to support them or train them and I feel totally inadequate as a supervisor. This particular gathering of professionals instantly opened up by sharing how
they had changed. I have become very, very cynical. Very cynical regarding everything, anything, anybody you meet. I meet anyone, my first though is Perp. You always look for the bad in people. Another individual spoke up, My thinking has shifted from one of being very optimistic to one of distrust and negativity. Other members shared that they felt they had become callous. I asked the speaker to clarify what she meant as callous.

Well, I think I am callous because there have been caseworkers that become so overwhelmed, and I totally ignore what I am seeing, and I tell them they have to go out on another abuse call, and I need to discuss what they need to do with this call. She took a deep breath and continued, I can see that they are overwhelmed, and I can see that they are losing it, and I want to get back to what we need to do, and this needs to be dealt with immediately. I am more concerned about what we need to get done. She started to cry and placed her head in her hands. She looked up with tears rolling down her face. Gasping for breath, she tried to finish her comment, instead of dealing with what they present to me. I don t want to see any more pain, including that of my staff!

One of the topics this group of professionals candidly approached was how this job affected them physically. One of the supervisors who had been at the agency the longest shared that she takes three blood pressure pills a day, and, within the last year, she has taken nitroglycerin pills twice a day for her heart. I wanted to know what she thought contributed to her physical ailments. It s definitely this job, she said. Other members of this group also confirmed that they had experienced physical symptoms including irritable bowel syndrome, tension headaches, and an increase of anxiety attacks. I am constantly anxious, commented one of the females. You never seem to relax, you can t! I will say
I can't do it. There were multiple voices concurring with her on that point. She continued slowly, 'I don't want to be the person who has to call a caseworker's family and inform them that their loved one has been injured and, God forbid, killed! I don't know if I would survive that. As before, many of the individuals sitting around the table began to cry. As I scanned the room, one of the men was crying as well.

The administrator asked me if I knew how many of her employees were on antidepressants. She then informed me, 'Well, at least three-fourths of my employees are currently on some type of medication.' I asked if she knew the cause of this need for antidepressants. She took a very deep breath, exhaled very slowly, then glanced at her staff, several of whom were still crying. After several minutes, she slowly responded, 'I think there are multiple reasons. One is the horrific situations we see on a daily basis, the intentionality of human inflicted pain on the most vulnerable population. I think the second factor is the isolation. The only people that understands, that truly comprehends what the life of a child welfare professional is all about, are those who are in the trenches 24/7.' As this administrator concluded her statements, everyone made comments that confirmed her point of view.

With the conclusion of the administrator's remarks, the group became very sullen. At the far right corner of the conference table from me, one of the members continued to openly express her emotions with deep, gut wrenching sobs. This particular individual supervises the support staff. They are responsible for typing up the caseworkers' reports. I only read the reports that the secretaries type. I don't even have any direct contact with these kids, and I keep asking myself, 'How can people do this stuff to their own kids? It's
rough, it's very rough. Several others were sobbing. I asked if anyone would like me to stop; all wanted to proceed.

In trying to deal with this individual's pain, I asked what support, internal or external, they have had to assist them in processing their pain. I was surprised that the question that I put forth actually made several people laugh. It caught me off guard. As this group of seasoned professionals started to build on each other's comments, they were able to identify true support in each other. We take care and support one another, shared one of the youngest supervisors. I am here in this job because of the friendships I made. No matter what happens at home or here in this office, I know there are people that I can totally dump all of my life on them and that is a very unique relationship.

Several members talked about feelings of frustration with regard to how their families are not supportive and/or don't understand what is involved with their job. During this exchange, I sensed they were experiencing separation from loved ones and/or from relationships that had significant meaning to them. My beliefs were validated with this example: Why would you want to talk with people about this stuff? When someone asks me about what I do, or what do I deal with, my stomach gets this big knot, and I become physically nauseated. It was my understanding that there was no formal support system in place for this group of committed professionals. One stated, Jo, we worry about the caseworkers that are on the front lines, and we, or, I should say I, don't think about or even consider the impact that this job has on me or the other people who have to listen to it and/or read about it.

With that comment, the conversation changed again. They indicated that, as new
employees at the agency, they told people where they worked. Now, they agreed that they
never tell anyone that they work for the office of children and youth. They said that their
telephone numbers are unlisted as a precaution to protecting family members from their
clients. As the group was beginning to wind down, one woman asked the others if they
ever experienced episodes of nightmares and sleepless nights, and whether they were
fearful about taking the same route home each day after work. She asked if anyone was
suffering with distressing pictures in their minds or crying for unknown reasons.

As I watched this group process that question with their fellow workers, I was
amazed to watch how they answered her. No one spoke, they all confirmed her question
by shaking their heads, almost to a point where they appeared to be ashamed for being
human and allowing the job to affect them. I’m a supervisor. I’m supposed to be okay. I
am supposed to have all the answers. This last remark was made by a very soft voice.

I had one last question: Was your decision to leave the front line a conscious
one? They all answered affirmatively. As illustrations of this: I needed to get out of the
field, and I could not stand seeing the conditions that kids lived in or how they were
being treated, and, finally, My husband gave me an ultimatum. Either move up or get
out; he could no longer stand how I was changing.

Identified themes. Repeated themes emerged from this group including all five of
the CSDT components, two of the three contributing factors of vicarious trauma, and
PTSD symptoms. Two additional themes emerged as well. These are summarized in
Table 9.

Site 8
Locale. This was one of the easier offices to find. It was a red brick structure, located on an acre of land, not far from a major highway. It was clearly marked. Not only was the building new, it also had the newest security features in place including thumb identification access pads and bulletproof glass surrounding the receptionists. The building was very spacious and clean. As I entered the building, I noted a waiting area off to my left. It held several leather couches, small tables, and chairs for little people. Above the reception area was a sign reading Children First.

Table 9

*Site 7: Identified Themes, Intra-Case Analysis Summary*

<table>
<thead>
<tr>
<th>CSDT Components:</th>
<th>Other Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Frame of Reference</td>
<td>PTSD Symptoms</td>
</tr>
<tr>
<td>2) Self Capacities</td>
<td>Supervision</td>
</tr>
<tr>
<td>3) Ego Resources</td>
<td>Training</td>
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<tr>
<td>4) Psychological Needs and</td>
<td>Effects on Relationships</td>
</tr>
<tr>
<td>5) Memory and Perception</td>
<td>Community Misperceptions</td>
</tr>
</tbody>
</table>

**Contributing Factors**  
The Organization  
Exposure to Client Material  
Personal History of Trauma

I was greeted by an older woman who had been busy answering the telephone. As she buzzed me in, I was astounded by the openness of the work area for the caseworkers. Cubicles for them were arranged according to units; the supervisors had individual offices that lined the right side of the wall. As I walked through, I observed a lot of personal items. I heard soft music playing in the background. One of the supervisors greeted me
and continued with the tour of the agency. The observation rooms were equipped with
speakers and two-way mirrors. I was impressed!

**Focus group.** The focus group was held in a conference room off a small kitchen.
As I was preparing for the interview, several caseworkers came in and we engaged in
small talk. As others arrived, the administrator also came in and asked to participate. He
asked those sitting around the huge brown conference table if they would be more
comfortable if he left. Surprising, they wanted him to stay and participate with them. He
opted to leave in order to give them more privacy.

This focus group was comprised of nine females and one male; two were
supervisors, the other eight were caseworkers. All these individuals were casually dressed
and ranged in age from 24 to 64 years. Four of these professionals reported being married,
three were single, one was divorced, and one reported living with a significant other.
Seven of these individuals reported having children living at home with them, while eight
reported having some type of personal history of trauma. Their educational backgrounds
included an MEd and several BSW, BS, and BA degrees. Their average length of
employment was a little less than four years, eight months.

I started this group as I had done with the others by asking how knowing about,
seeing, investigating, and/or hearing about child abuse affected them. This question causes
several individuals to look down, whereas other members sat quietly with a glazed look in
their eyes. I noticed that one worker was picking at her fingers and appeared very
nervous. As our eyes met, she shared that she had only been with this agency for six
months. *This is the hardest job I have ever had,* she said. *I can’t sleep at night. I wake*
up crying. I have these nightmares, . . . . She became very emotional as she fought back her tears. Her breathing became heavy. Then, she slowly released the air in her lungs. God, I hate this job! How can adults do this to kids? As she struggled to regain her composure, several other participants nodded their heads in nonverbal agreement. The atmosphere was very intense at that moment; they just looked at each other. Again this worker spoke, I’m sorry. No one else feels this way, so it must be me. I’m just an inadequate, weak individual.

Her comments apparently gave permission to the others to speak, allowing themselves to be vulnerable. The discussion opened up and their walls came crashing down. Many of the participants shared that they experienced triggers, flashbacks, intrusive pictures, and constant states of anxiety. I just never felt safe to share what I was experiencing either; I thought it was just me. The focus shifted slightly to the shame and embarrassment they felt and the confusion they had about coping mechanisms.

I inquired if anyone had discussed with them the impact of trauma and the cost of caring for others. The room erupted! Multiple voices responded all at once, No, they tell us nothing! I walked into this agency and, within one week, I had a full caseload. I never have been told that the work we do will have long-term repercussions, shared another.

Several group members openly expressed their frustration with the unapproachable nature of two supervisors. It was interesting to note that there were two other supervisors present in the group. They discussed how detached the other two supervisors were from them. They stated that supervision with them is bullshit. If the other two supervisors
would have walked in to participate, I would have left, commented one seasoned professional. The others nodded their heads in agreement. There was a low rumbling of assent. Several comments were made: You’re right. I would be out of here. I don’t trust them. It’s just a time to be bitched out. Someone described supervision as administrative and very punitive. The entire group discussed how the internal power struggles, including turf issues, among supervisors were more difficult to handle than the day-to-day stuff with clients.

The group then shifted the conversation’s path, continuing to feed from and build on each other’s experiences. One of the workers needed to share an experience regarding a client: My life was in jeopardy. More importantly, my children’s lives were at risk. The room fell silent. This individual started to speak softly. Several of her co-workers started to cry. I took custody of two children due to sexual abuse, living conditions, and school truancy. This mom went to a local mental health facility and informed the social worker that she was going to kill me and my daughters and that she had a container of gas and several knives to cut us open. She knew my daughters’ names! He voice became very loud and the sound of anger was evident. She continued, The social worker thought that this mom was kidding and let her walk. [I could hear the moans and groans from the others in the group.] That night, that same woman was seen sitting in front of my house. My mom called the police and we could not find her. As an APB [all points bulletin] went out, they found her the next day, and in her car was 10 gallons of gas, four 12-inch knives and rope and matches. [This worker started to sob uncontrollably. Her body shook visibly.] I will not let this job hurt my children, and I will never take another child into
care... No one did anything; in fact, initially the police said I could not do anything. No one wants to protect us. Damn it, I am angry! As I scanned the group, I perceived that their heads were nodding in agreement, confirming her statements and the outrage they felt for their colleague.

**Identified themes.** Several themes emerged from this group. All five CSDT components, all three contributing factors of vicarious trauma, PTSD symptoms, and three other themes emerged. They are summarized in Table 10.

### Table 10

<table>
<thead>
<tr>
<th>CSDT Components:</th>
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<tbody>
<tr>
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<td>5) Memory and Perception</td>
<td>Community Misperceptions</td>
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<tr>
<th>Contributing Factors</th>
<th>State and Federal Regulations</th>
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<tr>
<td>The Organization</td>
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<tr>
<td>Exposure to Client Material</td>
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<tr>
<td>Personal History of Trauma</td>
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**Individual Interview Narratives and Themes**

The three individual interviews being reported in this document were conducted on-site. They were 30 minutes to one hour in length. The salient information will be provided in a descriptive manner. No site descriptions are provided. One of the individual interviewees was a member of a focus group described above. A second was employed at a site at which one of the above focus groups was held. The third interviewee was...
employed at a location at which focus groups were held; however, they were not reported above.

**Individual Interview 1**

The interview. It was raining outside, and Jackie [not her real name] was my first interview of the day. I entered the long narrow conference room; the chairs were scattered everywhere. The table was very wide; I wanted to rearrange the room so that I was sitting next to her. I heard a knock at the door. In walked a woman of medium build with short black hair; there was a hint of gray on the sides. She leaned forward slightly. She looked very tired, worn out.

Jackie was a 53 year old, white, married female. She was the mother of two children and had been working in child welfare for the last 12 years. She reported holding a bachelor’s degree in psychology.

I started the interview by stating the purpose of the study, my intended use of our taped conversation, and other relevant information. She signed the consent form and we chatted for a few minutes about the nasty weather outside.

Jackie shared with me that she was working with the ongoing unit; she had been in that position for the last two years. I asked her to share some of her experiences with me. You never forget any of these cases, she said. They burn themselves into your mind. It’s tougher for me to work here today than it was when I first started. I asked what made the job harder than it had been when she first began with the agency. Jackie disclosed that her daughter had been killed in an automobile accident in 1998. Her daughter and son, who is now 19 years old, were in the car when her son lost control of
the vehicle and hit a tree. Her daughter was thrown from the vehicle and killed instantly. As she shared her painful story with me, I was aware that she was holding something in her hand, slowly rubbing it for comfort. It's her heart necklace. I always have it while I work; it brings me a little comfort, she said. I asked how she managed the pain of her personal life and her professional life. I find myself getting very angry at these parents here. They have their babies and they hurt them intentionally. I keep seeing my daughter's face when I look at these children here. It's not fair!

That was a very emotional experience for Jackie. Several times during the 45-minute interview, I stopped to ask if she was okay or if she needed a break or wished to stop the interview.

Although we tried to focus on Jackie's child welfare experience, her responses included some type of trigger causing her to associate with her daughter's death. She talked about the pain and confusion the job caused her. I received a call on a 15 year old, and I had to go out on it. While I was gathering information, I realized that the child I was about to interview had the same name as my daughter; the only difference is their ages. It was hard, real hard. Jackie started to cry and then sobbed uncontrollably. It was at that point that I turned off the tape recorder.

I asked Jackie if she wanted to stop or proceed with the interview. We continued. I asked about her experiences in child welfare prior to the death of her daughter. I would be totally numb, go home, and just sit in front of the TV and watch nothing, she said. I did not want to see anything that had to do with violence, death, or any type of abuse. Nothing prepares you for stuff like this, she added.
I was short with my children, being sarcastic, snapping. I see the world totally different. I then asked if her world view had changed before or after the incident with her daughter. There was a long pause. She gazed up at the ceiling. I have to say both, she concluded. Before her death, I would not allow her and/or my son to go anywhere unless I had completed a background check. I was aware that kids were being hurt, but I never knew how bad. This is not a nice place to raise children; our world is not child friendly. I asked how her view of the world had changed since her daughter’s death. I did not exist for two years, she responded. I did not see the world around me; it was gray. I became disconnected with everyone, every activity. I lived in my own world that was full of pain and questions.

Jackie openly shared that she relived her daughter’s accident on a daily basis. I have very traumatic experiences in my career here. I can remember the date, time, and the conditions of the home where I removed two children. It was January the 11th, 1994. [She fell silent at that moment. I watched her. Her eyes were searching, trying to focus on something. They moved back and forth, as if she was viewing a video.] I removed two kids from a foster home, where these parents abused them as badly as their birth parents. Tears streamed down her cheeks.

I asked what hope meant to her. Hope? I have none at the moment. This job was tough enough before my daughter’s death; since then, it’s 100 percent more difficult. Several months ago, I had a case that involved two babies. I got a call and went out to ensure the safety of these two babies in this white, falling down mobile home. One baby was six months old and the second 13 months old. They were dirty. I mean filthy dirty! I
was shaking so bad. I called JPO, who came out and took protective custody. Two days later the judge sent them home! Damn. I lost my baby and these parents don't deserve theirs.

Jackie mentioned that she was taking medication for depression and that she had become very negative, cynical, and angry. She started treatment to assist her in dealing with the trauma associated with the loss of her daughter. Treatment is seen as a weakness. Since I started treatment, several of the staff and supervisors treat me differently. Because they believe I am a weak individual. Jackie went on to discuss the importance of internal support, where individuals understand what it is that you do everyday. Even my therapist had no clue what child welfare was all about; she could not understand how the traumas keep piling up on me. The support from front line workers were important pieces, she told me. But, she added, we need support from the supervisors and the AD. You did a nice job on the stand, or You handled that case really well. It's not hard to give a kind word every once in a while.

The information shared by this interviewee provided a prime example of how our personal history of trauma affects our job perceptions. While it cannot be denied that her experiences were horrific, Jackie's personal history of trauma intensified her experiences and caused her to relate them to her situation, making them very personal. Because of her job experiences, Jackie's own experiences were recursively relived.

Identified themes. The summary of the themes which emerged from this one-on-one interview can be found in Table 11. I could identify the five CSDT components, the three contributing factors of vicarious trauma, PTSD symptoms, and two
additional themes.

Table 11

*Interview 1: Identified Themes, Intra-Case Analysis Summary*

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<tr>
<th>CSDT Components:</th>
<th>Other Themes</th>
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<td>Community Misperceptions</td>
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<tr>
<td>5) Memory and Perception</td>
<td>Community Misperceptions</td>
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Contributing Factors

State and Federal Regulations

The Organization

Exposure to Client Material

Personal History of Trauma

Individual Interview 2

The interview. This interview was conducted with a 26 year old white, single male. He held a degree in Child Development and Family Studies. Tom [his name has been changed] worked in child welfare for two and a half years prior to the interview. He was tall and slender in build with brown hair. He was dressed in a suit and tie. He was clean shaven and spoke with a soft voice.

I started the interview by explaining my research and had him complete the appropriate forms. I then asked Tom if he had any idea what child welfare was about when he walked through the office doors two and a half years ago. He proudly expressed that neither he nor his family had any contact with this agency prior to his employment.

As the dialogue between us progressed, I asked his perception of the academic view of child welfare compared to reality. Tom was quick to say that, when he started
with the agency, everything he had learned went out the window. Clearly frustrated, he indicated that you learn as you go, making mistakes and learning from them. I made mistakes early on, and that is why I am switching jobs. Some of those earlier mistakes are coming back to bite me. Tom broke off eye contact with me, and it appeared that he was embarrassed by his mistakes. We discussed how caseworkers are not prepared when they walk into the child welfare system. He said he did not know what to expect, what was expected of him, or what he should expect from his supervisors. I walked in and, within three days, I had a caseload, and I was expected to take the ball and run with it... It was tough enough trying to make sense out of this experience, and then, the most important person to me, dies. Tom's voice faded. His eyes began to fill with tears. My grandmother, he said as his voice cracked. It was my dark period. Everything was in turmoil, both here at the office and with my personal life.

I explored further Tom's dark period. I asked how he viewed the office at that time. People were leaving, left and right. I was told that I had to run two different caseloads for two different supervisors with two clearly diverse set of time lines and laws... I knew I made mistakes. I would ask for directions and I would get two different answers from supervisors. Tom vocalized his annoyance with the internal rhetoric that goes on within his agency, I would rather deal with my clients stuff than deal with the backbiting, turf issues, and attitudes of, and the power wars between supervisors.

It was interesting to note that Tom was physically shaking during this interview. When I mentioned this fact, he said, Yes, I am. Before I came in here, I went out on a call early this morning at the request of another worker. We received a phone call from
one of our hospitals regarding a four-month-old baby. I had no idea what the caller reported and/or the allegations. I walked into this room only to see this little thing, [Tom used his hands to show me the size of the baby] this little baby, so badly beaten. . . . There was NOT one, and I mean not one, spot on this child’s body that was not covered with black and blue marks. I had to walk out . . . and walk into the room where this child’s parents are sitting crying saying, We did not do anything to him. He fell. Tom’s face turned red; his jaw was drawn back; one of his fists was tightly closed. I wanted to process with Tom, to help him. No, he continued, you need to know what it’s like to work here. You need to understand how this shit impacts me, us in this office, and our families. His eyes were locked on mine.

Linking on to his comments, I asked how this job affected him and his family. I think about leaving everyday. Actually, I started to think about leaving within the first two months being on the job. I was naive coming into this job, and I thought you would do whatever was needed to keep your kids. Not true! Parents are okay with letting their kids go. I find myself asking my girlfriend, Why do we want to bring children into a world like this?

Tom articulated how his basic assumptions about the world have changed since he began working in child welfare. I assumed that people were basically good natured individuals; I m not so sure anymore. I presumed our communities were safe places. I don t believe it anymore. At this, Tom quietly shook his head. Has anyone ever told you that you have changed? I asked. Tom started to laugh, How did you know? That s been my experiences from talking with other professionals. My girlfriend just told me that I
have changed so much that she wants the real Tom back soon. I asked if she had indicated how he had changed. Tom shared how working in child welfare had affected his relationships at home. She feels I am less likely to make a decision. I have withdrawn from my family, as well as my girlfriend. I should mention we recently got engaged. I congratulated him. Thanks, but it may be on the rocks. I don’t talk as much. I don’t communicate my feelings as I used to. In fact, I don’t share anything with her. Even when I get home from work and the phone is ringing, I know it’s her, and I avoid answering the phone. Even intimacy with her has changed. I don’t want to hold her or even be touched by her. I really don’t want to share any of the ugliness I see and I feel. She always tells me I am a big grump ass. Then, he mumbled, almost to himself, I am so ashamed of myself. What kind of man am I? I felt for Tom. Watching him agonize over the changes the job was making in his relationship, I wanted to fix it. Tom quickly added, I have taken steps to correct this. We started treatment. I will do whatever it takes to make this relationship work. As I look back over what we have written to each other, I can see how distrusting I have become. Not trusting no one, including her, always questioning the real meaning behind her gentleness. I will not let this job, or any job, take from me what is important.

**Identified themes.** Although it took some time to do so, Tom gave powerful testimony about how the job had affected his personal life. I identified all five CSDT components, exposure to client material, PTSD symptoms, and three other themes in addition to the effects of the job on his personal relationships. The summary of these findings can be found in Table 12.
Table 12

*Interview 2: Identified Themes, Intra-Case Analysis Summary*

<table>
<thead>
<tr>
<th>CSDT Components:</th>
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<tbody>
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<td>Contributing Factors</td>
<td>State and Federal Regulations</td>
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<td>The Organization</td>
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<td>Exposure to Client Material</td>
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<tr>
<td>Personal History of Trauma</td>
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**Individual Interview 3**

*The interview.* This interview was conducted with a 35 year old, white single woman who had worked in child welfare for seven and a half years. Kim [her name has been changed] completed her MSW (Master of Social Work) and was nearing the end of her CWEL commitment. CWEL, a state funded educational program, assists professionals in child welfare in obtaining their MSW degree from (at the time of this writing) any of nine universities in the Pennsylvania State System of Higher Education certified to grant the MSW.

I had been assigned a very small conference room in which to conduct this interview. There was a folding door that separated it from another room; I wondered how private it would be and how comfortable the interviewee will be. At 9:00 a.m. sharp, a tall, light blonde, thin woman walked in. She walked rigidly and with confidence. The interview was to last over 60 minutes.
We engaged in small talk for a few minutes after meeting. Without any prompting from me, Kim began, “Walk in my shoes for a day. Go out with me on a home visit. [Her tone of voice was sharp, very pressured; her body language supported her voice.] If it was not for a state cop, I might not be here today. It went very bad, very bad. Now, she had my attention.

The conversation then focused around the organization in which she worked. Kim’s statements were very clear regarding how the organization in which she worked was one epitomized by distrust, turf issues, and lack of support. Kim had participated in one of the focus groups. Someone knocked on the door and informed her that she must respond to a call ASAP. Kim informed the staff member that she would be finished in 20 minutes. The staff member turned on her heels and left the room in a huff. Kim told me that she had been reprimanded for treating the support staff person rudely. Someone made a bad assumption, and it was not a caseworker. It was someone higher up, Kim reported. When I asked for clarification about the bad decision, Kim became very agitated. She sat straight up in her chair, leaned forward until she was seven or so inches from my face, and yelled, “They named the wrong one as the perp!!! They put me in a very dangerous situation. The family is known to us, and we know they have weapons in their possession. Chris and I walked into a crowd of 10 people. It got ugly very quickly. Kim was visibly shaken. Tears rolled down her face; her legs were crossed, with her left over the right, and her left leg was in constant motion. As the conversation and her frustration continued, she indicated that the administrator, the Director of Social Services, and the supervisors were out of touch with caseworkers. It was her perception that they
were not supportive. After that encounter, Kim reported a sleepless night: I cried all night long, did not sleep. I would rather risk my life protecting a child than to deal with the internal bullshit that happens in this office.

As a result of that situation, some of the organizational procedures came into question. In particular, in a case where a perpetrator is identified, the case is coded with a number rather than the name. Also, the manner in which supervisors assigned the referrals was changed. They want me to rename the perp. My co-worker had this case open for the last 15 months; this referral came in on his day to take calls. But, because he did not like these people, they assigned it to me. He had this case for the last 15 months and just closed the case this week. I asked Kim if they follow standards of practice. Oh yeah, Kim stated strongly. It has been our standard of practice, for the rest of us, that if a case comes in within 30 days of your closing, you take it back, you do it. I questioned what she believed to be the real problem her perception of what had occurred the previous day and what had happened in the past. The administrator, Director of Social Services, and/or the supervisors don't want to listen to you. I don't know if they don't care or are they so hardened that they can't hear what you have to say. Their comments to me and to my co-workers is, We've been there, done that. Now, suck it up and deal with it.

According to Kim, there was a great deal of favoritism practiced in her agency: They have their favorites, and they play them, and, if they like you, you can do no wrong. Based on Kim's comment, the favoritism caused much dissension among the workers.

As we continued to talk, the topic of safety emerged. Kim reported that there had been numerous situations where caseworkers had been physically assaulted, threatened,
followed home, and accosted in public when they were with their families. My parents wonder if I will come home at night, Kim said. We go into areas, homes where our police will not go alone, and they carry weapons. We have nothing. When I receive a case that I need to investigate, I never know what to expect. I m the bad guy. Your life, nor my supervisor s, and/or my DSS life is in jeopardy every time you walk out that door or into a family s door. Mine is!

As Kim looked away, her voice trailed off. I watched her face. I could see the tightness in her jaw. Her eyes moved back and forth rapidly. She began to shake her head. My family knows how hard it is to do this job, and you don t even get a thank you. You work hard, and no one notices or even asks. We are asked and are expected to handle one crisis after another. We are human! I and my co-workers have emotions; we hurt like hell. There is no support here. There was a group of us who went to the administrator and the Directors of Social Services and the supervisors, asking that they offer a support group. Their comment to us: Write up a plan and submit it and we will consider it. Kim once again started shaking her head. It s unbelievable, just unbelievable, she said softly. There was a period of silence. We have an EAP program, three sessions. How in God s name can anyone understand what I and my co-workers are going through? No one understands. Unless you ve been here, you don t know. You don t know what it s really like to worry about a child dying. Did you really ensure that child s safety? And, God forbid, if a child dies! [Kim stopped and took a deep breath. She held it and finally released it, expelling the air as forcefully as she could. It appeared to me she was making
an effort to take away some of the pain.] And, when a child dies, you have to deal with it. Damn, it's hard!

Kim continued, sharing how she and another co-worker had three child deaths in the previous three months. She reported that two of the three children had violent deaths; both children were beaten to death. One child was three years old; the other was 18 months old. We have to hold the families together. You have to take everyone's grief and take on any other party's shit and hold that family together. You have to get them through that rough time. BUT AT WHAT COST TO US!!! Kim was shouting and crying. No one asks us how we are. What the hell are we? Robots? We are taken for granted. Sobbing, Kim looked away.

As we attempted to conclude the interview, I asked if there were any other questions I should ask her in order to gain a better understanding of what she does. Kim jumped immediately, Look at how CYS agencies are operating. Look at all the systems that affect our children and not just CYS. It's not just us. It's the judges, mental health, it's education. Damn it. It takes all of us. For us here, the administrator sets the tone. Are they approachable or distant from the caseworkers? Every supervisor has a different interpretation of the law.

I can only describe that interview as intense. I asked Kim why she has stayed. I like meeting the kids and their families. I enjoy assisting families become healthier. I love the professionals in my unit. I really love what I do, and I am good at it! What I don't like about child welfare is how distant the management staff is from the front line staff and how the federal legislators make laws that are so vague that it is impossible to implement.
I thanked Kim for the many lessons she taught me that day. She stopped me and said, Jo, I have one last comment. Why should I stay? Why should any of us stay in child welfare? It s not the money. It never has been. It s about respect, dignity, and self worth. I feel like it s a continual rape. Don t question our integrity. I and my colleagues are competent and knowledgeable. We have to take a stand to protect the workers who you have entrusted to implement the law.

**Identified themes.** Many themes emerged in the third individual interview. The issue of the organization, its practices and policies, and the stress it causes are clear and outstanding themes. She also pointed to the rigidity of the system and its contribution to the traumatic stress child welfare professions must endure. A summary of these themes can be found in Table 13.

**Table 13**

*Interview 3: Identified Themes, Intra-Case Analysis Summary*

<table>
<thead>
<tr>
<th>CSDT Components:</th>
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<td>The Organization</td>
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<td>Exposure to Client Material</td>
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<td>Personal History of Trauma</td>
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Cross Case Comparison: Lessons Learned

Similarities

As I reviewed the eight site case studies, I found that several common themes were woven throughout all the interviews. Those themes are summarized in Table 14.

Table 14
Cross-Case Comparison of Identified Themes

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<th>CSDT Components:</th>
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Contributing Factors:

The Organization
Exposure to Client Material
Personal History of Trauma

Other Themes:

PTSD Symptoms
Supervision
Training
Effects on Relationships
Community Misperceptions
State and Federal Regulations

The eight sites were similar in several areas. Each of the five Constructivist Self Development Theory components were reported in the discourse at each of the eight sites. Two of the factors that contribute to vicarious trauma the organization and exposure to clients’ material were also reported in each of the eight focus groups. Additionally,
members of each of the eight groups reported PTSD symptoms. Concerns about supervision and the effects of the job on relationships were reported in all eight focus groups.

Differences

There were also areas in which the focus groups differed. Those differences can be quickly viewed in Table 14. Only five of the focus groups talked about the effects prior trauma histories had on their vicarious trauma symptoms. Only three of the groups discussed the effects that training, or lack of it, had on the performance of their jobs. Community misperceptions were reported by three groups, and only two of the groups discussed the relationship of state and federal regulations on their jobs.

Intra-Case Comparison: Lessons Learned

Similarities

There were also similarities and differences between the responses of the three individual interviewees. These results have been summarized in Table 15. They all reported the five components of the Constructivist Self Development Theory. Only one of the contributing factors of vicarious trauma exposure to clients material was reported by all three. Additionally, all three reported PTSD symptoms and discussed the effects supervision had on their jobs. All three also discussed the effects of the job on relationships.

Differences

There were five areas in which these three individuals differed (see Table 15). Only two of the individuals discussed the effects the organization can have on vicarious trauma.
Only one of the three reported having a personal history of trauma as a contributing factor of their vicarious trauma. Two of the interviewees discussed training and state and federal regulations. Only one of the three discussed misconceptions the community had.

Table 15

<table>
<thead>
<tr>
<th>Individual Case Comparison of Identified Themes</th>
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<tr>
<td><strong>CSDT Components:</strong></td>
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| **Contributing Factors:**                     |
| The Organization                              |
| Exposure to Client Material                   |
| Personal History of Trauma                    |

| **Other Themes:**                             |
| PTSD Symptoms                                 |
| Supervision                                   |
| Training                                     |
| Effects on Relationships                     |
| Community Misperceptions                      |
| State and Federal Regulations                 |

Summary

I facilitated 24 focus groups and 65 individual interviews at on-site locations. After listening to all the taped interviews, taking notes as I went, I selected the 21 richest tapes that seemed most representative of the types of responses provided across the 300 participants. This decision was based on the level of articulation of the group or individual
on the tape. I began the transcription of the 21 taped conversations. Once I had completed 14 of the transcriptions, which included 10 focus groups and 4 individual interviews, I realized that no new themes were emerging; I had reached a point of saturation. I re-read the transcriptions of each of the 10 focus groups and the 4 individual interviews, taking notes and making comments in the margins. I then systematically listed all the themes that were identified in each of the focus groups and selected those focus groups (eight of them) that addressed the greatest number of CSDT aspects and contributing factors of vicarious traumatization. Each of the individual interviews addressed one of the contributing factors of vicarious trauma. I selected the one interview that addressed the client’s material and its effect on relationships and the one interview that addressed the influence of a person’s life history on trauma. There were two interviews that addressed the organization in which one works and its effect on trauma. I selected the individual interview in which the speaker most eloquently expressed herself.

Within the eight focus groups, there were 69 participants, 56 females and 13 males. All eight focus groups echoed disruptions in all five aspects of the Constructivist Self Development Theory. Appendix B contains a detailed list of the five aspects, descriptions of each, and individual explanations of each. The first of these aspects is called frame of reference. The participants spoke of many items subsumed under this category including a strong sense of hopelessness, disconnectedness from their loved ones, changes in their world views, a lack of trust for others, and the perception that everyone was a perpetrator. Demonstration of the second aspect, self capacities, included an inability to communicate with loved ones, increased cynicism, and the lack of a sense of
value. Ego resources is the third aspect. The participants expressed a loss of personal identity and questioned their competency and knowledge, indicating they were always under the microscope. Memory and perception, the fourth aspect, was exemplified by high levels of depression, graphic pictures burned into their minds, and the avoidance of public activities and places. The fifth aspect, psychological needs and cognitive schemas, was indicated by expressed fears for personal and family safety, professional shame, and the lack of external support and understanding from individuals outside the child welfare field.

The focus groups also gave testimony supporting the three factors that contribute to the level of vicarious traumatization. Many of the participants spoke of shame-based supervision, the lack of internal support, turf issues between unit supervisors, the amount of paperwork, the variety of interpretations of the same federal or state regulation, and non-approachable administrators and supervisors. They vividly discussed horrific situations and shared the painfulness of the intrusive images they observed. They talked of the intense levels of need physical and emotional of the families they serve. They also expressed the effects of their personal lives on their jobs. They indicated that the job is easier to deal with when their own personal lives are in order.

The focus group participants exhibited many PTSD symptoms: intrusive images, startle responses, multiple triggers, and avoidance of certain places. Addition themes that emerged during these focus groups included supervision issues, disrupted relationships, misperceptions of their role as viewed by the professionals and the community in general, and concerns about state and federal regulations.
Although the three individual interviews were chosen because they were representative of the three contributing factors of vicarious traumatization, they also gave evidence of disruptions in the five aspects of CSDT and identified some of the common themes expressed by the focus groups.
CHAPTER V
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Overview of the Study

The incidence of child abuse and neglect continues to increase in spite of social awareness of such cruelty inflicted upon children. Those assigned with the task of protecting the most vulnerable population in our society—our children—are in a high risk occupation, one from which they flee on a daily basis. This leaves our children protected by an inexperienced and undertrained workforce. This problem was recognized by the Pennsylvania Recruitment and Retention Committee, a joint effort between county child welfare administrators and state-level officials from the Office of Children, Youth, and Families.

The Recruitment and Retention Committee delineated several reasons for this chronic problem with turnover including negative societal perceptions of social work and child welfare work, high caseloads, low salaries, the increasing complexity of the work to be performed, inconsistent quality of supervision, lack of formal child welfare training, high levels of job stress, and personal threats. The current and available research resources point to job burnout as the primary reason for the high turnover rate in child welfare. However, because of my connection with the child welfare system through a statewide training program, what I saw was not indicative of burnout. Rather, I observed and heard evidence of a transformation, one which most child welfare professionals could not accept. That transformation was a result of what the literature calls vicarious traumatization.

The term vicarious traumatization was coined by McCann and Pearlman (1990a) in
an attempt to describe and articulate the repercussions of trauma and its consequences on
therapists. It is the cost one must pay for choosing to engage empathically with others and
their traumatic experiences. This concept grew out of a comprehensive personality theory
developed by McCann and Pearlman called the Constructivist Self Development Theory
(CSDT). We, as humans, construct our own personal realities based on the experiences
we encounter as we interact within the environment (Sexton & Griffin, 1997). The
Constructivist Self Development Theory emphasizes how someone who has experienced
some type of trauma integrates that experience into their reality, how they make sense of
that experience, and then adapt to overcome that experience.

In order to investigate whether or not vicarious traumatization affected child
welfare professionals, I conducted qualitative research within the Pennsylvania child
welfare system. After conducting 24 focus groups and 65 individual interviews, reviewing
numerous documents, taking copious field notes, checking back with the participants,
conferring with a co-researcher, and consulting with my committee, I determined that
vicarious traumatization was, indeed, prevalent in the Pennsylvania child welfare system.
This was evidenced by personality changes in the child welfare professionals. They
reported being oversuspicious of everyone, including family members, and described the
world as an unsafe place in which to live. These same professionals shared accounts of
nightmares, intrusive images, and states of hypervigilance, all PTSD (posttraumatic stress
disorder) symptoms. They gave evidence of being in a constant state of anxiety and feared
for their own safety and that of their families. They expressed a strong sense of
hopelessness and an immense decrease of trust even with their family members. They were
no longer able to communicate with the significant people in their lives and disclosed disruptions in personal relationships.

Evidence and Conclusions

I have decided to be the mechanism through which the child welfare professionals who participated in the study can speak. In this capacity, I am serving as the conduit through which these professionals, who have lived these experiences, can share this information with the reader. I have been privileged to be permitted to bear witness to their lived experiences. I have listened to the taped interviews repeatedly and reread the transcripts of those taped interviews numerous times. I have reviewed my field notes again and again, consulted with my committee, checked in with a co-researcher, and touched base with many of the participants in order to insure the accuracy of these results.

Within the framework of the Constructivist Self Development Theory (CSDT), as developed by McCann and Pearlman (1990a, 1990b), this research addressed three questions: (a) To what degree does vicarious traumatization have an impact upon the child welfare worker in Pennsylvania? (b) How is vicarious trauma affecting the child welfare system in Pennsylvania and does the child welfare system have an impact on the level of vicarious traumatization in the child welfare worker? and (c) What are the effects of vicarious trauma and its relationship on worker retention and job satisfaction in Pennsylvania’s child welfare system?
Research Question One

To what degree does vicarious traumatization have an impact upon the child welfare worker in Pennsylvania? Based on the information shared by the 300 interviewees who participated in focus groups and one-on-one interviews, the answer that emerged is resounding and speaks to the enormous effect which vicarious traumatization has had on these professionals. The data collected indicated that vicarious traumatization has affected all facets of the child welfare system in Pennsylvania: administrators, supervisors, caseworkers, and the support staff. Unfortunately, it has, for the most part, gone unrecognized. This has left a large scar on the child welfare system that affects its workers and, consequently, its clients. No aspect of the system is unaffected by vicarious trauma.

Vicarious traumatization is marked by significant personality changes in those it affects. Many of those who participated in this study stated emphatically that they are not the same person they were when they began working with child welfare. Vicarious traumatization has gone unrecognized and is on the extreme end of the continuum. The evidence that supports this conclusion are the major disruptions reported by the participants in the five aspects of the self: frame of reference, self capacities, ego resources, psychological needs and cognitive schemas, and memory and perception.

Frame of reference refers to the framework of beliefs an individual uses to interpret her/his experiences in the world. It includes how they view themselves and their position within the world; their attitudes and beliefs about the world and others within the world; their values and moral principles; and their connection with something beyond themselves, their feelings of hope, faith in humanity, and the meaning of life.
The participants in this research demonstrated large disruptions in this area; they stated emphatically that they do not view the world as they once did. They asserted that the world is not a safe place in which to live and said that belief had changed from a more positive outlook since they began working for the agency. Several of the participants reported viewing men as perpetrators, based on their experiences in child welfare. Several have decided to not have children, again based on their experiences in the child welfare system. These individuals expressed the belief that their only support system was within the agency; they no longer believed their families and friends could offer needed support. They said they lived in states of constant fear and anxiety for their own safety and that of their family members. They reported that they did not tell people where they worked. If they were with their families in public places, they used special codes to let their families know when clients were near.

These individuals reported strong feelings of not being valued. They said they had lost their identities and questioned their competency. They also said they were always on the job, assessing any adult/child interaction for possible problems. They expressed a strong sense of hopelessness that nothing will change. They reported seeing abuse, neglect, and violence everywhere and had limited exposure to positive, healthy families.

They were very skeptical of the system in which they work and, because of the nature of their jobs, expressed feelings of extreme isolation, shame, and confusion. When out in social settings, they said they worked for the county because they did not want to be questioned about the latest event to hit the newspapers nor be chastised for working in child welfare.
Self capacities refers to those abilities that enable an individual to maintain a sense of self. It includes a person's ability to maintain an inner connectedness with other humans and to view oneself as viable and deserving of life and love.

The participants reported inability to communicate with individuals of significance in their lives. They said they could no longer share with spouses, fiancés, children, parents, and other family members; they expressed many difficulties in that area. They also reported being detached from their loved ones, believing they could not longer be supported by them. These participants stated again and again that only their co-workers could offer much needed support.

The participants in this study reported developing cynical attitudes and stated emphatically that they did not feel valued. They avoided reading newspapers or watching television, not wanting to know about any further violence or abuse. Many overate or drank alcoholic beverages as a way of soothing themselves; others reported a loss of appetite. They admitted to being unable to ask for what they need, yet said that significant others did not know how to comfort them. These professionals said they were constantly taking care of others and admitted they had no self-care measures in place. They also reported not being available to significant others.

Ego resources allow an individual to meet her/his own psychological needs and relate to others. In meeting one's own psychological needs, an individual must recognize her/his own intelligence, have the ability to be introspective, have both initiative and willpower, be able to strive for personal growth, be aware of one's psychological needs, and have the ability to maintain a perspective. In relating to others, one must be able to
foresee consequences, establish mature relations with others, establish interpersonal boundaries, and make self-protective judgments.

An inability to communicate with and feelings of detachment from others who were significant in their lives points to problems in this area. The participants reported that relationships with family and friends had eroded. This was further evidenced by statements that only their co-workers could offer them support and understanding. They reported being cynical where they were once understanding. They also reported not being valued. These child welfare professionals expressed feelings of shame when they hurt emotionally and a loss of sensitivity with respect to their own personal needs. They described a loss of interest in the significant others in their lives and saw no future in personal growth.

Psychological needs and cognitive schemas involves five areas: safety, esteem, trust and dependency, control, and intimacy. Individuals should feel reasonably invulnerable to harm; they should also believe that others of importance in their lives are likewise invulnerable to harm. They should feel valued by themselves and by others and, likewise, value others. Individuals should have confidence in their own judgment. They should possess the ability to meet their own needs and believe that others they value can also help them in meeting those needs. They should be able to manage their own feelings and behaviors, as well as exert control over others in interpersonal situations. And, finally, they should feel connected to themselves and to others.

A recurring theme among the participants in this study was that of being less trusting, more cynical, and less valued. Again and again, they stated that their children were not allowed to play with other children unless they were supervised. Their children
could not spend the night at a friend's home unless background checks proved that home safe. They did not admit to working for the agency but did admit to having unlisted telephone numbers. They used special codes when they were out in their community with their families; they did this to protect their families.

They reported being detached from loved ones, another item that points to problems in the area of psychological needs and cognitive schemas. They feared for their own safety and that of their loved ones. Examples of this included checking their windows and doors several times a night and taking alternate routes home out of a fear of being followed.

They had become very critical of themselves, questioning their decisions. They reported disruptions in intimate relationships, indicating they did not want to be touched. They reported going for long periods of time without seeing certain family members.

These participants said they no longer felt valued by either the professional community or the general public for what they do. They also engaged in fewer activities in their communities and believed their communities have misperceptions of them. They said they had become suspicious of other people, including family members. They avoided certain places or activities and had withdrawn from familiar social activities. They reported feeling emotionally numb and disconnected from others.

They reported very restricted external supports and said that their friendships exist almost exclusively within the agency. They reported being more available to their colleagues than to others in their lives. They cried uncontrollably, as was noted during the
interview process, yet reported becoming hardened to acts of cruelty inflicted on children. They even defined degrees of abuse, with some acts not as abusive as others.

In the area of memory and perception, an individual vicariously affected by trauma is able to give narratives of the traumatic event after its occurrence and suffers from images of the event. Emotionally, that individual will relate to the traumatic event. They will have bodily experiences that represent the event, and their behavior will reflect the abusive traumatic relationships.

These participants reported having bouts of depression and numerous physical ailments, such as irritable bowel syndrome, panic attacks, tension headaches, depression, and sadness. They described graphic pictures that are burned into their minds and could vividly recall events, including dates, times, and locations, that occurred years ago. They cried when they described these events.

The evidence provided by the participants in this study supports the conclusion that vicarious traumatization has severely affected the professionals in the Pennsylvania child welfare system. It is very evident that the lives of these professionals have been affected by vicarious traumatization. It was expressed as more than just changes in their personalities and attitudes. Large-scale transformations in these professionals was demonstrated. Because of their repeated exposure to traumatic experiences, there were even physical changes, such as increased or decreased body weights and increases in physical ailments.

Because these professionals are the helpers, they are supposed to be unaffected by traumatic stress. Vicarious traumatization is clearly an occupational hazard that must
be addressed. While some child welfare workers had adapted to traumatic stress, there was evidence that their families had not. We have an ethical imperative to not allow our families to be damaged by the work in which we choose to engage. It cannot be denied that these individuals were extremely committed to assuring the safety and well-being of children. But, at what cost to themselves and to their families?

While I initially assumed that vicarious trauma would be found in the child welfare system, I was astounded at the degree to which vicarious traumatization had affected these professionals. None of the individuals who participated in the interviews had been given the tools to deal with the severity and repetitiveness of the exposure. No aspect of the system was untouched. Vicarious traumatization affected administrators, supervisors, caseworkers, and even the support staff.

Research Question Two

How is vicarious trauma affecting the child welfare system in Pennsylvania and does the child welfare system have an impact on the level of vicarious traumatization in the child welfare worker? In answering this question, I consider all constituents at the federal, state, and county levels, including the judicial system.

What stands out for me is that these child welfare professionals were being exploited. These professionals were exposed repeatedly and on a daily basis to highly traumatic and emotionally charged situations; yet, they were expected to move from one case to another without acknowledging their own emotional reactions to their experiences while on the job. Those emotions included distress, anger, grief, and frustration at the lack of community resources. It appears that these men and women were expected to be robots
within a human service environment. It must be emphasized that they play a crucial role in our communities protecting and ensuring the safety of our children while working with the parents of those children in strengthening families throughout the Commonwealth of Pennsylvania.

The evidence gathered supports the fact that the system that entrusts these professionals to protect the children of Pennsylvania does not protect the child welfare professionals it employs. These dedicated men and women go into unpredictable, potentially life-threatening situations and experience that aspect of humanity which is inhumane to the most powerless members of our society. Law enforcement professionals assert that there are locales which they do not enter alone. While the police, juvenile justice officers, and adult probation officers can leave any situation that may be potentially violent, the child welfare worker has the sole responsibility for ensuring the safety and the welfare of the children inside those locations. While no one would deny that firefighters, police officers, and emergency medical services personnel are working in hazardous occupations, no one has classified the child welfare profession in the same way. Without a doubt, their job is hazardous! Firefighters, the police, and EMS personnel are considered high risk occupations (Paton & Violanti, 1996, p. 5). While we cannot deny that statement, we must also remember that firefighters wear protective gear and carry other equipment with which they fight fires; police officers wear bulletproof vests, carry weapons, and have the full authority of the law behind them; and EMS professionals participate in ongoing medical training and are in constant and immediate communication with doctors from local hospitals. Child welfare professionals carry only a notebook and a
pen and are supported by state and federal laws. When they do ask for assistance from local police departments, they often wait long periods of time for that support, and they normally enter hostile situations with the police in tow.

One theme that appeared repeatedly was the impact of one of the contributing factors of vicarious trauma—the organization. The organization in this instance is the child welfare system and includes several facets—the federal, state, and county governments; juvenile justices; and the county children and youth agency. The effect is reciprocal—the system affects the professionals and they, in turn, affect the system.

Only recently, through this iterative research process, have several administrators been able to label what has been happening within their staffs for years. Until this process, in which they were given a name for what they have been witnessing, vicarious traumatization has gone undetected, unrecognized, and unaddressed. This is the manner in which vicarious trauma has affected the system. Because of this, the system has grown very rigid and this, in turn, has affected the child welfare worker.

Evidence collected in this study indicates that nearly all the participants in this study view the counties in which they work as non-supportive and insensitive to their needs. As with police work (Alexander, 1999), these child welfare professional have openly asserted that a majority of their stress is caused by the agency’s practices, the actions of those in leadership positions, the lack of respect given them within their county agencies, the judicial system’s actions, and the actions of other professional systems including schools, mental health associations, and the police.

The participants were very critical of the county organizations in which they work.
They cited unrealistic expectations (some caseworkers have caseloads as high as 40 families), lack of consistency (two different supervisors in the same office have provided two different answers to the same question regarding the same law), turf issues between supervisors (they would rather deal with their clients’ traumatic material on a daily basis rather than put up with the internal problems), and lack of respect (caseworkers are denigrated when a problem arises but not praised when they solve a problem) as some of the outstanding problems in their agencies.

In child welfare, as within the law enforcement culture, there is an assumption that caseworkers are superhuman and can deal with anything. If these professionals show any sign of being affected emotionally because of the chronic exposure to children who have to endure unspeakable acts of atrocity by adults, they are scrutinized, identified as weak, and often blamed for being human. They are seen by administrators and supervisors as incompetent. Dealing with chronic traumatic stress has taken a toll on the emotional aspect of these professionals as is evidenced by the data collected in this research study.

A majority of the participants disclosed a significant theme which they identified as shame-based supervision. In this type of supervision, as described by the participants, supervisors are emotionally distant and extremely critical of the caseworkers and the work they produce. There is a clear division between supervisors and those they supervise. They do not value the work of their subordinates and shame those subordinates when they are emotionally affected due to the nature of the job. Supervision is not routinely scheduled. In fact, what is called supervision is really administrative oversight. On the average, a very small amount of time is spent discussing the actual cases. In reality, the
time a caseworker spends with a supervisor is devoted to time lines, deadlines, and paperwork or the lack thereof. Supervision within child welfare is something to be feared. Many caseworkers bypass their supervisor due to the lack of internal support.

In fact, several of the supervisors who participated in this study affirmed and confirmed the positions and beliefs held by the majority of caseworkers. They also admitted that, although they recognized that their staff was in distress, they did not know how to respond to it. It is apparent that many supervisors lack the training to perform their jobs. Supervision positions are seen as promotions within the system with no concurrent training or required qualifications. In fact, most supervisors, like caseworkers, are trained on the job. They learn as they do, often learning from their mistakes and at the caseworker’s expense. While supervision should be an interactive process in which the supervisor helps develop the skills of the caseworker as a professional, all too often, based on the evidence provided by the participants, the role of the supervisor is one of control in which criticism is the predominant form of interaction.

A related issue was the conditions of the buildings in which the child welfare workers performed their jobs. There were great extremes in the work locations I observed; eight of the 16 sites were unacceptable work environments. Some were located in very remote areas, away from other county governmental buildings. The perception shared by those interviewed was that the county commissioners saw no value in the agencies and the work they performed and viewed their locale as a form of disrespect. On the other hand, some of the county agencies were located in new or newly renovated facilities, some with the newest innovations in security and in proximity to other county
offices. Overall, the participants viewed their accommodations as an expression of how they were valued, or devalued, by local governmental officials, namely the county commissioners.

One topic that provoked an emotional reaction from participants in all the groups was that of caseworker safety. Members of each of the focus groups were adamant about the lack of safety. Everyday, these men and women protect the children of the Commonwealth. Who protects them? That question was asked again and again from county to county. If adults inflict harm on those children the child welfare workers are hired to protect, what stops those adults from harming the individuals who, as extensions of the courts, make recommendations concerning those children?

Another recurring theme was the manner in which organization handled, or failed to handle, personal safety issues. This included verbal and physical assaults and threats made against them while on the job and after regular work hours. Related to this is how the court system handles threats and assaults. While some courts are supportive, others ignore the threats. Some courts would not permit threats against caseworkers; others made statements indicating it was part of the caseworker’s job and urged caseworkers to handle the threats accordingly. While conducting this research, I learned that a threat or assault made against a child welfare workers is a misdemeanor under the Pennsylvania penal code. A similar attack made against a police officer or firefighter is considered aggravated assault. A bill was introduced on February 15, 2001, to make threats or attempts to cause harm to caseworkers an aggravated assault charge. As of this writing, that bill (S. 490) is sitting in committee, as it has for over a year.
Another outstanding theme involved the county commissioners, those individuals who have been given the responsibility of ensuring that each county in Pennsylvania has a child welfare program. They are also responsible for implementing the associated laws. The manner in which they have performed their task has become a source of frustration and anger among child welfare professionals. One participant of the study put it well, “It’s difficult enough to investigate these horrific cases of abuse and neglect that are inflicted upon these children by adults who appear not to value children, then knowing that, at any time, one of our commissioners can and have called our administrator and instructed them that we are not permitted to take custody of one more child, because we are over our allotted budget. Another put it this way, “The very system that entrusts us to implement the law and protect our children is the same system that will hang us out to dry.”

The monies for child welfare that come from state sources are filtered through the county commissioners. These elected officials, the county commissioners, are responsible for allocating the monies. As a whole, the commissioners treat the county children and youth agencies as bastard children. The agencies are despised because of the demands they make on the various county budgets. Yet, these same county commissioners refuse to relinquish their control of the system.

In my research, I read many local documents including newspaper stories related to child welfare. I was outraged when I read some of the reports in which the county commissioners denigrated the child welfare workers in their county. The comments made in two of those instances were so horrific and specific that to share them would result in an immediate identification of that county and could lead to repercussions against the
workers. If the county for which these professionals work does not value them, why
would the clients they serve be expected to do so?

Based on the data collected in this study, it is very clear to see the relationship
between the workers and the system in which they work. They both add to the high degree
of traumatization.

Research Question Three

What are the effects of vicarious trauma and its relationship on worker retention
and job satisfaction in Pennsylvania’s child welfare system? It is apparent that vicarious
traumatization has an enormous effect on the turnover rate in child welfare agencies across
Pennsylvania. In fact, the major causal factor for turnover identified in this study is one of
the contributing factors of vicarious trauma—the organization. Of the 300 individuals who
participated in this study, 209 of them, or 66%, openly reported that they are either
actively perusing other employment outside of the child welfare system or considering
leaving the field altogether. While all the participants agree that the salaries within the
child welfare profession are inadequate, over 53% stated that it is their opinion that the
working conditions, the unrealistic expectations, the lack of internal support, and the
existence of turf issues among supervisors within the agencies far outweigh salary as a
reason to leave the agency.

The participants identified other areas which were also recognized by the
Recruitment and Retention Committee the lack of hands-on training, inadequate
supervision, high caseloads, and job stress. But, it is more than job stress. It is traumatic
stress which is hampering these professionals from performing their jobs.
I am in awe of these professionals. I have never met a more committed group of individuals. They know that in performing their jobs, they have ensured the safety of a child and allowed that child a night of safety. However, they are not respected, they are constantly viewed as under the microscope by the media, the courts, and the public. They are constantly criticized and are not respected. Their job satisfaction goes beyond what happens within the agency office.

Recommendations and Implications for Further Research

I opened this chapter by stating that I am serving as a conduit through which the child welfare professionals in Pennsylvania can have their message heard. It is not enough to read about the conditions in the child welfare system in Pennsylvania; something must be done to rectify the situation. With that in mind, I make the following recommendations.

First, the message must be spread throughout the system. Everyone affiliated with the child welfare system the state office, county administrators, supervisors, caseworkers, support staff, foster parents, county commissioners, judicial officers, judges, attorneys must have an increased knowledge of the job these professionals perform and the plight of the system in which they are performing that job. There must be mandatory training to make all of them aware of the cost of caring. The state child welfare system must develop and offer ongoing training through the University of Pittsburgh [changed from the State System of Higher Education] Competency Based Training to address vicarious trauma and ways to ameliorate its effects.

A great part of the responsibility for remedying the situation lies with the supervisors in each of the county offices. Not only are they affected by what happens to
children, they are, or should be, the front line defense mechanism for the caseworkers who are most affected by vicarious traumatization. Supervisors must not only be made aware of this problem, they must be required to undergo specialized training to recognize vicarious traumatization and to assist their colleagues in coping with it. Each aspect of their training must be given a trauma focus. Supervisors must receive training that addresses styles of supervision, within a trauma framework, and ways in which to improve their communication skills. They must be made aware that helping their colleagues to heal is more important than the paperwork which must be completed.

Next, as a way of bringing credibility to the child welfare professionals within the Commonwealth of Pennsylvania, a statewide professional organization for child welfare professionals must be established. Membership in the organization would not be based on academic degree. This organization would then act as an advocate association for professionals in the child welfare system.

Fourth, in each agency throughout the Commonwealth, monthly support meeting must be established to assist the workers in dealing with traumatic stress. There should be two meeting times established, one during the workday and another in the evening. Professionals trained in dealing with vicarious traumatization must be employed to run these support meetings. They must also be available to offer support when staff needs arise. The state Office of Children, Youth, and Families, as well as local county governmental officials, must assist local office administrators by providing the funds necessary to establishing these support services.
Three bills that affect child welfare professionals are currently sitting in committee. Passage of Senate Bill 490 would make attacks against child welfare workers a charge of aggravated assault (and not a misdemeanor). State Bill 775 would mandate the reduction of caseloads and Bill 658 would forgive loans to these professions who, in many cases, are living just above the poverty level. The state office must do everything in its power to lobby for passage of these bills.

The state Office of Children, Youth, and Families must look at how the Child Abuse Prevention and Treatment Act is being implemented throughout the Commonwealth. There is a lack of consistency which must be addressed. While it is understood that paperwork is a necessary component of any system, the state office must address the large amounts of redundant paperwork which are currently being completed.

There are several areas that require additional research. There are marked differences in the ways in which the various counties interpret and implement the various applicable laws; hire, train, and compensate workers; provide for worker safety; promote individuals to supervisory and administrative positions; expend funds drawn down from the state, etc. The list goes on. Because of this, the feasibility of a state takeover of the child welfare system, currently controlled by each of the 67 counties, must be investigated. If such a takeover proves feasible, it must be accomplished as quickly as possible.

Also, additional research needs to be performed in other states to determine if this is an issue specific to Pennsylvania or if it is a problem found across the United States. More research must also be performed in the area of organizational environment. While it is evident that vicarious traumatization affects all child welfare professionals, research
could be performed to determine if a greater level of vicarious traumatization is realized in front line workers as compared to others who serve in a peripheral capacity.
References


Lutherville, MD: Sidran Press.


Schuster.


APPENDIX A

Milestones in Pennsylvania Child Welfare
Milestones in Pennsylvania Child Welfare

1705 Pennsylvania’s first general Poor Law; based on Elizabethan Poor Law of 1601

Local Overseers of the Poor given responsibility for care of children, able-bodied adult poor, the insane, criminals, blind, and chronically ill

With the development of jails, juvenile delinquents and adults criminals confined together

1815 Orphan Society of Philadelphia organized by private efforts to provide institutional care for dependent and neglected children

1826 Philadelphia House of Refuge founded for the humane and laudable purpose of reforming juvenile delinquents, and separating them from the society and intercourse of old and experienced offenders, with whom, within the prisons of said city, they have been heretofore associated

1848 Girard College opened for the care and education of orphan boys

1869 Commonwealth of Pennsylvania recognized its responsibility for the care of unfortunates by creating the first State Board of Commissioners of Public Charities

Many children found in almshouse with insane and adult poor

The young and mature mingle together to the injury of the former; the children are in the way and are often unjustly punished for their childish plays. We saw a boy of seven years old, shirking in the corner of the cell of an ill-visaged maniac, whose couch had been the floor of the madhouse, for the offense of romping with a playmate. (From the Annual Report of the Board of Commissioners of Public Charities for the State of Pennsylvania, 1871)

1883 Children’s Aid Society of Pennsylvania founded through volunteer effort, to find free family homes for dependent and neglected children; this agency is one of the first to make definite offers of assistance to public officials, in their care of dependent children

1883 Children taken out of almshouses, except for a 60-day period or for particularly physically or mentally handicapped children; many children remain in almshouses despite the law
1870 Institutions continue to be developed for care of dependent and neglected children, often under religious or fraternal auspices; practice continued until 1890

1903 Pennsylvania passes its first Juvenile Court Law, taking children out of adult criminal courts; the court becomes the protector rather than the judge of children

1909 President Theodore Roosevelt calls the first nationwide White House Conference on Child Health and Protection

No child should be separated from his own home for reasons of poverty alone.

1909 United States creates the first nationwide Children’s Bureau in any country to consider as a whole the problem of children

To serve all children, to try to work out standards of care and protection which shall give to every child his fair chance in the world. (From First Annual Report of Julia Lathrop, Chief of Children’s Bureau)

1912 Pennsylvania grants assistance to widowed mothers, through Mothers’ Assistance Fund, so that they may care for their children in their own homes; break-up of many families avoided

1912 United States creates the first nationwide Children’s Bureau in any country to consider as a whole the problem of children

1913 Creation of Department of Welfare of the Commonwealth of Pennsylvania; state begins to take seriously its responsibilities toward supervision of all public and private organizations receiving or caring for children or placing them in foster family homes; active contact with these organizations to improve quality of care

1923 Children’s Commission appointed by the Legislature; compiles laws relating to dependent and neglected children, studies adoption procedures, and spurs Pennsylvania to passage of more adequate laws to service children

1933 Juvenile Court Law revised and extended; magistrates and aldermen may no longer commit children under 16 to institutions

1935 Federal Social Security Act provides grants to states for

- Maternal and Child Health Services (through the Department of Health)
- Services to Crippled Children (through the Department of Health)
- Aid to Dependent Children (in own homes, through the Department of Assistance)
Child Welfare Services to homeless, dependent and neglected children
(through the Department of Welfare)

Laws are made for the protection of travelers on railroads and steamships, for
miners in coal shafts, why not for little children from greater and more dreadful
peril. (From First Annual Report of the Board of Commissioners of the Public
Charities of The State of Pennsylvania, 1871)

1936 Rural Extension Unit created within Department of Welfare to administer federal
child welfare services

1937 Pennsylvania passes General Assistance Laws

Creation of Department of Assistance and County Boards of Assistance for aid to
those in need in own homes

Directors of the Poor abolished

County Institution Districts under County Commissioners, established to care for
physically and mentally dependent adults and dependent children

1938 Child Welfare Units under County Commissioners set up with help of Rural
Extension Unit and federal funds in 10 counties in Pennsylvania to give responsible
care to homeless, dependent, and neglected children

Special studies and consultative services to other counties through Rural Extension
Unit and in relation to child welfare

Rural Extension Unit starts special service in working out Standard of Public Child
Care with County Commissioners

Tri-County Child Guidance Center established; state and federal government unite
with local group for first time to give intensive services to children with special
problems

[Taken from Commonwealth of Pennsylvania, Department of Welfare. (1940). County
manual of child welfare services (Part I, Part 2, Section I). Harrisburg, PA. Author.]
APPENDIX B

Constructivist Self Development Theory

Constructivist Self Development Theory
Aspects of the Self Affected by Psychological Trauma

Frame of Reference - Framework of beliefs through which the individual interprets experience.

Identity: Inner experience of self and self in the world, includes customary feeling states

World view: Life philosophy, general attitudes and beliefs about others and the world; values and moral principles; causality

Spirituality: Meaning, hope, faith; connection with something beyond oneself, awareness of all aspects of life including the non-material

Self Capacities - Abilities that enable the individual to maintain a sense of self as consistent and coherent across time and situations; interpersonal

Ability to experience, tolerate, and integrate strong affect

Ability to maintain a sense of self as viable, benign, and positive, deserving of life and love

Ability to maintain an inner sense of connection with others

Ego Resources - Abilities that enable the individual to meet psychological needs and to relate to others; interpersonal

Self-awareness skills
  Intelligence
  Ability to be introspective
  Willpower and initiative
  Ability to strive for personal growth
  Awareness of psychological needs
  Ability to take perspective

Interpersonal and Self-protective Skills
  Ability to foresee consequences
  Ability to establish mature relations with others
  Ability to establish interpersonal boundaries
  Ability to make self-protective judgments
Psychological Needs and Cognitive Schemas

Safety
   Self: To feel reasonably invulnerable to harm inflicted by oneself or others
   Other: To feel that valued others are reasonably invulnerable to harm inflicted by oneself or others

Esteem
   Self: To feel valued by oneself and others
   Others: To value others

Trust/Dependency
   Self: To have confidence in one's own judgement and ability to meet one's needs
   Others: To have confidence in others to meet one's needs

Control
   Self: To feel able to manage one's feelings and behaviors in interpersonal situations
   Other: To feel able to manage or exert control over others in interpersonal situations

Intimacy
   Self: To feel connected to oneself
   Others: To feel connected to others

Memory and Perception

Verbal
   The narrative of what happened before, during, and after the trauma

Imagery
   The mental pictures of the traumatic events

Affect
   The emotions related to the trauma

Somatic
   The bodily experiences that represent the traumatic event

Interpersonal
   The relational patterns and behaviors that reflect the abusive traumatic relationship(s)
APPENDIX C

Letter to Administrators to Participate
Dear [NAME],

I am writing this letter to confirm your participation in the Vicarious Trauma Research Study being conducted through Duquesne University. You or a member of your staff attended the Pennsylvania Children and Youth Administrators annual meeting held at Seven Springs Resort, Champion, Pennsylvania on October 16, 2001. At that time, we discussed the effects of vicarious trauma and its impact on child welfare workers. You or your representative requested inclusion in this study.

I am pleased to be able to work with you, the staff, supervisors, and the case workers. We need to establish a date when I may visit your county to conduct a one-on-one interview with you and to conduct separate focus groups with the supervisors and the case workers. Also, depending on their desire to do so, I may conduct one-on-one interviews with supervisors and/or case workers.

I am suggesting two days between [DATE] and [DATE] for my visit to your county. If this is not an acceptable time for my visit, please contact me at 724-438-7997 so that we may arrange a better time. If this is acceptable, we need to confirm the time of my arrival and those times when I will meet with the various constituencies in your office.

Again, thank you for agreeing to participate in this study. The findings have the potential of positively affecting child welfare workers and the child welfare system in Pennsylvania.

Sincerely,

Jo Ann Jankoski, MSW, LMSW, ABD
Researcher

Lisa Lopez Levers, Ph. D.
Advisor
APPENDIX D

Letter to Administrators for Regional Focus Groups
Dear [NAME]

Hello. My name is Jo Ann Jankoski. I am currently enrolled in a doctoral program at Duquesne University, Pittsburgh, PA and am in the final stages of my dissertation, conducting the field research for my study. I am very interested in the retention and recruitment of child welfare workers which ties into my research. To that end, I am interested in answering the question: Are case workers leaving the field of child welfare because of the effects of vicarious trauma?

I was asked to present at the July 10, 2001 meeting of the Retention and Recruitment Committee in Harrisburg. From that meeting, I was asked to present at the annual meeting of Children and Youth Administrators in Seven Springs, Champion, PA. After my presentation, 10 county administrators requested that their county agency be included in my research study. At the request of the Retention and Recruitment Committee, I am extending that invitation to all county administrators so that their concerns may be heard.

I am inviting the case workers in your county to participate in a regional focus group so that I may investigate whether or not vicarious trauma is an issue in the child welfare system. I am willing to talk with you regarding this issue on a one-to-one basis, even via telephone.

Due to the scope and nature of this research, I must place some limits on the number of interviews and focus groups I conduct. Nonetheless, I want to provide an opportunity for every county's voice to be heard.

If you are interested in participating, you may contact me via email (shadowpuppy@lcsys.net) or telephone (724-438-7997) no later than January 3, 2002. Once I hear from counties that wish to participate, I will schedule regional meetings. If you have any questions, please feel free to contact me.

Thank you for considering to participate in this study. The findings have the potential of positively affecting child welfare workers and the child welfare system in Pennsylvania.

Sincerely,

Jo Ann Jankoski, MSW, LMSW, ABD
Researcher

Lisa Lopez Levers, Ph. D.
Advisor
APPENDIX E

Abstract for Administrators for Regional Focus Groups
Purpose of this Study. Although many studies have addressed burnout, secondary trauma, and job satisfaction among child welfare workers throughout the United States, a review of the current and available literature revealed limited research addressing the impact of vicarious trauma and its relationship to worker retention, recruitment, and job satisfaction. This study will be conducted within the theoretical context of traumatology and will examine whether or not vicarious trauma impacts child welfare workers and, if so, to what degree it impacts individuals and their collective community, the child welfare system. The research question that guides this study is: How does vicarious trauma affect child welfare workers and the system in which they work.

Research Design. This qualitative, multi-case study is grounded in the Constructive Self Development Theory (CSDT) developed by Laurie Pearlman and Lisa McCann (1990 a/b). CSDT is a developmental and interpersonal theory with a trauma focus that explains the impact of trauma on an individual’s psychological development, identity, and adaptation.

The researcher will utilize the interpretive approach, inquiring not only about physical events and/or behavior, but also how the participant makes sense of those events and/or behavior (Merriam, 2001). That is, how does a case worker make sense of listening to and knowing about the trauma of others? How does this empathetic engagement influence the case worker’s world view, personality, safety, self-esteem, and coping mechanisms?

This study will employ a variety of research strategies: focus groups with case workers, focus groups with administrators, focus groups with supervisors, one-on-one interviews, and observations to collect the data. This principle, known as triangulation, involves the collection of information from a diverse group of individuals and settings, using an
assortment of methods.

**Data Analysis.** The researcher will utilize the interpretive approach, inquiring not only about physical events and/or behavior, but also how the participant makes sense of those events and/or behavior (Merriam, 2001). That is, how does a case worker make sense of listening to and knowing about the trauma of others? How does this empathetic engagement influence the case worker’s world view, personality, safety, self-esteem, and coping mechanisms? Lists of initial probes used to elicit responses from the participants are attached.

After the various interviews are transcribed, the researcher will review the transcriptions several times. Using the probes utilized in each session as a guide, the participants’ responses will be separated into idea units. These units will be reviewed in order to determine whether or not there were trends in their responses. Similar idea units will be grouped together and themes which emerge from that process will then be reported.

**Ethics.** The researcher is sensitive to the emotional and ethical aspects of trauma research. The individuals who choose to participate may reawaken a past trauma that could cause them to experience potential distress during the interviews and/or focus groups. During the interviews, the researcher will monitor reactions and ask participants how they are and if they need to stop. During the individual interviews, the researcher will build in rest periods, alternating stressful questions with de-stressing questions. The researcher will respect the participants’ wishes to continue, stop, and/or reschedule. If a participant is distressed, the researcher will assess her/him and provide information on counseling services.

The researcher is a licensed, master-level social worker, the Assistant Clinical Director of the Fayette County Critical Incident Team, a member of the Red Cross Disaster Response Team, and is a county delegate for Fayette County MHMR. The researcher has
extensive training in trauma assessments, defusing, debriefing, crisis intervention response, Eye Movement Desensitization and Reprocessing (EMDR), and trauma therapy.
APPENDIX F

Consent to Participate
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

A dissertation prospectus to study the impact of vicarious trauma on the child welfare worker

Introduction
I have been asked to take part in a research project as described below. The researcher will explain the project to me in detail. I should feel free to ask questions. If I have additional questions at a later date, Jo Ann Jankoski, the person responsible for this study, will discuss them with me. I understand that this research project fulfills a doctoral requirement. Jo Ann Jankoski’s home telephone number is 724-438-7997; she can also be reached by e-mail [shadowpuppy@lcsys.net] or cell phone [724-322-5053].

Brief Description of Project
I understand that this research study will explore the impact of vicarious trauma on the child welfare worker within the Commonwealth of Pennsylvania’s Office of Children, Youth, and Families.

What Will Be Done
If I agree to take part in this study, I will talk individually and/or participate with others in a focus group for approximately one to two hours with the researcher, who will ask questions concerning the impact of vicarious trauma. My responses will be audio taped for later evaluation by the researcher, Jo Ann Jankoski.

Risk or Discomforts
If I take part in this research, I understand that it is possible that I may experience some discomfort, sadness, or triggers in talking about trauma material. However, I will be offered information regarding counseling if I feel I may need such help now or in the future. I understand that I may stop the interview or leave the focus group at any time if I feel that my discomfort becomes unbearable.

Benefits of the Study
Although there may be no direct benefits to me as a result of taking part in this study, the information I provide may help others understand the impact of vicarious trauma on child welfare workers.

Compensation
There is no monetary compensation for my participation in this study.
Confidentiality
My part in this research is completely confidential. None of the information will identify me in any way; all information will be coded. Only the researcher, Jo Ann Jankoski, will have access to the code that identifies me.

I understand that no information identifying me will be given to anyone. The exceptions to this confidentiality are the federal and state mandates that reports be made to the authorities where a child is being abused or is in imminent danger or with threats to injure myself or others. Otherwise, all information will be available only to the researcher.

Voluntary Participation
The decision to participate or not participate in this research study is voluntary on my part. I do not have to participate. If I do decide to take part in this study, I may terminate my participation at anytime. If I wish to terminate my participation in the research study, I simply inform Jo Ann Jankoski of my decision, in person or in an email message. Whatever I decide, my participation or lack of participation will in no way affect the services I receive from any agencies from which I may seek help.

Summary of Results
A summary of the results of this research will be supplied to me, at no cost, upon request.

Rights and Complaints
If I am not satisfied with the way this study is conducted or if I believe that I have been injured in any way by participating in this study, I may convey my concerns to Jo Ann Jankoski (home phone: 724-438-7997; cell phone: 724-322-5053; email: shadowpuppy@lcsys.net). I may do so anonymously, if I choose.

I may also write or call Dr. Lisa Lopez Levers (412-396-1871; levers@duq.edu), Jo Ann Jankoski’s dissertation advisor, or a representative of the Institutional Review Board (IRB) at Duquesne University, which oversees research involving human subjects. The IRB may be reached at the following address: Institutional Review Board, Office of Research and Sponsored Programs, Duquesne University, Pittsburgh, PA 15282. I may contact the Chair of the Duquesne University Institutional Review Board, Dr. Mary de Chesnay, by telephone at 412-396-6553.

I HAVE READ THIS CONSENT FORM. MY QUESTIONS HAVE BEEN ANSWERED. MY SIGNATURE ON THIS FORM INDICATES THAT I UNDERSTAND THE INFORMATION AND I CONSENT TO PARTICIPATE IN THIS STUDY.

Signature of Participant / Date
Signature of Researcher / Dates

Typed/Printed Name of Participant
Jo Ann Jankoski, ABD, LMSW, QCSW, MS
Typed/Printed Name of Researcher
APPENDIX G

Consent to Tape
CONSENT TO AUDIOTAPE AND TRANSCRIBE INTERVIEW/FOCUS GROUP

A DISSERTATION PROSPECTUS:
THE IMPACT OF VICARIOUS TRAUMA ON THE CHILD WELFARE WORKER

I understand that I have been asked to participate in a research study. This study involves the audio taping of my interview with the researcher. Neither my name nor any other identifying information will be associated with the audiotape or the transcript. Only the researcher will be able to listen to the tape.

I understand that the tapes will be transcribed by the researcher and/or the research team and erased once the transcriptions are checked for accuracy. Transcripts of my interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither my name nor any other identifying information (such as my voice), will be used in presentations or in written products resulting from the study.

I further understand that immediately following an interview, I will be given the opportunity to have the tape erased.

Please check one of each of the following options:

Consent to audiotape interview
[ ] I consent to have my interview audio taped.
or
[ ] I do not consent to have my interview audio taped

Consent to transcribe the audiotape
[ ] I consent to have my audio taped interview transcribed into written form.
or
[ ] I do not consent to have my audio taped interview transcribed.

Consent to use the written transcription
[ ] I consent to the use of the written transcription in presentations and written products resulting from the study, provided that neither my name nor other identifying information will be associated with the transcript.
or
[ ] I do not consent to the use of my written transcription in presentation or written products resulting from the study.

I understand that the audio tapes will be destroyed once they have been transcribed. The transcription will identify me by code only. Only the researcher will have access to the code.

Participant’s Signature___________________________________ Date________________

I hereby agree to abide by the participant’s above instructions

Researcher’s Signature___________________________________ Date________________
APPENDIX H

Focus Group Data Sheet and Log Sheet
DUQUESNE UNIVERSITY
Dissertation Research
Focus Group Data Information

Code: ______________  Date: ______________

Gender: Male_____  Female_____  Age: ______________

Marital Status:  Married___  Single___  Divorced ___  Separated ___
  Living with Significant Other ___  Other____

Current Position within Child Welfare Agency:
  Intake_____  Ongoing_____  Foster Care_____  Supervisor____
  IL_____  Investigation Unit____

Number of Children living at home with you:________

Highest Educational Degree completed:____________

Optional Question:
Do you have a personal history of trauma?  Yes____  No ___
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APPENDIX I

Individual Data Sheet and Log Sheet
DUQUESNE UNIVERSITY
Dissertation Research
Individual Data Information

Code: ______________    Date: ______________

Gender: Male_____ Female_____    Age: ______________

Marital Status:    Married___ Single___ Divorced ___ Separated ___

    Living with Significant Other ____    Other____

Current Position within Child Welfare Agency:

    Intake_____ Ongoing_____ Foster Care_____ Supervisor_____

    IL______ Investigation Unit______

Number of Children living at home with you:________

Highest Educational Degree completed: ____________

Optional Question:

Do you have a personal history of trauma?  Yes____ No ___
DUQUESNE UNIVERSITY  
Dissertation Research  
Individual Interviews

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Date of Interview: _______________
APPENDIX J

Probe Questions
Structured Questions for Focus Groups

" Can you tell me your name and how long you have worked for Children and Youth?

" Are you willing to share with me your experiences in child welfare?

" How does listening to, investigating child abuse, or knowing about child abuse impact you?

" Have you changed as a result of working for Children and Youth services?

" How does your agency support you?

" Can you share with me your experiences with supervision?

" What upsets you the most about your job?

" Is there anything you do differently because of your work?

" Have you ever avoided people or situations because they were too painful because of your work?

" What do hope and despair mean to you?

" Have you noticed any changes in your personal life?

" How have your beliefs about the world changed as a result of your work?

" How has your sense of personal safety changed as a result of your work?

" What perceptual experiences have you had that are related to your work?

" What does it mean to you to work in the public sector?

" Is your training appropriate for your work?

" Does there need to be any changes in your agency? System?
APPENDIX K

Letter of Thanks to Administrators
Dear [NAME],

Thank you for supporting my research and providing the opportunity for me to learn from you and your staff. After two months in the field, my data collection is drawing to a close. I wanted to give you an update of where I am in the entire process. I have conducted over 325 interviews of administrators, supervisors, case workers, and support staff. I have been very blessed to have learned from you and your staff and from other professionals in the child welfare system in Pennsylvania. This experience has become more than a requirement for my doctorate; it has become a commitment to work with the professionals of child welfare and, together, being agents of change and serving as a collective voice with them for the children of this commonwealth.

My hopes and intentions at this point are to put into place mechanisms to ameliorate the impact of vicarious trauma on the professionals in child welfare at both the county and statewide levels, and perhaps nationally. It is my plan to have the data transcribed and analyzed by June. The final report should be completed in July or August. At that time, you, as well as every administrator throughout the commonwealth, the Retention and Recruitment Committee of the Pennsylvania Children and Youth Administrators Association, the state Office of Children and Youth, the Commissioners Association, and any other stakeholders will get a copy of the report. At that time I will ask you to share and review the report with your staff.

Enclosed is a letter that I ask you to share with your staff. There are far too many individuals for me to personally thank each and every one. I hope the enclosed letter adequately expresses my feelings of respect and thanks to those who allowed me to interview them. I am overwhelmed by their openness, honesty, and willingness to share their lived experiences. I am truly blessed.

Again, thank you for believing and trusting in me and allowing me to learn from you and your staff. You and your staff are to be commended for the constant and vigilant commitment that you have accepted to protect children’s rights to be free and safe from abuse and neglect.

Sincerely,

Jo Ann Jankoski
Researcher

Lisa Lopez Levers, Ph. D.
Advisor

enc
APPENDIX L

Letter of Thanks to Staff
111 Hays Road
Uniontown, PA 15401

Case Workers, Support Staff, and Supervisors
[COUNTY] County Children and Youth Agency
[STREET ADDRESS]
[CITY, STATE ZIP]

[DATE]

My Dear Teachers,

Thank you for allowing me to view the child welfare system through your eyes. Reflecting back to the last several months, I realize the many gifts you have shared with me by your willingness to be honest and open regarding your experiences, the pain you see on a daily basis, and the emotional toll it takes on you. Thank you for also sharing your rewards in working in the child welfare system.

Having interviewed over 300 individuals throughout the commonwealth, I am in the process of transcribing and analyzing the data shared by you and your colleagues. My plan is to have the analysis completed by June and the final report written by either July or August. This experience has become more than a requirement for my doctorate; it has become a commitment to work with the professionals of the child welfare system and, together, being agents of change and serving as a collective voice with them for the children of this commonwealth. A copy of that report will be sent to your agency administrator. He/she will be asked to disseminate and discuss the report with you.

I honor and respect your commitment to the children of this commonwealth. You are making a difference in the lives of those children and their families. While you may not immediately see the results of the seeds you have planted, I firmly believe the work you do is, and will continue to be, a positive influence on the future of this Commonwealth our children. I cannot properly express my gratitude and deep sense of respect for the work you continue to do on a daily basis, the risks you take, the pain you feel, and the changes you make. In my heart, I hold you in the highest esteem for hearing the cries of children and being their voice and their protectors.

My hope is that together with your voice and that of your colleagues, we can make positive changes locally and statewide in the system that protects the most vulnerable members of our Commonwealth. Together, I believe we can make a difference.

Sincerely,

Jo Ann Jankoski
Researcher

Lisa Lopez Levers, Ph. D.
Advisor
APPENDIX M

Transcription
Jo: Would you please share your first name only, the current position you have in the agency, and how long you’ve been with children and youth.

F1cw: Alice, ongoing, and I’ve been with the county about a year and eight months.
F2cw: Bertha. I’m ongoing as well. And, I’ve been here for a year and a half.
F3s: I’m Charlene. I’m an intake supervisor. I started with the county in October 1993.
F4s: Dorothy. I’m an ongoing supervisor. I’ve been with the county eleven years.
F5cw: Edith. I’m a caseworker and I’ve been with the county four weeks.
A: I was watching her face earlier and I thought, She’s got to be the newbie.

Jo: [Indicated that she learns all the time and that a new case worker can teach her. Are you guys willing to share what your experiences have been like in child welfare?]

[Nods of agreement from participants.]

Jo: How does hearing about, or investigating, and or knowing about some of the most horrific stories impact you? How do you do this everyday?

F3s: I think I got very hard over the years.

Jo: When you say hard, what do you mean?

F3s: Things that would have appalled me when I first started this job, don’t even affect me on the outside. It seems like there’s almost nothing that surprises me, nothing that shocks me. And, that’s scary. Um, I think it’s a defense mechanism that you develop or you go crazy and I wasn’t like that. I used to cry over everything. Now, it takes a lot. Yea. And, I think that’s how I survive. And, I think, as far as the burnout, what I see is, because of the horrific situations that you’re in, the everyday mundane stuff, like all the papers you have to fill out, becomes so overwhelming. In a real, in a regular job, I don’t think that it would bother us all that much if we had all these papers, this paperwork, but because you have that in addition to what you’ve just come back from, that you have to write it down in so many different ways and times and spots and forms, it does become a bother. I think that’s what & to write it, people say, I can’t do this anymore. It’s too much. Or, they avoid it.

Jo: How do you guys do this everyday?

F2cw: Well, I agree with Charlene. You have to just distance yourself as every other job, I think. It’s a lot harder in the child welfare field. But, my hours are from 8:30 until 5:00, unless, you know, I have some extra work to do [nervous laughter], like today. But, for the most part, I get here at 8:30. And, at 5:00, whatever happens at
5:00, I let it go.

**Jo:** How do you let it go? How do you not take this home with you?

**F4s:** I think that a lot of people don't. I think that it's great that you can do that. When I was a caseworker, I used to dream about cases, wake up picturing kids. And, now as a supervisor, I still have those dreams; I thought that I wouldn't but I still do based on judgement calls I make throughout the day. And, just a few months ago, I made the call [pause] where I left the kid in the home and then found out the next day the kid was physically abused again. And, so, that, that was really difficult for me to process and deal with. But, I'm sure it happens everyday. I'm sure we're doing that every single day. The decision-making, I want to say, the power that we have, is just unbelievable. You know, the amount of pressure and the decisions we have to make. On both of us, you know. I'm just. All the judgement calls are so difficult to deal with.

**F2cw:** And, along with that, I think the decision making is one thing and you make the decision but then you have to worry about justifying it to this person, this person, and this person when they trust you to be competent enough to make a decision and, yet, you have to worry. Will they back me up on this? Well, what if something happens, who's going to be there to support me? Who's going to be there to question what I did and what I could have done? And I think that weights a lot heavier on my decision-making than anything else. Who am I going to have to answer to? What if, what if, what if?

**Jo:** How do we teach a new caseworker to deal with that awesome responsibility? How do we make those decisions? How do we do that? I mean, you guys have been here a year, a year and a half. And, here we have a new professional who's been here four weeks. How do we teach them? That's an awesome responsibility.

**F4s:** I think we really try to, and again, it depends on the supervisor and where you are, but I think we really try to get people to talk about what they're seeing and what they're doing, you know, like, not to hold it in. At least, that's what I do. I'm sure you do too. Really get people to & And then the unfortunate thing is time. I especially feel for Charlene in intake. She doesn't have time to process all of that as much as I'm sure you would like.

**F3s:** [Nods agreement.]

**F4s:** Which is why the support group, I'm sure, will be helpful.

**Jo:** I need to acknowledge that you're one of probably four supervisors I've heard thus far, with hundreds of interviews that I've conducted, to say we need to process with our caseworkers. This is the fourth time. My hat's off to you guys too because that has not been happening. How's it like for you
working in child welfare. Did you know when you guys walked in the door, four weeks ago or a year and a half ago, & did you have any clue when you walked in the door what this place is about?

F1cw: Sort of. I think that there are a lot of positive things that you have to look at once in a while even though there are horrific things. After you’re done processing, you think about the positives. I think that’s what gets me through.

Jo: Share with me some of the positives experiences you’ve had in child welfare because that’s important to me.

F1cw: Helping the people. Fortunately, I’m an ongoing worker and that occurs more often than in intake. But, it’s very rewarding and I don’t think there’s more a rewarding job or career when good things happen.

Jo: When you walked through the door four weeks ago, did you have any idea what child welfare was all about?

F5cw: No, not really. Well, I had interviewed. You were there with me at the interview. [several garbled sentences]. But, I wasn’t expecting that.

Jo: But, isn’t that the reality of it?

F2cw: Sometimes, sometimes. But, I think what we’re starting now in our agency is that, when people apply and are interviewed, to weed out that automatic turnover after two weeks. We’re having caseworkers, supervisors, Pam is setting up a whole round table, for lack of a better word, of these new hires where she can say Hey, this is what to expect. Do you want to do this? Don’t you want to do this? Here’s a story from caseworkers in their daily routines. You’re able to ask questions about their daily routines. Is this something that you think you want to do? I think that’s been very helpful because we’ve had people come and go in the year I’ve been here. I mean, it’s been unbelievable and it’s, like, I didn’t think it would be like this.

F4s: We’re using an educational format now, you know. Before you even get to the interview stage, let’s weed people out. You know, some people have no idea. Like Michele. They have no idea what this is. There’s no sense wasting their time or the agency’s time and putting clients through the turnover of a new worker that’s only going to make it three or four months.

Jo: Has this job changed you guys at all? [Several nod yes.]

Jo: Charlene, do you want to share how this job has changed you from when you
started several years ago?

F3s: Well, I & I did a lot of the & I would worry about. Did I do that right? I would worry about it at home. And, it was really getting to me. And, then, um, a really bad thing happened where three children died. And, um, it was someone that was in my unit. I was with him and we went out and these children were burned in a fire. So, we were actually at the home and the hospital and saw the one girl who was still alive but incredibly burned. I saw that and it was such a trauma to me. I couldn’t even. That’s one thing I can’t think about it or talk about it yet. It really bothers me. She died. And, we have nowhere to go with that. So, I think when that started happening and I was internalizing it. And, how am I going to protect myself? And, so, I just got to the point where [exhales audibly], you know. And, the next thing you know, I have a four-year-old kid who was sexually assaulted. I had to take her for an internal exam. So, I’m looking at a four-year-old girl with her feet up in stirrups. I sitting there thinking, I can’t believe I’m doing this. And, you know, she’s screaming and the whole thing and I thought, wow, you’ve got to find a way. I do think its protection. [Garbled] I can’t say that things still don’t bother me. Of course, they do and I question my judgement on some of the things I’m advising the workers to do. But, I’m glad we’re going in the direction I think we need to go, which is allowing people to process this information so that they don’t get hardened. It’s tough. I mean, it’s scary but I remember when the thing and the whole incident of September 11th happened. That was horrifying, but I never cried over it. Never. And, that scares me because everybody was crying and I thought, Wow, this isn’t even getting to the inner part of me. And, that’s how I think it’s really, really changed me. I would be a mess if that were ten years ago.

Jo: Has this job changed the rest of you folks?

F2cw: I think it’s changed my viewpoint on society. I can’t go into a mall without seeing a father, walking, give his kid a tap on the butt or give him a hug and, you know, Why is he hugging her? What’s going? You know, that paranoia of a caseworker. Or, you see a kid, you see somebody whack them and ask, What do I have to do now? You’re never released of the caseworker job. No matter how much you separate yourself, if you see something, Why is that mother holding a ten year old on her lap? What’s going on? Why is the mom changing her child in the middle of the mall? Stuff like that has changed me a lot and when I see stuff. Why are kids out at the bars? What are they thinking? What is Charlene do these people have? I think it’s a non-stop thing. And, no matter how much you want to distance yourself, even that split instant that you see something, you go automatic to caseworker. And the hardening and what am I supposed to do?

Jo: Has this job changed you from where you were a year and a half ago to
today?

F1cw: I'm sure, I mean. There's nothing that I can think of that really stands out in my mind besides the knowledge that I've learned. But, I don't, I don't really think because I don't personalize it and it's a good thing that I don't do that. I haven't seen as traumatic things as someone like Charlene has.

Jo: Any of you guys have kids? Is anybody on the dating scene? [Someone says yes] When you go out and some guy's interested in you, or whoever may be interested in you, do you ever do anything different that you have all this knowledge of the last year and a half working in child welfare?

[Several talk, garbled]

F2cw: But, I think along those lines when I meet people out somewhere. It's like, where did you come from. Let me pick your brain and find out what's really going on in there or what have you been through and where are you coming from. And, it's so easy to pass judgement on people.

Jo: One of the questions your colleagues wanted me to ask is to ask about the dating scene. Ask them if they do background checks on people.

F3s: Yes. [General laughter]

Jo: For me, as a mental health person, I would never ever assume to do that. That's changing that. It blew me away when they asked me to ask that.

[General agreement of several voices saying they do that]

F4s: I have a 13-year old sister and one thing that I have done is, when she was a little bit younger, because you become so suspicious and so, I mean, you think everyone is drug involved or, you know, every husband beats their wife, everyone is using physical discipline just because we have a skewed perspective, I think. And, when she was younger, she'd want to go stay overnight at a girlfriend's house or something and, you know, I would do that, look up these people in our computer before I would say yes, you can go. I wouldn't tell her but, yes, you can go or no, you can't go. Because we become so &

F2cw: I think a lot of it has to do with the population we're dealing with. This is all we see day in and day out. And, it's such a small population of the community; however, unless, after work, you go do something positive or, you know, really volunteer your time, which you don't have much of anyway [laughs], I mean, it's hard to see any other world, other than what you're dealing with. I mean, you're seeing second generations, third generations, and fourth generations. I'm already
seeing second generations and I've been here a year and a half. So, I mean, and it's the same families over and over again, and you kind of get distilled, these are the kind of people and so, if you meet a certain person who has that same last name, it's like, Oh my God, you did this, this, and this. Or I know you because of this or You have to be related to this person. Which isn't necessarily true, but you're dealing with such a selective group that keeps cycling.

Jo: Has this job interfered with any of your personal relationships outside of here?

F3s: Yes.

Jo: How so, Charlene?

F3s: I think that my friendships have changed because & If I want to talk about something that happened that day, it's really tough for someone to listen to that. And, I just don't get it. I think it's really hard & They just don't want to hear it. They can't hear it. And, I think, I listen to everything you have to say, why can't you listen to this? It bother me, just looking at my friends, my relationships, I feel like they're one-way streets. So, people, the average Joe, does not want to know about this, doesn't know about it, doesn't want to hear it.

Jo: Anyone else?

F4s: I would say, going along with what she's saying, one of the things that have kept me here as long as it has is the support network of just the peers. When I was a caseworker, & when something happened, [she explains how they were in a separate building and in an open environment] you just swung your chair around and talked for half an hour and processed. Now that I'm a supervisor, I don't feel that as much. I think we're more segregated. But, as a caseworker, that was the greatest thing. But, when we moved to this building, we're in cubicles and we're very separate. And, I think that's really a loss, we're really losing that camaraderie. And, we're on two different floors and in another building. We're thinking of removing the cubicles and reconfiguring the whole floor.

F3s: That was a great learning experience and it was very supportive.

F4s: They were your support networks, those were your friends.

Jo: But, when you leave here and you have those nightmares and stuff, whom do you turn to once you leave this place?

F4s: That's very difficult.

F3s: The therapist. [Laughs]
Jo: Is it embraced here, Charlene, that caseworkers, supervisors, administrators go to treatment if they need to? Not as a sign of weakness but as a sign of help?

F3s: I think it's a sign of weakness.

F4s: Yea, I do to. I’ve only been a supervisor for two years and I’ve had at least three workers going to therapy because of the job and I thought that was great for them, but they do not want that publicized. They really want that kept quiet. [Charlene nods agreement].

Jo: You've been very quiet and I would be very honored if you would share what your experience has been in the last four weeks here in the child welfare system?

F5cw: [Joking] I did a placement. It's funny because I go home and unload and I don't even have a caseload or anything. I go home and complain for about an hour. [Garbled.]

Jo: Do you have any of those residual effects from here? From any of the things you see and hear? From the clients you work with?

F5cw: I never actually saw... We just saw the slides of child abuse. We just had a core training and they showed slides and there was a kid in there with a hatchet through his head and he died and I just aargh. I went home and I bawled. &. But, I kind of expected it.

Jo: Is there anything you guys are willing to share based on the brief conversation we've had thus far, before I do on?

F2cw: I was actually going to talk about personal relationships. I mean I find that with my husband, he's so out there and has no idea that this actually is a lifetime movie [laughs]. It only exists in the movies. And, as much as he wants to comfort me, or if I have a bad day and I say what goes on, he has gotten to the point where he'll hear it, but what do I say? How do I comfort her? I don't even know how he could comfort me. I don't know what to tell him to say to me. Just listening has gotten to the point where it's not enough. I need him to come back with something, but I don't know what it is.

Jo: Do you know what soothes you? Dealing with this every day, do you know what soothes you?

F2cw: I think I've gotten so used to processing it myself, that even when I open up, I m
not expecting anything. & I process it in my own head. You know, you didn’t do this right; you could have done it better. However, do what you can from this point on and & Band-Aid it in my own head [nervous laughter]. And, you know, talk to other people. Fortunately, I have one of my best friends who are also a caseworker. So, that helps so we can vent about certain things, brainstorm how to get over it, or do things together to get over it. But, it’s very hard because I don’t know what I need. Is it just talking to somebody and having somebody understand and say you could have done this better without harping on it and tell me what I did wrong or, you know, say you did what you could, what else could you do. I don’t know what really soothes me and that’s something I really have to do as an individual in my own head because I don’t think anybody can know if I don’t know.

Jo: Let me ask this about what you shared with me. How do you stay connected to people?

F2cw: I think, even in the job, you stay connected by the rapport you build with someone. & I’m able to trust people, which is shocking to me [laughs] just from the year and a half that I’m able people and that takes a lot

Jo: Trust people internally or externally?

F2cw: Both. It takes a lot, but I’m able to do it wholeheartedly. [Laughs]
F4s: Are you talking about people staying connected inside or are you talking about outside?

Jo: One of the things I’m very concerned about is how we become disconnected from our loved ones because we don’t know how to stay connected from what we hear. What you’re sharing is an example of that stuff. And, how do we stay connected with people. That’s the other concern I have with this vicarious trauma. It’s not just the job; it starts affecting us out here and we owe it to our families not to let this job affect us anymore. How do we stay connected? How do we stay connected? & What soothes you? How do you stay connected to your loved ones when you get out of here? & That you want to be sexually intimate with your husband or your partner or your significant other or you want to be held or you want to be nurtured? That’s what I hear from caseworkers and supervisors. I’m living in our home with my husband, but we’re just there. Charlene, do you trust internally? Let’s start with the people in your office. Do you trust internally?

[Several answer Some]

F2cw: It’s very cliquey.
Jo: Can you develop that relationship outside of the office with your friends or new people that you meet? Or, are you a little more distrusting? Does it take longer to establish that sense of?

F2cw: There is someone I’ve been a friend with a long time.

Jo: So, you’re very suspicious of people?

F2cw: Yea.

F4s: I think it takes longer and maybe it comes with the longer you’ve been here. But, I think something that happens here is that we’re so judged by so many people, you know, the court, the newspapers, everybody, lawyers.

F3s: your peers

F4s: yea, everybody, that when you find somebody that affirms you and supports you, you really stay connected to that person and you kind of stay glued together because & And, even if I don’t know the circumstances, some other lawyer said something to me, let’s say they’re talking about Edith, I’m very protective, you know. Because I’m going to defend her no matter what she did because it’s the child welfare bond. Nobody else does this, so; until you do this, don’t pass any judgement on any of us in here. That’s how I feel about it. It’s like our family.

F3s: like a war, like a war zone. It’s like being in a war together. People & like guys who are in these units to get her come out and they have that bond. They’re the only ones who went through it. I think it’s almost the same with us. You know, you might be talking about each other or & but if somebody outside of that group starts, you’re right there.

F4s: It’s very much a maternal feeling. I don’t have kids, but that’s how it feels to me. Don’t pass judgement on anything about any of these people in here.

Jo: Has the job affected your personal relationships? Husbands, parents, boyfriends, anybody else?

F2cw: I think now that my family life was so good growing up that I’m pushing my parents away for no reason. And my mom, of all people, will ask me So how was your day? Tell me about it. I don’t want to talk about it. And, I find myself saying that. And, I say, oh my God, I want to talk about it, but not to you. So, it’s been really hard and I feel myself being very short with them. And, maybe, it’s because I trust them wholeheartedly.

Jo: I’m also very aware you’re on the verge of tears talking about the pain. This job is hard on your family outside of here, on your parents whom you adore.

F2cw: I think occasionally I get upset about it and I am now, well, talking about it, but [Charlene nods agreement] it’s because they’re so supportive and so proud that it
just tears you up. Because you want to talk to them, you want to share everything that s happened and they re so proud of you for doing this job, but yet, &

F4s: My family members, at least, don t understand. They try to understand. Someone in my family once asked, Do you work with many poor people? They are so on the periphery, they don t have any idea. It takes too much time and energy to get into that, and so I say, Oh, it s fine.

Jo: Do you guys go home and read the newspaper and watch the television? Or, do you shut off the news and not read the paper because you do it everyday?

F3s: [nods] Yea.
F4s: Well, I read the criminal section.
F2cw: To see if you have anybody that got caught [laughs].
F4s: I wish I didn t. There are people here who won t read the paper and won t watch the news because they see it all day long and they don t want to deal with it. But, I don t. I watch all that stuff.

Jo: How do you cope? Who takes care of you?

F3s: I do.

Jo: Other than you? Does anyone take care of you?

F3s: Nope.
F2cw: Me.
F3s: There isn t anybody. I have no family; they re all deceased. So, it s just me.

Jo: So, how do you soothe yourself, Charlene, when you go home? How do you take care of you?

F3s: I just go to bed. I think from what Dorothy was saying, there is a group of people that I can talk to, that I truly trust, that do this job. And, those are the people I go to.

Jo: Do you guys ever think about leaving child welfare?

F3s: I ve done it twice.

Jo: And you came back?

F3s: Yea. I was gone for short months. I can t &
F4s: You can t stay away [laughs gently], [F3 nods in agreement.]
Jo: Do any of you think of leaving?

F2cw: Oh, everyday. But, I never make efforts towards it. Or, as of yet, I should say.

Jo: Do you think of leaving? You’ve been here for four weeks.

F5cw: Day two. [Laughs] [This respondent spoke quickly, running words together. She expressed annoyance at what is said about the child welfare system and the way they do their jobs.]

Jo: What keeps you guys here? You left twice and you came back. What made you come back?

F3s: I really missed it.

Jo: What did you miss?

F3s: I think I felt the sense of, um, that I was making a difference. And, & Two times I left, once after a year and a half and I went into mental health. I hated it. And, you know, came back. Went back into an early intervention job. I hated it. Oh, my God, this is so boring. & I thought, I’ve got to get out of this; I really was miserable.

Jo: Edith, what keeps you here? You said you keep thinking about leaving. What keeps you here?

F2cw: & money [laughs]. I mean, for having a bachelor’s degree, it’s one of the highest paying jobs in my field that I’m going to get, the benefits, the days off, the flexibility. The fact that occasionally, one out of a hundred people improve, you make a difference in people’s lives. But, even that’s so rare. Why do I stay here? [Laughs] And, I think about that a lot but I, I mean, there are some benefits. I’d like to see a difference in the pay and safety is one of my biggest concerns and I think that child welfare, as a whole, has been so lucky that the numbers are that low. People getting assaulted, killed, [F3 nods agreement] walking into drug raids, walking down dark alleys at 5 o’clock at night anymore, people getting shot in broad daylight. Hey, you know what. I was just at the neighbor’s house; I could have been standing out on the porch saying goodbye and what comfort do I have of that? There’s nothing to protect me. I don’t even have a wand. I don’t have mace. I have a pager, but what good is that going to do?

Jo: Throw it? [the entire group laughs and agrees with her statement, that have nothing to protect themselves with]
F2cw: [Laughs]. Yea, I d have to have one heck of an arm and it s not going to do anything.

Jo: Have you guys ever experienced anyone physically assaulting you?

F3s: [Nods agreement.] A physical assault and I actually had to have somebody arrested for threats.

Jo: Let me ask about the threats. Do the courts here support that no one is going to threaten a county caseworker?

F3s: No! This was, I ended up having to do it as an individual, not as a county worker. I had to take that through as an individual terroristic threat through the courts. She was incarcerated.

Jo: You went through as an individual.

F3s: Yea.

Jo: Did the threat occur on county time?

F3s: Yea. I was doing my job.

Jo: Can you share your experiences about being assaulted?

F3s: That was on, after I placed a child, well, a brother and a sister and I called and said Can we have some of the things for your kids, any clothes? They said OK. I talked to the mother. I said, I m going to come down and pick them up. So they lived, I had to go up a flight of steps. So, I opened the door and started to go up and the father took the suitcase and threw it and hit me with it [nervous laughter] down the steps. I didn t get really badly hurt, but it threw me against the wall. That happened in, probably, 1994.

Jo: Anything in place to help you process that?

F3s: Or, the lady who told me she was going to blow my brains out. [Nervous laughter.] You know, that was not good. But, I m about the only one that s happened to. But, I got so pissed off, I said, you know, you re not getting away with this. So, I called the police and then, you really want to follow through with this? And, then, I waited weeks and weeks and nothing was happening and I said, looks, what s the status of this investigation. Only because I m a pain in the ass did they end up doing something with it. So, finally, years later, she ended
up getting taken into the police station for something and there’s this warrant. That’s how they got her.

Jo: So, again, it was on the back burner?

F3s: Yes!

Jo: Do you guys feel valued?

F3s: No! [Others say no also]

F4s: I had a caseworker whose client said she was going to burn her house down. She was going to follow her home and burn her house down. And, I took her down to the police station. Nothing would be done with our courts. But, I took her down to the police station and we filed a report and they did not want to have anything to do with it. Well, this is the nature of your job and they’re going to threaten you.

Jo: You have weapons.!!

F4s: Yes.

F2cw: And, we’ve actually had caseworkers followed home, a half hour away, some guy tailing her, and coming real close to bumping into her. She made a report. Nothing! And, I think that’s what’s lacking. Why wasn’t the agency behind Charlene when those verbal threats were made instead of saying, ‘Well, what did you do to make her say that?’ I don’t know if that was the case or People just run their mouths, just let it go. But, some of these people have severe mental health is Charlene; they’re not taking their medication appropriately. If they’re going to beat their children or their significant others, what’s going to stop them from punching me in the face? Who am I?

Jo: Do you guys find you go out of your way, not to go home the same way, because you may be followed? [Nods of agreement.] Is your behavior, driving, & Do you not go to places because you know a client works there?

F4s: For sure. I don’t do the driving home anymore, but I’m much more aware of my surroundings when I’m at a stoplight. Are my doors locked? You know, those kinds of things. I would never have done that before working here. [F3 agrees with nod.]

Jo: May I ask you about your judicial system. Your colleagues before you made it very clear they wanted me to continue to ask that question. Can you share what your experience has been working with your judicial system in this county? Has it been a good experience? Do they respect you? Do they
disrespect you? Does the judge honor your testimony when you go into court? Does he protect you from being battered on the stand by a defense attorney or &

F4s: I don’t think the judges protect us. It depends on the attorney we have, and we have several, and that runs the gamut also. So, we’re just hung out to dry; that’s my experience.

F3s: I was actually humiliated by a hearing master in front of clients who were probably one of the worst sex offenders in ______ County. It was one of those things where Who do you think you are Ms. ______, blah, blah, blah, this, this, and this. And, I was like & and, the attorney’s not saying anything. I was trying and I wanted to explain. I didn’t get a chance to explain. And, my clients were over there, like, & and, then afterwards, I wanted to go up to this hearing master and say, Now, listen, I think you have this wrong. And, it was this [at this point, she holds up her hand to say halt], I’m not speaking to you. I said, the hearing’s over. I don’t care. I don’t wish to speak to you. I said fine and I turned around and walked out. I said to the attorney what the hell is that about? Why did you just sit there? Well, you know, she kind have meant & I said you know, if you agree with her, you have your head up your ass. I was so mad; I walked away, came back to the office, went to my supervisor and said, I need to get off this case. I need off. I’m not going to be effective anymore. The supervisor would not take me off the case. Kept me on the case. So, I transferred out of that unit to intake because of that. It’s ridiculous! I did nothing wrong and I was humiliated. When the court order came out, there were references to me in the court order. I thought that judges were more tolerant or & pretty much & I’ve never been battered by a judge. But, I’ve been battered by some defense attorneys because I’ve had to do some criminal stuff and & and, that’s just the way that goes.

Jo: What would you change in the child welfare system in the Commonwealth?

F5cw: [This caseworker relates what a friend/caseworker in Clarion County says they do there.] & They have a man and a woman go out & if the guy wasn’t a caseworker, they eventually hired people to go with them.

F3s: But, what’s that going to do? Even if you have four people and somebody’s standing there with a gun, there’s nothing you’re going to do about it.

F5cw: But, & little me, I’d feel safer with somebody with me.

F2cw: Last Thursday, I had a guy I went to visit the day before who had to be wrestled down by six PO’s. They had wands, they had weapons. And, it took six of them. What am I going to do? Especially with dogs in the house. They have to say one word and I’m done. &

F4s: The probation officers offered us training. That was not too long ago, three months ago on how to keep safe physically when we enter homes. And they always say Just leave, just leave.
F2cw: They don’t understand. We can’t, we can’t, we can’t.
F4s: We have babies and young children and we’re trying to ensure their safety. If it’s not safe for us, is it safe for them?

Jo: Is safety an issue for everyone? What else would you guys change?
F3s: Staffing.

Jo: When you say staffing, what do you mean?
F3s: Increase staff. Make the job a little more attractive because the pay needs to reflect the type of work that you do. We should be getting hazard pay.

Jo: Is this county unionized?
F3s: Yes.

Jo: Has the union helped with that is Charlene?
F3s: I negotiated a contract, not the past one, but the one before that. Let me tell you. It is tough getting blood from a stone here. And, I think what we did, and I see it different in at least the commissioners, as caseworkers we went to commissioners meetings and continued to go to commissioners meetings and then spoke at the commissioners meetings. And, caseworkers were in tears telling these horrible stories about what was going on and I think that was when some of them started to get a clue.

Jo: Have they ever come over here and offered to go out with the caseworkers and supervisors?

[They respond that one or two have done that, actually gone out.]

F2cw: It’s all well and good when you’re sitting behind a desk and going I know it’s tough. I really admire what you’re doing. I don’t want to hear it! I don’t want to hear it. Keep that comment to yourself if you’re not going to show that you appreciate me.

Jo: What else would you guys change? The staffing patterns &

F4s: I think, I don’t know how you do this, but I think just respect. We’re just not respected. By the courts, by the community, by our clients, and even in our own industry. I’m not talking about ___; I’m talking above ____.

Jo: The Director of Human Resources?
F4s: Yes, the Director of Human Resources,

Jo: Is the County Executive part of MHMR?

[Garbled discussion]

F4s: For years, & seven years, we had a county executive. We had a no growth policy where we could not get any increased staff. I think they actually had to borrow slots from other agencies. It was all on the taxpayers & no increase in tax. No appreciation. Just no respect. That’s how I feel, there’s no respect out there.

F3s: We actually begged to get a keypad. I was on the health and safety committee and I said there’s a lot of things going on here you don’t understand. People can just walk right in. They can open the door and walk in off the street and they’ll find you. So, I said could we get a metal detector? [FLIPPED TAPE OVER] The county executive said to me, Well, I don’t have locks on my doors and I had a report last week of a man shooting at one of my billboards, a picture of me on a billboard. I said I’d rethink that, not having a lock on your door.

F4s: They didn’t want to put in a government center, Department of Human Resources. My understanding is, she didn’t want to make people &

F2cw: She wanted it open.

F4s: Consumer friendly.

F2cw: Psycho-friendly [nervous laughter]

Jo: And, I was very aware, walking into your office, because of the safety. I’ve walked into other offices where the lock is on the outside, someone walks in and both doors, to the right and left of them, are open, literally open. One place had no doors, anybody can walk in. Safety has been a major issue for all the professionals I have met with. I was very mindful when I walked in your place the different atmosphere compared to other counties I’ve been at.

F4s: Thanks to Charlene, at least we have keypads now.

F3s: Yeah for the keypads. 5-4-3, that’s tough to remember. [Nervous laughter.]

Jo: What else would you guys change? What about the laws?

F2cw: I think consistency.

Jo: Consistency? What do you mean?

F2cw: Consistency across the boards. I mean inter-agency, outer agency, court systems, through everything. I don’t feel as though anything is consistent. For me, within the agency, you can go to five different supervisors and get five different answers.
And, yes, this job reflects, no matter how objective you try to be, you're going to have your personal opinion influence it, which causes some problems with consistency within the agency. Or, just the pacifying of everybody.

Jo: When you say pacifying (that's the second time I've heard that), what do you mean by pacifying, Pacifying whom? Supervisors?

F2cw: Supervisor pacifying administrators, higher up administrators pacifying commissioners pacifying county execs pacifying & saying, Yea, we'll do this. Now we have a plan, and that's great, and I hope it works. But, so many people who have been here for so many years have heard about this plan that's going to come about and going to come about. So, now that it's on paper, we should be like Ahhhhh.

Jo: What's the plan?

F4s: The plan is they instituted a success team to look at the agency and see what it is we really need.

Jo: Who's part of the success team?

F4s: Jessie is on it. There's a caseworker on it.
F2cw: The county exec.
F4s: Our regional representative.
F2cw: A foster care agency person that was involved in child welfare for 35 years and then retired.
F4s: A foster mother.
F2cw: A foster mother was on there.
F4s: They were comparing & across counties. They did this study, regarding the staff ratio and & and somebody [a county] has a very close population to us and almost double the staff. So, the outcome of that is we need 70 new positions.
F2cw: We don't even have 70 caseworkers now.

Jo: You have 62 staff.

F4s: So, this is what they put on paper. And, that's great and some people are looking at that and saying, "Wow. This is an example. That was put in the newspaper. Someone else called me and said, You're getting 70 new caseworkers. I said, Don't hold your breath. It would be great if they did that, but I am very skeptical. & A six-year plan.

Jo: What happens today?
F4s: How many are we getting in October?

Jo: Nine.

F3s: It’s either eight or nine.
F4s: So, 70 seem completely overwhelming. I cannot even imagine that.
F2cw: Where are we going to put ourselves? Now, we’re sharing cubicles.

Jo: I am in awe of you guys. I am very blessed by the lessons you guys have taught me, what your experiences are. I am just in awe. I am very aware of my limitations as a clinician. And, I know I can’t because I would go ballistic on some of these people. But, I’ll treat your kids. I’ll do the reactive detachment. I’ll do reunification. I’ll do all the adoption stuff. But, I know I can’t remove a child from the home or do all the investigations. I think I would go off the deep end.

F3s: I’ve done that.

Jo: Go off the deep end?

F3s: Go off on people. [Laughter.] It was one of those things where & I was in the ER and I hate to say how bad this injury was on this kid it was horrific. It was up his anus and & the kid was scared to death, he’s eight years old, bleeding profusely. Talking to him, photographing him. And, so, I talked to his father and I said to the hospital Can you post a security guard outside this door? It’s just him and me in this room. I & you son of a bitch. I know you did this. I know you did this. Your kid is scared to death to tell me you did it. We’re going to be watching you. & I was so mad at him I wanted to choke him, throw the table at him. He was telling everybody I called him a son of a bitch. No, I did not. I really could not believe this just happened to this kid. This kid is petrified and this guy is walking around. And, he never did get charged. The kid never admitted it.

Jo: This is the first time I facilitated a focus group go with supervisors and caseworkers.

F4s: Mixed?

Jo: Yes. Because, it’s usually the caseworkers that says a supervisor wants to be here, but we don’t want them here. This tells me, it gives me a totally different feel that the caseworkers are being very honest with the two supervisors what it is to work here. Because, it has not occurred anywhere else. The caseworkers come in saying, Please don’t let the supervisor come in. So, I need to commend you guys that Edith, as well as everybody else,
feels safe to talk in front of you guys. Because it doesn't happen in other places.

F2cw: But, I think it's because everybody in, more so the recent months, correct me if you guys disagree, everybody knows there's a problem, everybody recognizes there's a problem. Supervisors recognize there are inconsistencies. Caseworkers can recognize there's a difference between supervisor and supervisor. They can recognize the difference between a caseworker and a caseworker, as well.

Jo: To recognize is one thing. Allowing people to talk about it is something different. Because, it has not occurred anywhere else. Supervisors usually say, "Yea, we know there's a problem and it's us versus them. They're very clear of saying us versus them. And when I called the supervisor on that word, what do you mean, us versus them, they said Well, if we don't take care of us, the caseworkers will overrun us.

F4s: I don't think we have that here. In the past couple of years we've had a tremendous turnover in supervisors. You know, we had a lot of people here with a lot of years, 20, 25 years, 30 years I think, even. So, we've had a lot of change recently and maybe that helps, I don't know.

F2cw: And I think it also helps to know that she was dragged through the dirt, too. Three years ago, she probably had the same complaints that I do so I feel comfortable enough to not be judged by her. &

Jo: Again, that has not been my experience. Supervisors who just came off the field in the last six months have the attitude that I'm the supervisor and it's not OK to talk about the problems. Are you guys carrying cases or do you go out with your staff when you need to?

F4s: I go out but we don't carry cases.
F3s: We don't carry cases, no. My caseworkers & I will meet with people here. They'll bring them in for a meeting. I'd like to, I just don't have the time.
F4s: Intake is completely overwhelmed. & I try to do it, especially with new people. I don't want to ask anybody to do something that I wouldn't do.

Jo: May I ask the two supervisors how you made your decision to move up?

F4s: That's a good question. For me, it was just the next logical step. I have worked in every unit and, for me that kind of helped prevent burnout. You know, work somewhere for a year and a half, two years, and then change to another unit for another focus. So, after I'd been through them all, except one I think, it just interested me.
F3s: [Long pause.] Um, there are a lot of reasons. And, some of them are similar to
what Dorothy is saying. Intake, ongoing, screening, it's just looking at things, uptake, to orphan's court. I had all the perspectives and I think that it was a logical step. I'm 48 years old; it's tough to be & I like doing intake and it's tough running out there everyday through the snow and through the whatever. I know that. And, it bothers me & What bothers me the most being a supervisor is sending workers out into that, into unknown. I'm afraid something's going to happen to one of them. And, I don't know if I can live with that.

Jo: When you guys became supervisors, did you have any training for becoming a supervisor? [They nod yes.] Is that an in-house training?

F3s: I was in management for many years before I came here.

Jo: So, you at least had some background, experience.

F4s: I was going to school for my masters in public administration. Nothing else here.

Jo: You guys walk through the door, the first day through the door. Did you have a training program in place?

F2cw: Now we do.

Jo: Now you do.

F2cw: When I started, that was one of my gripes. I had worked in residential [garbled], but it is so different, so different. Even managing the time, the paperwork, to shadow somebody and learn how to deal with the client. It still doesn't teach you how to do a family service plan. I would be standing over a caseworker's back and say Oh, what that? Well, she didn't have the time to explain that nor does she feel like explaining to the new worker who knows nothing. I felt horrible because everything felt like shadowing. Follow someone around or ask if somebody needed something. You went to court to see what it was like. So, that was what my incoming as a caseworker when I started. That was one of our biggest gripes. I had the core but that's just foundation. That doesn't teach me anything the interpersonal skills, the interviewing (although they try to touch base on it, it's hard to do in two hours).

Jo: Even picking up the phone. What do you say when you pick up the phone with the first client you've got to report on?

F2cw: Right.

Jo: And, I never thought of that until a caseworker said, Jo, we didn't even
know how to pick up the phone or what to say when you open the door. All the basic field stuff. I m thinking, oh shit, I never thought about all that.

F2cw: Since then, they ve created an entire training program with the old deputy district attorney or assistant, whatever. She s doing the in-hours trainings, which are actually really helping out the caseworkers. They re still allowed to shadow and they re managing low caseloads in the beginning but they have to go through training for six months.

Jo: You re actually following them for six months.

F3s: Well, there are actually three months of almost daily training. Then, its once a week for six months.
F4s: It s a year commitment but the first three months, it s almost everyday. Very intense.

Jo: And, you guys developed that based on all the people leaving. Have you seen a difference with people staying when they go through those six months?

[They indicated the program just started.]

Jo: When did your in house training program start?

F2cw: Probably six months ago.
F4s: I think it started in June. Yea, June. A couple of them have left, though.
F3s: That s good though to leave then.
F4s: Yea, at least they don t have a caseload and we don t have to worry about all of that.

Jo: What else can you guys teach me about what you guys do? There are so many questions out there that I know I m not asking. Are there questions I should be asking about what your experiences are in child welfare? What am I missing that I don t even know to ask? You guys are the experts here.

F2cw: I think just the multi-facets of the job. Being the mother, the father, the doctor, the child, the sibling, the nurse, the counselor, and the lawyer. I mean, you think of any single profession and that s the caseworker wrapped up into one.

Jo: Based on your comment, let me go back to something I just thought of. Are you guys required to do drug testing? Urine testing?

F2cw: Nope. [Charlene shakes head no.]
Jo: Are you guys required to do any of the educational components?

[F2 and F3 nod yes.]

Jo: So, for me, what I’ve heard, what you just shared about all those different roles, we have an unrealistic expectation that you’re supposed to be all things to everybody and get shit on when you do what you’ve been asked to do by the courts, by the educational system, by the hospital. And, if you say no, you’re being uncooperative. There’s no collaboration.

F2cw: Or, you’re not doing enough.
F3s: I just want to bring something up that I think is a problem here in the agency in the last year and a half. We had a situation where & we assess cases on intake according to & we prioritize them to high risk, moderate, low. And, we put a response time on that. That came up as a result of, uh, in the screening unit, which I was in at the time; one of my co-workers got a case. Very experienced worker. Looked at it. The allegations that came in were only about needing clothing, mom takes child out at night, and there was not a working bathroom. This was for an infant. OK. Well, that came up on a Thursday afternoon. Saturday, this baby dies. Baby dies because the mother’s boyfriend smothered it. But, the caseworker got suspended. And, let me tell you that have impacted a lot of people where they don’t trust the supervisor. They are afraid of covering their own ass. And, I mean, it was a very & We did not have a director at the time that this happened. Our director was gone. We had nobody. Our director was head of human services at the time. And that was the action that person chose to take. And, nobody backed up this caseworker. And, finally, it had to get taken care of through a grievance with the union. And it’s in the paper; it’s in the paper all the time. Every couple months, it’s brought up. And, this person has to continue to relive it. In fact, came to me yesterday and it’s going to be in the paper again, you know. The paper called me. I said, What are they beating a dead horse for? That is the real underlying isCharlene here. I had people tell me I just don’t trust & people as supervisors because if a kid dies on my case load, you’re going to be worrying about not getting yourself suspended, not me.

Jo: Based on that comment, how do you guys work in a litigious environment? At any time, someone could file a civil lawsuit against you.

F2cw: Somebody has to do it.
F3s: I had that happen to me. I had a client that said that I was harassing her. I called her three times a day for a year, followed her. I was assigned to do that. Well, you know what, they came here with papers and served me with papers from a magistrate’s office where they wanted me to post $50 like bail money. And, I’m like, you know what, I don’t get paid enough for this. And, I was working in the
abuse [garbled] services at the time and one of the attorneys called and made a couple phone calls and I got & But, I had to go to court. I actually had to bring one of our attorneys to back me up. And, it got dismissed. But, I had to take time out of my day, go through all that, and & And, I said, what district justice would believe this crap? And, they did. That s how little we re thought of.

Jo: I never thought about a civil law suit. It means that you personally could be Charlene. If someone could determine that you willfully neglected your job. And, if you re married and have shared assets, and if someone finds you guilty, your home, your car could be taken. And, I was never aware that supervisors, caseworkers could be named in civil lawsuits. This blew me away. Is Charlene going to stay behind me or not?

F2cw: Or, when it all falls apart is she going to stick up for me and say this is the route we, we decided to take.

Jo: I ve been hearing this Ashley Becker. Ashley Becker had & whatever happened to Ashley Becker, I m assuming she died. Because of that case, things have been in place in Children and Youth across the Commonwealth. Is that what you re talking about the low, moderate, high. You get to respond to everything, every call that comes in, you have to respond to.

F3s: We have to see every child under five within 24 hours.

Jo: Is that a state mandate?

F3s: No, that s a county mandate. Because we were gigged on our license.

Jo: Did the Office of Children and Youth send that down to you?

F3s: No, they told us we had to come up with an alternative plan and that s what we came up with. And, it s really not even & With the volume we re getting, we re not meeting those deadlines. We re just not. You just can t. It s just unrealistic.

F2cw: At the intake level, what do they have, like 80 cases? How do you remember peoples names let alone see the kids who are under five once a week, which is what the regulation is. It s physically impossible.

Jo: Do you guys feel supported by the state office?

F2cw: We re kind of like peons so, like &

F3s: I think it s more do, as I say, not do as I do with the state office. Because, when we have a regional investigation, everyone sits on that thing forever. & We don t have that luxury here. But, they ll come down and tell us they re expecting this and
this and this and this. Like I said, its do as I say and not as I do.

**Jo:** Do you think the federal laws are so ambiguous that it puts county offices in litigious situations?

**F3s:** Yes! [F2cw also nods yes.]

**Jo:** Would you support a state-run Children and Youth, instead of county?

**F3s:** No.

**F2cw:** I don't know. I might. I might just because of the consistency that it would have. Although there are some areas that aren't culturally diverse or the demographics aren't the same, I think it's everywhere. I think it'd be definitely less personal and we'd have us against them.

**F3s:** I think that the state is totally clueless to the needs of Ritehere County and there's no way in hell they could even, I'd like to see them try.

**Jo:** I don't know either way. Thank you for teaching me. But, that was one of the questions a supervisor asked and said, Do you think it would bring more consistency about how everybody implements the law. Instead of this county does it this way and that county does it that way. That there is consistency in how the laws are interpreted.

**F2cw:** Well, we actually tried to do that with that computer system.

**Jo:** Oh, my. Are you using that?

**F2cw:** Well, we got it up for two people and then &

**Jo:** Just so you know, I'm going to shut this off.

[Anette asked Charlene the date of the burning. She stated it was in October 1994. Charlene said she would help with the information to be taken to the feds.]
APPENDIX N

Definitions
**Acute Stress Disorder (ASD)**  This disorder occurs when a person has been exposed to a traumatic event in which he/she experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury and threat to the physical integrity of self or others. The individual's response involves intense fear, helplessness, or horror. These symptoms of PTSD occur within one month after the exposure to the traumatic event.

**Adjustment Reaction of Adult Life**  Formerly called Gross Stress Reaction, this disorder was included in the American Psychiatric Association's *Diagnostic and Statistical Manual (2nd ed.)* in 1968. Three short and inadequate illustrations traumatic events were provided.

**Adoption and Safe Family Act (ASFA)**  (Public Law 105-89) 1997 This 1997 federal act declared that the major concern of all child protection efforts must be the health and safety of children, thus overriding the previous reasonable efforts requirement. ASFA is directed at safety, permanence, and well-being for children in the child welfare system. States are now required to file termination of parental rights petitions for children who have been in foster care for the last 15 of 22 months.

**Adoption Assistance and Child Welfare Act**  (Public Law 96-272) This federal act was passed in 1980 as a response to concerns about the number of children in foster care and the poor quality of the placements. This statute required states to make reasonable efforts to avoid out-of-home placements.
Almshouse  A home for people too poor to support themselves, it was also known as the poorhouse.

American Society for the Prevention of Cruelty to Animals (ASPCA)  This organization was established in 1866 in New York and was influential in the adoption of the country’s initial anti-cruelty law for animals.

Battered Child Syndrome  This concept was presented by Henry C. Kemp in 1961. He called on physicians to report suspect cases of abuse and neglect.

Burnout  This is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind.

Caseworker  For the purpose of this study, this term refers to an individual who implements the Child Abuse Prevention and Treatment Act.

Child Abuse  Child abuse is any recent act or failure to act by a perpetrator which causes non-accidental serious physical injury to a child under 18 years of age; an act or failure to act by a perpetrator which causes non-accidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age; any recent act, failure to act or series of such acts or failure to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age; serious physical neglect essentials of life, including adequate medical care, which endangers a child’s life or development or impairs the child’s functioning.
**Child Abuse Prevention and Treatment Act (CAPTA) (1974)** This is a piece of federal legislation that governs child abuse programs in each of the 50 states. This act provides funds to states to meet national standards for identifying, reporting, and responding to child abuse and neglect allegations.

**Child Protective Services (CPS)** Services and activities provided by the Department of Public Child Welfare and each county agency for child abuse cases.

**Child Protective Services Law (1975)** This law was enacted in response to a national effort to increase the reporting of child abuse. It outlines state and county responsibilities for reporting, investigating, and providing child abuse services.

**Children’s Bureau** Now called the Department of Labor, this unit investigated and reported upon all matters pertaining to the welfare of children and child life among all classes of people, especially on infant mortality, birth rates, orphanages, juvenile courts, desertion, dangerous occupations, accidents, and diseases of children, employment of children, and legislation affecting them.

**Cognition** This is an internally organized system of relations or a set of rules for processing information or connecting events in personal experiences.

**Cognitive Schemas** For the purposes of this study, this refers to the conscious and unconscious beliefs and expectations individuals have about self and others.

**Compassionate Fatigue (CF)** See secondary traumatic stress disorder.

**Constructivist Self Development Theory (CSDT)** This is a developmental, interpersonal theory explicating the impact of trauma on an individual’s psychological development, adaptation, and identity.
**Container Countertransference**  This describes the therapist's sense of frustration, bewilderment, and confusion in their client's inability to articulate his/her inner experiences. The therapist is then overwhelmed by their client's dramatic liability.

**Countertransference**  The reciprocal impact that the patient and therapist have on each other during the course of therapy.

**Countertransference Hostage Syndrome**  This is a reaction by clinicians associated with feelings of being silenced and controlled by the client; therapeutic options seem closed off; and there is a sense of losing her/his own perspective in the face of the client's sense of reality.

**Countertransference Reactions (CTRs)**  These are the affective, somatic, cognitive, and interpersonal reactions (including defensive) of the therapist toward the client's story and behavior.

**County Agency**  The county children and youth social services agency that is supervised by the Department of Public Welfare.

**County Code**  This code directs the County Commissioners to provide those child welfare services designed to keep children in their own homes; prevent neglect, abuse, and exploitation; help overcome problems that result in dependency, neglect, or delinquency; provide foster family homes and child caring institutions and adequate substitute care for any child in need of such care; and, upon the request of the court, to provide such services and care for children and youth who have been adjudicated dependent, neglected, or delinquent.

**Department of Public Welfare (DPW)**  Formerly called The State Board of
Commissioners of Public Charities, the DPW has the responsibility of establishing policies and procedures for both the private and public agencies who provided services to children in their homes or in foster care. DPW is responsible for the supervision of all public and private organizations to ensure the integrity of the agencies and to protect children from further harm. It was established in 1921.

**Directors of the Poor in Pennsylvania**  Formerly called the Overseers of the Poor, this organization was abolished in 1937.

**Duke’s Law**  This law was established in 1676 and named for the Duke of York. When he received possession of land (what is now New York and most of New Jersey and Pennsylvania), the Duke of York established the election of eight overseers who were responsible for any distracted persons whose condition(s) might prove of public concern.

**Family Preservation and Family Support Act**  (Public Law 103-66) Established in 1993, this law was enacted to assist states in enhancing their family-centered services.

**Federal Social Security Act of 1934**  This law provided grants to states to assist them in establishing, extending, and strengthening the child welfare system, particularly focusing on the more rural communities in order to ensure services were in place for the protection and care for the homeless, dependent, neglected, abused, and children in danger of becoming delinquent.
**Foster Care**  (Foster Home) A temporary home provided by a family to children who must be removed from the home of their parent or parents.

**General Protective Services (GPS)** Those services and activities provided by each county agency for non-abuse cases requiring protective services, as defined by the Department of Public Welfare regulations.

**The Great Law** This law was passed in 1682 and stated that if any person or persons shall fall into decay or poverty, and not able to maintain themselves or their children with their own endeavors, or shall die and leave poor orphans, that upon complaint to the next justice of the peace of the same county, the said justice, finding the complaint to be true, shall make provisions for them.

**Gross Stress Reaction (GSR)** Was the first definition of PTSD in the DSM-I in 1952, GSR was placed into the category of transient situational personality disorders, which reflects that such conditions are expected to be acute reactions to unusual stress that resolved itself.

**Juvenile Act**  (1972) Pennsylvania enacted this act in reaction to the general trend toward granting children constitutional protection. This act is the main vehicle for intervening in the lives of children who need state protection and seeks to balance the rights of children to be protected against the rights of families to be free of state intrusion. It defines circumstances under which a child can be found dependent and thus removed from the home and defines the involvement of the juvenile court. It provides the legal bases for child welfare professionals to remove a child from his/her home.
New York Prevention of Cruelty to Children (NYPCC)  This was the first organization established to protect children.

Office of Children, Youth and Families (OCYF)  This agency is under the auspices of the Department of Welfare. The representatives within this office are responsible for establishing state policies and procedures and to provide technical assistance to local county offices.

Orphan Society of Philadelphia  This organization was established on December 20, 1814. It was the initial non-sectarian public institution for children in Pennsylvania.

Overseers of the Poor  Established in 1705, local townships were defined as the administrative unit and its officers were given the responsibility for raising relief funds and indenturing poor children as apprentices due to their parents’ inability to support them. In addition to children, the local Overseers had the responsibility for the care of able-bodied adults, the insane, criminals, the blind, and the chronically ill. (See the Directors of the Poor in Pennsylvania.)

Pennsylvania’s Children’s Commission  Established in 1923 through the Pennsylvania Department of Welfare, seven individuals were appointed by the Governor who at that time was concerned about the state of the child. These appointees were to study the statutes relating to and the conditions and practices for serving the welfare of the children of Pennsylvania and report back to the Governor. This commission was abolished in 1927.
Pennsylvania Poor Law of 1705  One of the provisions of this law appointed local
townships as the administrative unit and its officers as the Overseers of the Poor.

Posttraumatic Stress Disorder (PTSD)  Development of characteristic symptoms
following exposure to an extreme traumatic stressor involving direct personal
experience of an event that involves actual or threatened death or serious injury, or
threat to one’s physical integrity; witnessing an event that involves death, injury, or
other threat to the physical integrity of another person; or learning about
unexpected or violent death, serious harm, or threat of death or injury experienced
by a family member or other close associate.

Psychotramatology  The study of psychological trauma.

Public Welfare Code  This code requires the Department of Public Welfare to assure
within the Commonwealth the availability and equitable provision of adequate
public welfare services for all children who need them regardless of religion, race,
settlement, residence, or economic or social status.

Secondary Traumatic Stress Disorder  This is the natural consequence of working
with individuals who had undergone intensely stressful events.

State Board of Commissioners of Public Charities  Established in 1912, this state
agency had the duty to inspect all the correctional facilities, as well as visit cities,
counties, wards, boroughs, and townships where children may return. It is now
known as the Department of Public Welfare.

Transient Situational Personality Disorder  See Gross Stress Reaction.

Trauma-specific Transference (TST)  This defines reactions in which the patient
unconsciously relates to the therapist in ways that concern unresolved, unassimilated, aspects of the traumatic event.

**Trauma Stressors**  These are any external events outside the routine range of daily hassles that would be markedly distressing to almost everyone.

**Traumatic Stress Reactions**  These are natural and consequent behaviors and emotions; a set of conscious and unconscious actions and behaviors associated with dealing with stressors.

**Vicarious Traumatization (VT)**  This refers to the transformation in an individual’s inner experience resulting from empathic engagement with survivor clients and their trauma material.