



THE UNIVERSITY OF TEXAS AT AUSTIN

SCHOOL OF SOCIAL WORK

INSTITUTE ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT  
CENTER FOR SOCIAL WORK RESEARCH

#### IDVSA MISSION

To advance the knowledge base related to domestic violence and sexual assault in an effort to end interpersonal violence. IDVSA accomplishes this by supporting research on domestic violence and sexual assault and by providing training, technical assistance, and information to the practitioner community and the community at large.

IDVSA is part of the Center for Social Work Research at The University of Texas at Austin, School of Social Work.

Our multidisciplinary approach is fostered by our leadership.

Noel Busch-Armendariz,  
PhD, LMSW, MPA

Director and Principal Investigator  
School of Social Work

Sarah Buel, JD

Co-Principal Investigator  
School of Law

Regina Jones Johnson,  
Dr. PH, MSN, RN

Co-Principal Investigator  
School of Nursing

IDVSA is supported through generous contributions from the RGK Foundation, the Hogg Foundation for Mental Health, the Shield-Ayres Foundation, Alice Kleberg Reynolds Foundation, and Dean Barbara White of The University of Texas School of Social Work.

For more information,  
email us at

[IDVSA@mail.utexas.edu](mailto:IDVSA@mail.utexas.edu)

## An Evaluation of the Need for Self-Care Programs in Agencies Serving Adult and Child Victims of Interpersonal Violence in Texas

by

Noël Busch-Armendariz, Karen Kalergis, Jacqueline Garza

#### IN BRIEF

In its efforts to end interpersonal violence, the Institute on Domestic Violence and Sexual Assault (IDVSA) has long been interested in the impact this work has on practitioners who provide services. The purpose of this study is to assess the need for self-care programs in agencies serving adult and child victims of interpersonal violence in Texas and to evaluate the status of current efforts to address this issue. Research questions include:

1. Do executive directors and managers in agencies that serve victims of interpersonal violence see a need for self-care programs? If so, what is being done now to meet those needs?
2. What signs of burnout and/or compassion fatigue do these administrators observe in their staff and volunteers?
3. How can policy and training efforts meet the need for self-care programs?
4. What are the promising practices in self-care? Are these appropriate for agencies serving victims of interpersonal violence in Texas?

Several steps were undertaken to achieve research goals. Since the purpose of the research was to identify programs initiated by organizations rather than individuals, a Web-based survey was targeted to administrators in agencies serving victims of interpersonal violence. Researchers collaborated with the primary statewide organizations in Texas serving victims of domestic violence, sexual assault, and child abuse to distribute the survey to the target audience.

One hundred and nine (n=109) participants responded to the survey that consisted of 23 multiple-choice questions. Key informants were executive directors or program managers in domestic violence programs, sexual assault centers, children's advocacy centers, and Court Appointed Special Advocates™ (CASA) programs. In compliance with The University of Texas at Austin Institutional Review Board, participation in the study was voluntary and participants could end the survey at any time.

Researchers gathered data on what self-care program elements were in place, the reasons why self-care programs may not be available, what signs of stress administrators observed that indicate a need for programs, and interest in the development of programs and training on self-care.

Data were analyzed using descriptive statistics. All results are reported in the aggregate. Data is presented for staff and volunteers who served adult or child victims. Findings are presented in the context of practice implications.

Overall, findings suggest that the leadership in programs serving adult and child victims of interpersonal violence in Texas observe symptoms and behaviors associated with burnout and compassion fatigue in their staff and volunteers. Leadership in these organizations has initiated both formal and informal mechanisms to address this problem and foster healthy work environments and settings more conducive to healing for clients.

However, even among programs with self-care initiatives, challenges persist. A lack of knowledge about self-care programs, a lack of time to implement programming when administrators have the competency on self-care, and a lack of funding to bring in external resources when competency and time are wanting are a few noteworthy barriers. Leadership commitment to address the issue is demonstrated by the interest in more information and training on how to develop a self-care program, with interest slightly higher in programming directed towards those who work with child victims than those who work with adults.

Practice implications center on increasing knowledge of effective self-care initiatives, viewing those practices as integral to recruitment, hiring, training and supervision, and implementing promising practices that build resilience in staff and volunteers.

### Key Findings

- Self-care initiatives are formalized in only one-third of programs serving victims of interpersonal violence in Texas
- Two-thirds of participants report that working with adult victims of interpersonal violence causes signs of burnout or compassion fatigue in their staff.
- Seventy-six percent of participants surveyed believe working with child victims of interpersonal violence causes signs of burnout or compassion fatigue in their staff.
- While the use of volunteers is highest in programs serving child victims, participants reported seeing signs of burnout and compassion fatigue in volunteers who work with adults and in those who work children.
- “Negative attitudes” was the most frequent sign in staff and volunteers working with child victims.
- Participants are interested in more information and training on building in-house capacity for self-care, with interest from those serving child victims highest at 79 percent.

## REVIEW OF LITERATURE

Vicarious traumatization, compassion fatigue and burnout are occupational hazards in the field of social services. While studies have focused on burnout and compassion fatigue experienced by social workers (Adams et al, 2008), individuals working in the helping professions—law enforcement, social services, medicine, nursing—are vulnerable to vicarious traumatization, compassion fatigue, and burnout (Conrad & Kellar-Guenther, 2006). A brief review of literature on vicarious traumatization, compassion fatigue, and burnout follows.

### Definitions/Signs of Vicarious Traumatization, Compassion Fatigue and Burnout

McCann and Pearlman developed the concept of vicarious traumatization in the early nineties. Vicarious traumatization refers to the disruptive and painful psychological effects of working with victims of trauma that result in a reorganization of cognitive schema such as trust, dependency, independence, and power (McCann & Pearlman, 1990). Other scholars have argued that vicarious traumatization is also the result of repeated exposure to clients’ traumatic disclosures, empathic engagement, and a sense of responsibility for clients (Deighton, Gurrus, & Traue, 2007). Signs of vicarious traumatization include frustration towards clients and feelings of powerlessness.

Compassion fatigue is defined as “the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, in Nelson, Gardell, & Harris, 2003). This is a more progressed condition than vicarious traumatization and is often referred to as “secondary traumatic stress” (Sprang, Clark, & Whitt-Woosley, 2007). Studies have shown that more empathic therapists are at a higher risk for compassion fatigue. Child welfare workers in Colorado, including caseworkers and supervisors, were at a high risk for compassion fatigue (Conrad & Kellar-Guenther, 2006). Signs of compassion fatigue include poor boundaries and losing oneself in the work.

Leiter and Maslach (1988) defined burnout as:

“a response to interpersonal stressors on the job, in which an overload of contact with people results in changes in attitudes and behaviors towards them” (p. 1).

Burnout is most attributed to the relationship between workers and their organization. Work stressors such as caseload and organizational structure fuel workers’ sense

of incompetence therefore leading to burnout (Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). Signs of burnout include depersonalization, emotional exhaustion, and reduced personal accomplishment (Maslach, 1982).

Vicarious traumatization and compassion fatigue are the result of repeated empathic responses to survivors of traumatic events (McCann & Pearlman, 1990) while burnout is the result of prolonged institutional stress and workload (Sprang, Clark, & Whitt-Woosley, 2007, Conrad & Kellar-Guenther, 2006).

#### **Contributing factors to vicarious traumatization, compassion fatigue, and burnout**

The literature points to a number of factors that might contribute to the development of vicarious traumatization, compassion fatigue, and/or burnout. Isolation and limited peer support (geographical or organizational) are thought to be risk factors for burnout (McCann & Pearlman, 1990) when individuals are unable to reach out to others to process their experiences with clients.

In a review of predictors of traumatic distress among child welfare workers, organization factors, such as workload, difficult clients, or organizational changes were linked to higher distress among workers (Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). Unrealistic expectations, such as therapist's adopting a "saviour" syndrome are thought to contribute to these conditions (McCann & Pearlman, 1990, Salston & Figley, 2003).

A history of a personal trauma is another factor studied in relation to vicarious trauma, compassion fatigue, and burnout. Therapist trainees with a personal history of trauma in a study were found to have a higher risk of vicarious traumatization than individuals without a personal history of trauma (Adam & Riggs, 2008).

Research also indicates that the organization itself could be the cause of some of the stress. As a result, organizations providing services to trauma victims have a practical and ethical responsibility to address this risk. (Bell, et al., 2003).

#### **Combating vicarious traumatization, compassion fatigue, and burnout**

There are two paths to banishing burnout: the individual path and the organizational path (Maslach & Leiter, 2005). There is inconclusive information regarding the necessary resources to combat vicarious traumatization, compassion fatigue, and burnout. In a study examining strategies for reducing traumatic stress symptoms, researchers found that therapists believed in the general

usefulness of leisure activities, self-care, and supervision but these beliefs did not translate into action (Bober & Regehr, 2005). Conversely, a study examining a written intervention (journaling) with child welfare workers showed a reduction in distress symptoms among workers when compared to a control group (Alford, Malouff, & Osland, 2005). Social support is the most common mitigating factor against the effects of vicarious traumatization, compassion fatigue, and burnout (Salston & Figley, 2003).

Five core strengths of resilience have been identified as promising practices to address burnout and compassion fatigue in victim service providers. The resilience strategies center around (1) self-knowledge and insight, (2) sense of hope, (3) healthy coping, (4) strong relationships, and (5) personal perspective and meaning (Lord & O'Brien, 2009).

## **METHODOLOGY**

The purpose of the survey was to understand the self-care needs of and resources available to staff and volunteers working with adult and/or child victims of interpersonal violence in Texas.

### **Research Questions**

Four primary research questions were explored:

1. Do executive directors and managers in agencies that serve victims of interpersonal violence see a need for self-care programs? If so, what is being done now to meet those needs?
2. What signs of burnout and/or compassion fatigue do these administrators observe in their staff and volunteers?
3. How can policy and training efforts meet the need for self-care programs?
4. What are the promising practices in self-care? Are these appropriate for agencies serving victims of interpersonal violence in Texas?

### **Survey Procedures**

Data were collected from participants by a Web-based survey that included 23 multiple-choice questions and was sent via an email link to participants. The survey design routed participants to questions relevant to the services provided within their agencies, e.g., if participants only worked with child victims of interpersonal violence, they were directed to only answer questions related to child victims.

If participants worked with adult and child victims, they were directed to questions associated with both groups. The survey questions addressed three major categories: (1) current capacity of agencies to provide self-care programming, (2) signs of burnout and compassion fatigue that suggest a need for programming, and (3) interest in capacity building and training on self-care programming.

### Participant Recruitment

Agency administrators (executive directors and program managers) were the main sample in this study. Study participants were recruited using purposive sampling; researchers targeted organizations due to their affiliation with victim service-related associations in Texas: the Texas Association Against Sexual Assault, Texas Council on Family Violence, Texas CASA, and Children's Advocacy Centers of Texas.

### Protection of Human Subjects

This study was approved by the Institutional Review Board at The University of Texas at Austin (IRB No. 2008-11-0041). Web-based consent was obtained from participants prior to answering survey questions. Participation in this study was voluntary.

### Data Analysis Procedures

Survey data were analyzed primarily using descriptive statistics. Simple summaries about the sample and the measures are provided together with simple graphics including tables and charts.

### Challenges and Limitations of this study

One major limitation of this study was that data were gathered from a secondary source. Participants reported on their observations of staff and volunteer behaviors attributed to burnout or compassion fatigue. Although these data have yielded very useful information, a future study that measures staff and volunteers directly regarding burnout and compassion fatigue would be helpful. Participants are limited to Texas and the sample is not representative, therefore generalizability is limited.

## RESEARCH FINDINGS AND PRACTICE IMPLICATIONS

One hundred and nine (n=109) administrators associated with programs serving victims of interpersonal violence in Texas participated in the Web-based survey. The findings derived from these responses are organized in four main sections:

Programmatic issues

Scope of the problem

Interest in self-care capacity building

Summary of practice implications and recommendations

Because each section yields a wealth of findings, the practice implications that can be drawn from them are provided directly after the research findings. It is the authors' hope that this presentation format makes it easier for readers to integrate research findings into their work. All observations and recommendations are grounded in the data and were derived from an analysis of the descriptive statistics.

### I. Programmatic Issues

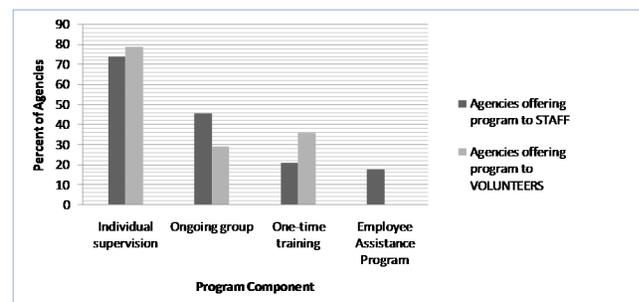
#### Prevalence of self-care programs

**Research Findings:** Self-care programs are slightly more available for staff working with victims of interpersonal violence than for volunteers. Thirty-six percent of participants have a self-care program for staff, compared to 31% having one for volunteers. Nearly two-thirds of participants do not have a self care program, 64% do not have staff programs, and 66% do not have a volunteer program. It is not clear from the data if existing self-care programs are in agencies serving adult or child victims.

#### Components of self-care programs

**Research Findings:** Whether they are directed to staff or volunteers, existing self-care programs have several common elements, as shown in Figure 1. Individual supervision is by far the most common element in self-care programs for both staff and volunteers. Ongoing group sessions are the next most utilized option for staff, while one-time trainings are more common in volunteer programs. Note: Participants chose all appropriate program elements, so data does not always total 100%.

**Figure 1.** Composition of self-care/support programs



**Practice Implications:** The data reflects positive trends in self-care programming in Texas. Given the high use of volunteers within agencies serving victims of interpersonal violence in Texas, 58% in agencies serving adult victims and 82% serving child victims, it is laudable that initiatives are directed towards volunteers as well as staff.

Forty-eight participants provided contact information for their self-care programs. Only six people coordinated efforts for both staff and volunteer programs, yielding 42 unique contacts who can serve as resources for additional research on current self-care program initiatives in Texas. These contacts could be drawn together by a listserv or other type of learning community where efficacy measures and best practices could be shared.

The high turnover rate of volunteers, with one third leaving, indicates that current self-care programming is not meeting many volunteers’ needs. Given the high indicators of compassion fatigue and burnout observed in volunteers, the lack of diversity in self-care programs for them is also of concern. Strong emphasis on individual supervision may limit benefits volunteers could gain from an ongoing peer support group, where they share common experiences and coping mechanisms. Individual supervision also requires much more time from volunteer coordinators who would need to schedule one-on-one interventions with each volunteer versus peer support groups for multiple volunteers. Furthermore, a group setting could eventually lead to pairing experienced volunteers with new volunteers to serve as mentors through the volunteer experience.

While only a third of the participants have a formal “self-care program” with components identified in Figure 1, almost half of the participants revealed a broad range of “Other” steps taken to support staff and volunteers. While they may not be able to sustain a program, they are aware of the negative consequences of burnout and compassion fatigue, and are taking creative steps to address self-care and retain staff. The long list of what else is being done is encouraging and provides a wealth of promising practices that can be implemented by agencies that recognize the impact of this work.

- Monthly or annual staff retreats
- Personal days off as needed, generous leave provisions
- Flex-time, 4-day work week
- Periodic training on self-care; cross-training
- Monthly staff outing, parties, and other stress release activities

- Peer counseling and access to staff therapists
- Self-care prizes (massages, movies, etc)
- Checking in with staff weekly
- Debriefing during and after difficult cases
- Listening and talking with individuals who appear to be struggling or overwhelmed
- Periodic coaching
- Discussions at staff meetings, regional meetings
- Board level self-care committee
- Talking with volunteers about how to set boundaries
- Volunteer recognition and appreciation parties

Reasons for Not Having Self-Care Program

**Research Findings:** Sixty-four of participants said they did not have a self-care program for staff and 66% did not have a program for volunteers. The most common reason given was “lack of money to bring in outside training on self-care” and speaks to administrators’ lack of time or competency to support an in-house self-care program. Lack of time was an obstacle for 47% of participants who either had the competency in the administrator or the staff. The fact that neither the supervisor nor staff have competency in self-care was cited as a reason in only 16% of responses.

The small number that said self-care is not a concern supports other findings from this survey that most program administrators believe that self-care is an issue for staff and volunteers working with victims of interpersonal violence in Texas. Note: Participants chose all appropriate reasons, so data does not always total 100%.

**Table 1.** Reasons why agencies do not have self-care/support

	Frequency	n
Lack of money to bring in outside training on self-care	77%	52
Staff has competency, but no time	34%	23
Self-care is an area of competency for me, but no time	13%	9
Self-care issues are not one of my competency areas as a supervisor	9%	6
Staff does not have competency in self-care issues	7%	5
Self-care is not a concern for the staff	2%	1
TOTAL		68

**Practice Implications:** The number of participants who are aware of the need for self-care highlights the importance of addressing the barriers to full self-care program implementation.

1) The research indicates the clear need either for funds to acquire resources or for training and technical assistance on self-care to be provided to programs serving victims of interpersonal violence in Texas. The focus on bringing in external resources also suggests that some administrators view self-care programming as something that is accomplished in a one-time training. It may be helpful to provide administrators with information on the efficacy of integrating self-care into existing tasks, thus addressing concerns about lack of time. This might include how self-care concepts could be built into individual supervision or how devoting a portion of staff meetings to self-care training and education could be effective. A more detailed discussion of findings related to training and program development on self-care is provided in Section III of this report.

2) Most of the 19% of responses in the “Other” category for not having a self-care program centered on lack of leadership support or a sense that an organization’s age determines when self-care might be part of its offerings. Those answers included “Agency culture does not realize the problem as much as it should,” “Director has no interest in care of staff,” “Not supported by Executive Director,” and “We are only six years old, so this has not really been addressed in my agency.”

Additional information on the organization’s role and responsibility for self-care or finding a champion on the board or within the organization to tie self-care to reduced turnover and better work environments might be a helpful way of addressing this in the few cases where self-care is not seen as a priority.

## II. Scope of the Problem

Participants were provided a list of common signs of vicarious traumatization, compassion fatigue, and burnout, and asked whether they observed any of these signs in staff and/or volunteers. Participant responses are therefore based on how administrators characterize staff/volunteer behavior and their assessment that the behavior is attributable to vicarious trauma, compassion fatigue, or burnout, and not some other non-work related cause.

Data are organized by what type of client of interpersonal violence the agency serves – adult or child victims. Again, it is hoped that this will help readers draw from the research findings and practice implications most relevant to the population their organization serves.

### Who this work impacts

**Research Findings:** Data show that both staff and volunteers are affected by working with adult and child victims of interpersonal violence. Sixty-two percent of participants report that working with adult victims of interpersonal violence causes signs of burnout or compassion fatigue in their staff. Seventy-six percent of participants believed working with child victims of interpersonal violence causes signs of burnout or compassion fatigue in their staff.

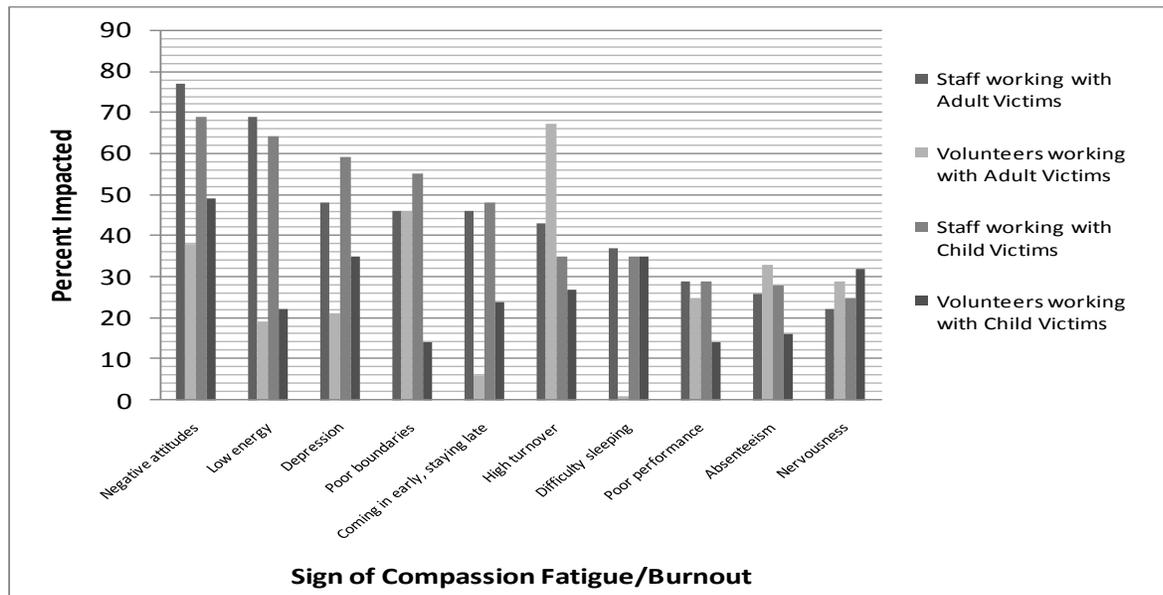
Participants reported seeing signs of burnout and compassion fatigue in volunteers who work with adults and in those who work children. Fifty-eight percent of those responding use volunteers to work directly with adult victims of interpersonal violence. The use of volunteers is higher in programs serving child victims with 82% using volunteers to provide services.

**Practice Implications:** Given the high number of child victim organizations that use volunteers, attention needs to be given to how they may be affected by work that has an inherent risk for burnout and compassion fatigue. Volunteer recruitment and training programs need to be prepared to address this issue.

### What the impact is

**Research findings:** The signs of burnout and compassion fatigue vary, depending on the type of client and the type of worker, as Figure 2 indicates.

“Negative attitudes” was the most frequent sign in staff working with adult and child victims, and volunteers working with children. However, turnover and depression were more frequent in volunteers, and low energy and depression more frequent in staff. While “High turnover” is not in the top five signs seen in staff working with adult victims, 43% of participants observed it as a common sign, suggesting critical practice implications.

**Figure 2. A Comparison of Signs of Compassion Fatigue by Client/Worker Type**

The top three forms of impact reported, by client/worker type, were:

- Staff Working with Adult Victims
  - Negative Attitudes (77% of staff impacted)
  - Low Energy (69%)
  - Depression (48%)
- Volunteers Working with Adult Victims
  - High Turnover (67% of volunteers impacted)
  - Poor Boundaries (46%)
  - Negative Attitudes (38%)
- Staff Working with Child Victims
  - Negative Attitudes (69%)
  - Low Energy (64%)
  - Depression (59%)
- Volunteers Working with Child Victims
  - Negative Attitudes (49%)
  - High Turnover and Depression (Both 35%)

The type of client appears to impact staff in similar ways. For staff working with adults or children, the top three signs administrators saw the most often were the same: “Negative attitudes,” “Low energy,” and “Depression.” For volunteers, the top signs varied depending on the client. Volunteers working with adult victims had a high turnover rate (67%) as the most frequently observed sign. While turnover in volunteers working with children was one of the top three signs at 35%, the most frequent sign was “Negative attitudes.”

“Other” signs provided by participants reflected efforts to counter the sense of frustration and lack of control in the work with steps that did not forward good health in workers or clients.

- Creating environments that are oppressive to the clients in order to compensate for the lack of control in staff’s own work environment
- Feelings of anger, hopelessness, and defensiveness
- Limit time to work on cases or avoid duties that expose them to trauma, hospital shifts, etc
- Feeling like the system does not work, become jaded, there will not be change
- Wanting to “fix” victims’ lives, “make everything right” for child victims
- Feeling overwhelmed, and for some, they become manic
- Overzealousness with their own children
- Increased stress when non-work related crisis occurs
- Very tired at the end of the day
- Motivation decreases over time
- Anxiety regarding working with children

**Practice Implications:** The short-list of how burnout and compassion fatigue is affecting staff and volunteers in programs serving victims of interpersonal violence creates a distressing portrait of the environment for both workers and clients. To help participants address these issues, promising practices drawn from the resilience strategies forwarded by veteran victim service practitio-

ners Janice Harris Lord and Kevin O'Brien are provided for the signs most frequently observed (Janice Harris Lord and Kevin O'Brien, 2009).

**Poor boundaries** were problematic for both staff and volunteers (46% each) and can be exhibited by several behaviors:

- Focusing on worker needs, rather than client needs
- Basing success on whether the client does what worker wants
- Working long hours for long periods
- Developing personal relationships with clients
- Revealing confidential information

Unfortunately, this research did not query the level of training for staff and volunteers on establishing appropriate professional boundaries, an important technique when working with all clients in social service settings and particularly important with victims and survivors of interpersonal violence.

Training on ethical boundaries is just as important as supervision to support them. Policies about taking work home, being constantly available to clients, and what it means to advocate for someone help support healthy worker/client relationships.

The resilience strategy related to self-knowledge and insight supports healthy boundaries; exploring one's motivations for doing this work and knowing one's professional code of ethics are just two promising practices.

**Negative attitudes** are the most common symptom observed in staff in programs serving victims of interpersonal violence in Texas. The practice implications are many. People with negative attitudes affect everyone around them with what at a minimum can be described as a pessimistic outlook. With both staff and volunteers exhibiting this sign, their ability to contribute to a healthy, healing environment for co-workers or clients is a challenge. The reverse is generally the case where negative attitudes become toxic, contaminating the workplace and bringing others down.

Attention should be paid to how children especially might be affected by people suffering from vicarious trauma, compassion fatigue, or burnout. It is important for agencies to educate workers and volunteers that negative attitudes impact the client's healing.

The potential detrimental impact on client services is underscored by this comment from a participant who had observed all of the signs but noted that "a good volunteer

coordinator will prevent the volunteer from working with clients" if any of the signs were displayed and will address them immediately.

Resilience strategies for building a sense of hope where workers see opportunities for optimism is critical. Diversifying client types so workers see positive changes come from their efforts and giving workers opportunities for advanced professional development can help.

Supervising these workers requires a high level of skill, time, and patience, and is closely tied to another common sign seen in staff and volunteers, **high turnover**.

While staff tends to stay on the job, albeit with negative attitudes, low energy and depression being among observed symptoms, one third of the volunteers leave. This turnover has implications on the program both in terms of staff and clients.

In the current economic climate, those positions are often not replaced. Even when they are, remaining staff are expected to pick up the slack until the replacements are hired, trained, and fully integrated into program operations.

When a well trained volunteer leaves, clients are deprived of the expertise of an experienced volunteer. Such a departure is particularly difficult for children who are already dealing with trauma. If a child begins to bond with an adult volunteer who suddenly leaves, such a break could cause the child to internalize and blame themselves for the volunteer's departure. In programs that rely heavily on volunteers, such as CASA, each case builds that volunteer's expertise, so losing a volunteer has several consequences. Not only are new clients deprived of that expertise, other volunteers who could learn from the veteran are also affected.

Administrators should use exit interviews to see why people are leaving - is it the work, or an opportunity for career advancement outside of the agency?

Turnover is not as high in staff in programs serving children as it is in programs serving adults, making room for an alternative interpretation. What helps those staff members cope with their work on a daily basis? What is the measure of their compassion satisfaction and resiliency?

Employee retention means focusing on what keeps workers coming back every day and balancing the risk of

compassion fatigue with the rich opportunities this work offers for compassion satisfaction.

Other signs of burnout and compassion fatigue, low energy, coming in late, poor performance, and depression require greater scrutiny. Administrators should use caution in looking at behaviors and determining whether they are attributable to the work itself, poor work habits, or an event outside the work place.

The high level of depression observed in staff and volunteers challenges agencies to look at how they are fostering resilience strategies that relate to healthy coping and strong relationships.

Good communications, addressing negative activity proactively, and fostering a sense of teamwork and collaboration have all been shown to be effective. Basic tenets of good health such as exercise, diet, and time away from work are also important for administrators to promote as part of the agency's organizational culture. When leadership prides itself on an exhausting schedule fueled by fast-food, workers are not seeing a model of self-care to follow.

Since few programs have EAP services and health insurance policies may not cover counseling, it is heartening to see administrators make staff counselors available. However, care needs to be taken that boundaries are not crossed, as the counselor still has a relation as a co-worker with that staff person or volunteer.

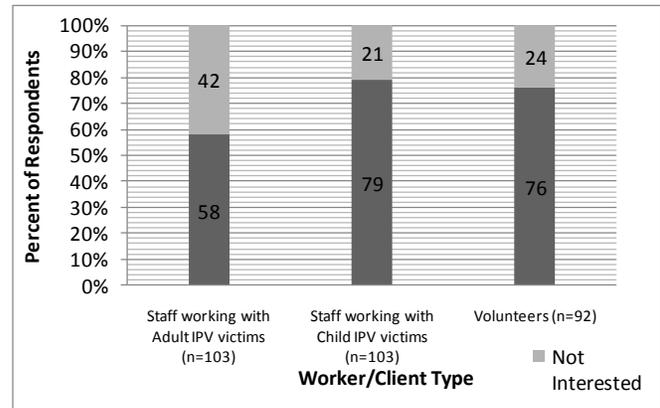
### III. Interest in Self-Care Capacity Building

Participants indicate a strong interest in information and training on how to develop a self-care program for staff.

**Research Findings:** Sixty-two percent of participants indicate interest in information on developing self-care programs for staff working with adult victims. The interest in information on developing self-care programs for staff working with child victims is an even higher 82 percent. These numbers indicate that those agencies that now have some type of self-care program are interested in more information.

Interest in training to build capacity in-house to develop a self-care program is also somewhat higher for programs that serve child victims, as Figure 3 indicates.

**Figure 3.** Interest in receiving training on constructing a self-care program



**Practice Implications:** The higher interest in training to develop a self-care program for staff working with children rather than adults may be due to a number of factors.

Participants may have stronger concern for how children may be affected by staff suffering from compassion fatigue or burnout.

Participants from agencies serving child victims may be more aware of the importance of self-care programs, or better able to implement them at this time.

With 77% of participants also reporting a lack of money to bring in outside training on self-care, and 34% reporting that staff have no time for training, it is possible that insufficient resources influences the overall lower interest in training, as compared to interest in information on self-care programs.

However, the research shows that staff working with children and adults demonstrate identical signs of compassion fatigue or burnout, including negative attitudes (69% in staff working with children, 77% in staff working with adults), low energy (64% and 69%, respectively), and depression (59% and 48%, respectively).

This indicates that staff members have similar needs for self-care and support programming, regardless of the age groups they serve, and that agencies would do well to have equal interest in developing support programming for staff regardless of client population.

#### IV. Summary

This study is a first step in the development of an organizational protocol for self-care of staff and volunteers who work with victims of interpersonal violence. The survey captured self-care initiatives currently being used by programs in Texas, and identified the signs of burnout and compassion fatigue that staff and volunteers exhibit. An argument can be made for the need for further research to assess the efficacy of those initiatives.

The findings from Texas programs correlate with existing literature: many victim services professionals are at-risk for burnout, vicarious trauma, and compassion fatigue through their contact with traumatized people or material that contains graphic images of trauma.

Practice implications center on increasing knowledge of effective self-care initiatives and implementing promising practices that build resilience in staff and volunteers.

Survey findings generate many questions for consideration and dialog.

1. If programs have limited dollars, skills, and time, which initiatives show the best results? Are the measures reliable? If on-site training, support groups, and one-on-one interventions have some measure of success, how and when should these be done and in what combination?
2. With the majority of participants reporting that the work is affecting their staff and volunteers, what is the ethical obligation for agencies to have something in place for their workers?
3. Given the fact that clients' presentations of trauma will not change, what can the agency do to build resilience?
4. Agencies participating in this survey provided contact information for their programs. Follow-up research could examine these initiatives and develop a sample protocol based on promising practices that could be tested for its efficacy with this population.

IDVSA is committed to continuing its work in this area in support of practitioners who provide critical services to victims of interpersonal violence. It is our strong belief that by doing this research and making it accessible to the field in curriculum and training, we can forward evidence-based practices that build the wisdom, knowledge, and skills in this crucial area.

## REFERENCES

- Adams, S., & Riggs, S. (2008). An exploratory study of vicarious trauma among therapist trainees . Training and Education  
1931-3918.2.1.26
- Alford, W. K., Malouff, J. M., & Osland, K. S. (2005). Written emotional expression as a coping method in child protec-  
1072-5245.12.2.177
- Bell, H., Kulkarni, S., & Dalton, L. (2003) Organizational Prevention of Vicarious Trauma. Families in Society: The  
Journal of Contemporary Human Services, 463-470.
- Bober, T., & Regehr, C. (2006, February). Strategies for reducing secondary or vicarious trauma: Do they work? Brief  
mhj001
- Conrad, D., & Guenther, Y. K. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child  
j.chiabu.2006.03.009
- Deighton, R. M., Gurriss, N., & Traue, H. (2007, February). Factors affecting burnout and compassion fatigue in psycho-  
therapists treating torture survivors: Is the therapist's attitude to working through trauma relevant? Journal of Trau-  
jts.20180
- Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commit-  
ment. Journal of Organizational Behavior, 9, 297-308. Retrieved March 1, 2009, from JSTOR database.
- Lord, J.H. & K. O'Brien, 2009, National Victim Assistance Academy Track 1: Foundation Level Training, Participant  
Text, Chapter 11: Developing Resilience, Washington, DC, U.S. Department of Justice, Office of Justice Programs,  
Office for Victims of Crime, 11-1.
- McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological  
effects of working with victims. Journal of Traumatic Stress, 3(1), 131-149. Retrieved March 1, 2009
- February). Childhood abuse history, secondary traumatic stress, and  
child welfare workers. Child Welfare League of America, LXXXII(1). Retrieved March 1, 2009
- Regher, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of post-traumatic distress in child wel-  
fare workers: A linear structural equation model. Children and Youth Services Review, 26, 331-346. Retrieved  
j.chilyouth.2004.02.003
- Salston, M. D., & Figley, C. R. (2003, April). Secondary traumatic stress effects of working with survivors of criminal  
victimization. Journal of Traumatic Stress, 16(2), 167-174. Retrieved March 1, 2009.
- Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors  
15325020701238093

## Project Staff

Noël Bridget Busch-Armendariz, PhD, LMSW, MPA  
Principal Investigator and Director, IDVSA

Karen Kalergis, MA  
Co-Investigator and Associate Director, IDVSA

Laurie Cook Heffron, LMSW  
Research Project Manager, IDVSA

Jacqueline Garza  
Graduate Research Assistant

## Acknowledgements

This project was partially funded by a grant from the Alice Kleberg Reynolds Foundation, RGK Foundation and the Shield-Ayres Foundation. IDVSA appreciates the support these foundations bring to our efforts to bring practice-driven research to practitioners assisting victims of interpersonal violence.

The authors thank Dr. Holly Bell for her strategic input in the early stages of this project and her help in developing the survey.

Our appreciation goes to Annette Burrhus-Clay at the Texas Association Against Sexual Assault, Joe Gagen and Cathy Cockerham at Texas CASA, Gloria Terry and Maria Angelelli at the Texas Council on Family Violence, and Cathy Crabtree at Children's Advocacy Centers of Texas for helping us distribute the survey to their member programs.

Our thanks to Tara Buentello and Brad Wilson for editorial and production assistance.

Institute on Domestic Violence  
and Sexual Assault

IDVSA  
Center for Social Work Research  
School of Social Work  
The University of Texas at Austin  
1 University Station, D3500  
Austin, TX 78712

E-mail: [IDVSA@mail.utexas.edu](mailto:IDVSA@mail.utexas.edu)

*... advancing the knowledge on  
domestic violence and sexual  
assault in order to end interpersonal  
violence for adult and child victims.*

For additional information about this study,  
please email us at [idvsa@mail.utexas.edu](mailto:idvsa@mail.utexas.edu)