Compassion Fatigue in Child Protection Workers in Northeastern Ontario

by

Melissa Raymond

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Social Work

The School of Social Work
Laurentian University
Sudbury, Ontario, Canada

©Melissa Raymond, 2019
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

Thesis Review Committee
Comité de soutenance de thèse / Stage spécialisé
Laurentian Université/Université Laurentienne
School of Graduate Studies/École des études supérieures

Title of Thesis/Advanced Practicum
Titre de la these / stage spécialisé  Compassion Fatigue in Child Protection Workers in Northeastern Ontario

Name of Candidate  Melissa Raymond
Nom du candidat

Degree  Master of Social Work
Diplôme

Department/Program  Social Work
Département/Programme

Date of Approval: December 8, 2019
Date de la soutenance

APPROVED/APPROUvé

Examiners/Examinateurs:

Dr. Leigh MacEwan
(First Reader/Supervisor/Directeur(trice) de these / stage spécialisé)

Dr. Diana Coholic
(Second Reader/Co-supervisor/Co-directeur(trice) de these / stage spécialisé)

(Committee member/Membre du comité / stage spécialisé)

Approved for the Faculty of Graduate Studies
Approuvé pour l’École des études supérieures
Dr. David Lesbarrères
M. David Lesbarrères
Dean, Faculty of Graduate Studies

ACCESSIBILITY CLAUSE AND PERMISSION TO USE

I, Melissa Raymond, hereby grant to Laurentian University and/or its agents the non-exclusive license to archive and make accessible my thesis, dissertation, or project report in whole or in part in all forms of media, now or for the duration of my copyright ownership. I retain all other ownership rights to the copyright of the thesis, dissertation or project report. I also reserve the right to use in future works (such as articles or books) all or part of this thesis, dissertation, or project report. I further agree that permission for copying of this thesis in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work or, in their absence, by the Head of the Department in which my thesis work was done. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that this copy is being made available in this form by the authority of the copyright owner solely for the purpose of private study and research and may not be copied or reproduced except as permitted by the copyright laws without written authority from the copyright owner.
Abstract

A career in the child protection sector is one of the most complex roles in the social work profession. Child protection worker (CPW) duties include accepting referrals, conducting investigations of allegations or evidence that children are experiencing abuse, and protecting children from abuse where necessary. This can include providing short- or long-term intervention with families, or ultimately removing children from their homes, where the risks are too great to be mitigated with less intrusive measures. CPWs are on-call and available 24-hours per day, 7-days per week. Due to the demanding nature of the career, CPWs often experience symptoms of compassion fatigue which can manifest in many symptoms, such as physical, emotional, and mental distress and disturbances. The aim of this qualitative research thesis was to examine the experiences of CPWs in Northeastern Ontario through individual interviews with CPW retirees. A total of 11 retirees were individually interviewed. The interviews were then transcribed and qualitatively analyzed using a thematic analysis approach. Three main themes were constructed from the responses: Quality/Impact of the Work; Recruitment and Retention; and Recommendations for Improvement. This thesis describes four implications of this study: the impact on CPWs’ well-being; the importance of increased training; the necessity of clinical supervision and debriefing; as well as the significance of peer-to-peer learning. Lastly, study limitations, as well as considerations for future research, are discussed.
Résumé

La protection de l’enfance est l’un des secteurs les plus complexes de la profession du travail social. Les intervenantes et les intervenants en protection de l’enfance (IPE) ont pour tâche de recevoir les signalements d’abus, de mener des enquêtes sur des allégations ou des preuves de violence contre des enfants et de les protéger de tout mauvais traitement si nécessaire. Cela peut comprendre les interventions à court ou à long terme auprès des familles ou encore le retrait des enfants du domicile lorsque les risques sont trop grands pour être atténués par des mesures moins envahissantes. Les IPE sont disponibles sur appel 24 heures par jour, 7 jours par semaine. En raison de la nature exigeante de leur profession, ils éprouvent souvent des symptômes d’usure de compassion, qui peuvent se manifester sous forme de détresse et de troubles physiques, émotionnels et mentaux, entre autres. Ce mémoire qualitatif a pour objet d’examiner l’expérience des IPE dans le Nord-Est de l’Ontario au moyen d’entrevues individuelles avec des personnes retraitées de cette profession. Au total, 11 IPE retraités ont été interviewés. Les entrevues ont ensuite été transcrites et analysées qualitativement à l’aide d’une méthode d’analyse thématique. Trois thèmes principaux ont été formulés à partir des réponses : la qualité et l’impact du travail; le recrutement et le maintien en poste; et les recommandations en vue de l’amélioration. Dans ce mémoire, on décrit les quatre enjeux de cette étude : l’impact sur le bien-être des IPE; l’importance d’augmenter leur formation; la nécessité de la supervision clinique et des séances de verbalisation; et l’importance du partage des connaissances entre pairs. Finalement, on y aborde les limites de l’étude ainsi que des pistes de recherches futures.
Dedication

To my dear children, Maxton and Maeva. Thank you for being the reason I complete this degree in order to better myself and my opportunities to better support you. Also, thank you to my husband, Dominic Beaulieu, for your patience, understanding, and ongoing support.
Acknowledgements

I would like to thank Dr. Leigh MacEwan at the School of Social Work at Laurentian University, whom was my primary thesis supervisor. Dr. MacEwan was always able to offer advice and meet to discuss my progress and next steps. She made herself available to offer advice, both personally and professionally. She provided all guidance in an extremely prompt fashion.

I would like to thank my second thesis reader, Dr. Diana Coholic of the School of Social Work at Laurentian University. I am grateful to her for providing valuable insight and suggestions on how to improve my writing and offering her time to provide me with valuable suggestions for improving my final thesis.

I would like to thank Gisele Paquette of CASDSM for supporting this research project and acting as the gatekeeper between myself and CASDSM.

I would also like to express my gratitude to the participants for their participation in my study. I learned something in every interview I conducted and will not forget the wisdom and knowledge they shared with me.

Finally, I must thank my parents, Mary Louise and John, and my husband, Dominic, for their ongoing support, encouragement, and patience throughout my years of post-secondary studies. A special thank you to my friend and classmate, Cathy Nelson, for her assistance, guidance, and listening ear throughout this process. I would not have been able to complete this thesis without the assistance and support I received.
# Table of Contents

Abstract ........................................................................................................................................................................... 3  
Résumé ............................................................................................................................................................................... 4  
Dedication.......................................................................................................................................................................... 5  
Acknowledgements ........................................................................................................................................................... 6  
Table of Contents ............................................................................................................................................................ 7  
Introduction ....................................................................................................................................................................... 9  

Chapter 1 - Literature Review ........................................................................................................................................ 12  
Child Protection Work ....................................................................................................................................................... 13  
Retired Child Protection Workers ................................................................................................................................ 14  
Compassion Fatigue .......................................................................................................................................................... 15  
Vicarious Trauma ............................................................................................................................................................. 19  
Burnout ............................................................................................................................................................................... 22  
Compassion Satisfaction.................................................................................................................................................... 23  
Compassion Fatigue, Vicarious Trauma, and Child Welfare ............................................................................................ 24  
Compassion Fatigue and Vicarious Traumatization Symptoms ..................................................................................... 27  
Compassion Fatigue and Vicarious Trauma Differences ............................................................................................... 28  
Summary ............................................................................................................................................................................ 29  
Rationale for this Study ...................................................................................................................................................... 29  

Chapter 2 – Methodology ................................................................................................................................................. 33  
Research Question ............................................................................................................................................................. 33  
Methods ............................................................................................................................................................................. 33  
Data Collection ................................................................................................................................................................. 35  
Setting ............................................................................................................................................................................... 35  
Sample Target/Population ............................................................................................................................................... 35  
Recruitment ...................................................................................................................................................................... 36  
The Use of Semi-Structured Interviews .......................................................................................................................... 36  
Data Analysis .................................................................................................................................................................... 38  
Ethical Considerations ...................................................................................................................................................... 42  
Researcher Reflexivity ....................................................................................................................................................... 44  
Dissemination of Results .................................................................................................................................................. 48
Chapter 3 – Results ......................................................................................................................... 49
  Quality/Impact of the Work ......................................................................................................... 49
    Likes and Dislikes of the Job ...................................................................................................... 49
  Negative Effects of Stress ........................................................................................................... 51
  Balancing Home and Work Life .................................................................................................. 53
  Impact on Mental Health .............................................................................................................. 58

Recruitment and Retention .......................................................................................................... 61
  Necessity to Work/Compensation .............................................................................................. 61
  Relationships/Support Systems .................................................................................................. 63
  Debriefing .................................................................................................................................... 64
  Use of Humour ............................................................................................................................. 65

Recommendations by Participants for Improvement ..................................................................... 67
  Support Following Traumatic Events ......................................................................................... 67
  Increased Training Opportunities ............................................................................................... 68
  Pressures Surrounding Overtime ................................................................................................. 71
  Suggestions for New Child Protection Workers .......................................................................... 72

Chapter 4 – Discussion ................................................................................................................ 79

Study Summary ............................................................................................................................. 79
  Current State of the Child Welfare System ............................................................................... 83
  Increased Training Opportunities ............................................................................................... 87
  Implementation of Clinical Supervision ..................................................................................... 89
  Implementation of a Peer-to-Peer Learning Program ................................................................. 90

Study Limitations/Future Considerations .................................................................................... 92

References ..................................................................................................................................... 99

Appendix A – Letter to Participants .............................................................................................. 107

Appendix B – Information/Consent Form ..................................................................................... 108

Appendix C: Interview Questions ................................................................................................ 110

Appendix D – Research Ethics Board Approval Certificate ........................................................... 111

Appendix E: Community Resources ............................................................................................. 112
Introduction

Child protection work has become more prevalent since 1962 when the term “battered child syndrome” first emerged (Anderson, 2000). This resulted in a significant increase of estimates of about 302 hospitalized children to over three million reported in 1997, and this number continues to increase (Anderson, 2000). The child welfare sector is described as “one of the most complex in the social work profession because of the legal mandate for protection of children in families distressed by chronic poverty, intergenerational trauma, adult mental illness, substance use, teenage parenthood, and inadequate housing” (Hallberg & Smith, 2018, p. 11).

Child protection worker (CPW) duties include accepting referrals, conducting investigations of allegations or evidence that children are experiencing abuse, and protecting children from abuse where necessary. This can include providing short- or long-term intervention with families, or ultimately removing children from their homes, where the risks are too great to be mitigated with less intrusive measures. CPWs also provide guidance to families on how to appropriately parent, discipline, and protect children, in hopes of preventing circumstances where children would require more intrusive protection. CPWs work with parents to alleviate risk factors to ensure children’s safety, advocate for families, and coordinate with other community partners. CPWs are available 24/7 through emergency after hour’s services, as well as daytime staff who carry a caseload (Children’s Aid Society of the Districts of Sudbury and Manitoulin, 2018; North Eastern Ontario Family and Children’s Services, 2019).

High caseloads take a toll on the quality of work that CPW’s can engage in with families. The large caseloads leave very “little time for workers to develop common understandings of family situations with parents and for parents to have confidence that workers have listened, understood, and care about their situations” (Hughes, Chau & Rocke, 2016, p. 162). Canadian
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

CPWs have reported significant challenges with high caseloads due to high staff turnover rates, as well as a high volume of cases and increased administrative requirements (Hallberg & Smith, 2018). Child protection clients are often faced with a lack of continuity and stability in the services they are receiving as they are often being introduced to new workers. This impacts rapport, comfort level, and service efficacy. There is also the risk of inadequate attention to families being serviced (Anderson, 2000; Hallberg & Smith, 2018). In addition, CPWs have an occupational risk due to the impact of the traumatic narratives that they hear (Figley, 1995).

A career within the child welfare sector is not for the faint of heart. The child welfare sector is described as “one of the most complex in the social work profession because of the legal mandate for protection of children in families distressed by chronic poverty, intergenerational trauma, adult mental illness, substance use, teenage parenthood, and inadequate housing” (Hallberg & Smith, 2018, p. 11). Child protection workers (CPWs) are legally mandated to protect children affected by such issues. Often service recipients are part of multigenerational cycles of abuse where the issues are deeply rooted into their backgrounds and upbringing, therefore making the issues difficult to mediate (Csiernik, Smith, Dewar, Dromgole and O’Neill (2010). It takes multiple years for a CPW to learn all aspects of their role, however, due to the high stress associated with the career, the majority of staff turnover occurs within the first three years, resulting in excessive expenses for the agencies, as well as a lack of service continuity for clients (Csiernik et al., 2010). Critical factors reported by CPWs leaving child welfare agencies were the stress levels and high workload, in addition to high levels of exposure to traumatic events (Csiernik et al., 2010).

Due to this background knowledge of CPW experiences, as well as my current career as a CPW, I chose to focus this thesis on the experiences of retired CPWs in Northeastern Ontario to
see what could be learned from their experiences in the child welfare sector. To fulfill partial requirements for the M.S.W degree at Laurentian University I chose to complete a qualitative research thesis. This thesis examines the experiences of retired CPWs from the Children’s Aid Society of the Districts of Sudbury and Manitoulin (CASDSM). Twelve participants were recruited for this qualitative study. Individual qualitative interviews were conducted with 11 CPWs, as the 12th participant withdrew from the study prior to being interviewed. One on one interviews were conducted with the retired CPWs from CASDSM. The purpose of these interviews was to learn more about the participants’ experiences as CPWs, such as growth experiences, challenges, coping mechanisms, and the impact of their career on their personal lives.

The first chapter in this thesis provides a comprehensive literature review which explores the nature of child protection employment, as well as compassion fatigue, vicarious trauma, stress, burnout, compassion satisfaction, and the importance of ongoing education in the trauma and helping professions. The second chapter describes the methodology used in the completion of this thesis and consists of the research question, methods, data collection and analysis, ethical considerations, researcher reflexivity, as well as the dissemination of results. The third chapter explains the results of this study which can be categorized into three main themes – Quality/Impact of the Work, Recruitment and Retention, and Recommendations for Improvement. Finally, the fourth and final chapter of this thesis consists of the discussion and conclusion of this thesis and speaks to the current state of the child welfare sector in Ontario, as well as the study implications, limitations, and future considerations.
Chapter 1 - Literature Review

The research for the literature review of this thesis was conducted using electronic databases and several book chapters. The databases I accessed include: Academic OneFile, EBSCOhost Platform Databases, ProQuest, Google Scholar, and JSTOR. I used various combinations of keywords, such as: compassion fatigue, child welfare, child protection worker, child welfare workers, vicarious trauma, mental health, and job satisfaction. I found articles focusing on CPWs experiences within their roles, job satisfaction, recommendations, and organizational issues. It should be noted that much of the literature used in this paper includes the terms compassion fatigue, vicarious trauma, and secondary stress/secondary traumatic stress disorder interchangeably. The term “Compassion Fatigue” was first used in nursing (Joinson, 1992) and then adopted in the field of Emergency Medical Services (Figley, 1995). Secondary traumatic stress was coined by Beth Hudnall Stamm (1995). The term vicarious trauma was developed by McCann and Pearlman (1990).

In this literature review, I will begin with a discussion of child protection work, as well as retired child protection workers. Then, as compassion fatigue and vicarious trauma are two of the predominant terms that are used to describe the effects of listening to stories of trauma on health care professionals, this section includes a discussion of both, and is followed by a comparison of the symptoms of both terms. There will then be a short discussion of burnout to distinguish this term from compassion fatigue/vicarious trauma, as well as an explanation of compassion satisfaction. Finally, this section will focus on compassion fatigue and child protection workers. I was unable to find any current literature on retired child protection workers.
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

Child Protection Work

The child welfare sector is described as “one of the most complex in the social work profession because of the legal mandate for protection of children in families distressed by chronic poverty, intergenerational trauma, adult mental illness, substance use, teenage parenthood, and inadequate housing” (Hallberg & Smith, 2018, p. 11). CPW duties include accepting referrals, conducting investigations of allegations or evidence that children are experiencing abuse, and protecting children from abuse where necessary. This can include providing short- or long-term intervention with families or ultimately removing children from their homes where the risks are too great to be mitigated with less intrusive measures. CPWs also provide guidance to families on how to appropriately parent, discipline, and protect children, in hopes of preventing circumstances where children would require more intrusive protection. CPWs work with parents to alleviate risk factors to ensure children’s safety, advocate for families, and coordinate with other community partners. CPWs are available 24/7 through emergency after hours services, as well as daytime staff who carry a caseload (Children’s Aid Society of the Districts of Sudbury and Manitoulin, 2018; North Eastern Ontario Family and Children’s Services, 2019). CPWs are continuously exposed to multiple traumatic events when working with children and families, and are at an increased risk of experiencing burnout, secondary trauma, and compassion fatigue (Salloum et al., 2015).

High caseloads take a toll on the quality of work that CPWs can engage in with families. The large caseloads leave very “little time for workers to develop common understandings of family situations with parents and for parents to have confidence that workers have listened, understood, and care about their situations” (Hughes, Chau, & Rocke, 2016, p. 162). Canadian CPWs reported significant challenges with high caseloads due to high staff turnover rates, as
well as a high volume of cases and increased administrative requirements (Hallberg & Smith, 2018). Child protection clients are often faced with a lack of continuity and stability in the services they are receiving as they are often being introduced to new workers. This impacts rapport, comfort level, and service efficacy. There is also the risk of inadequate attention to families being serviced (Anderson, 2000; Hallberg & Smith, 2018). In addition, CPWs have an occupational risk of the impact of the traumatic narratives that they hear.

Conrad and Kellar-Guenther (2006) conducted a study among 363 CPWs in Colorado who participated in a secondary trauma-training seminar. The goal of the study was to better understand the risk of compassion fatigue and burnout, as well as the potential for compassion satisfaction. Conrad and Kellar-Guenther (2006) did this by using a self-report instrument that was developed by Stamm and Figley (1996). The study concluded that approximately 50% of the CPW participants suffered from “high” or “very high” levels of compassion fatigue, while 75% rated as “extremely high,” “high,” or “good” potential for satisfaction, and only 7.7% reported “high” or “extremely high” risk of burnout (Conrad & Kellar-Guenther, 2006). Conrad and Kellar-Guenther (2006) found that there was a relationship where participants with higher compassion satisfaction had significantly lower levels of compassion fatigue and burnout.

Similarly, Bride (2007) explained that “social workers engaged in direct practice are highly likely to be secondarily exposed to traumatic events through their work with traumatized populations, many social workers are likely to experience at least some symptoms of secondary traumatic stress, and a significant minority may meet the diagnostic criteria for PTSD” (p. 68).

**Retired Child Protection Workers**

At this time, there were no articles found regarding retired CPWs and their past or present experiences. As this is a missing piece in the academic literature, this study is important to
understand their perspective, as well as any suggestions that they may be able to share that can help newer CPWs cope in their careers.

**Compassion Fatigue**

Ledoux (2015) explains that compassion fatigue is not a new concept. Joinson (1992) characterized it as a unique form of burnout, calling it “compassion fatigue”. She believed that because of it, nurses were experiencing forgetfulness, decreased attention span, exhaustion, physical illness, often leading to apathy and anger (Joinson, 1992). Since then, attention to this phenomenon has grown (Ledoux, 2015).

Figley (2002) explained that compassion fatigue is an evolving concept in the trauma field. It was described as the “cost of caring” (Figley, 1995, p. 9) for others in emotional and physical pain. Figley (1995) suggested that those who work with people who experience trauma were vulnerable to experiencing symptoms similar to the ones in those they were helping (Hudnall Stamm, 1999; McCann & Pearlman, 1990; Figley, 1989). Similarly, Van Hook and Rothenberg (2010) have said that compassion fatigue refers to secondary exposure to extremely stressful events, and symptoms tend to appear quickly. Conrad and Kellar-Guenther (2006) described compassion fatigue as cumulative in nature, occurring over time from the work, and is often characterized by deep physical and emotional exhaustion and a pronounced change in the helper’s ability to feel empathy for their patients, their loved ones, and their co-workers. It is marked by increased cynicism at work, a loss of enjoyment of career, and eventually can transform into depression. People who are facing compassion fatigue often have bouts of depression and sadness, difficulty sleeping, and generalized anxiety. In some instances they can lose their objectivity and ability to help others. In severe cases, they may sink into a deep depression and withdraw from others and their support systems (Conrad & Kellar-Guenther,
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

2006). The most insidious aspect of compassion fatigue is that it attacks the very core of what brought us into this work: our empathy and compassion for others (Brown, 2011).

Conrad and Kellar-Guenther (2006) have said that once a worker experiences compassion fatigue, every aspect of their job becomes more difficult. A worker’s effectiveness is strongly correlated with the degree to which they are authentic and empathetic towards clients. Unfortunately, the more empathetic workers are, the more likely they are to internalize and be impacted by clients’ experiences (Conrad & Kellar-Guenther, 2006). Remen (1996) said, “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet” (p. 52).

As Figley (2002) explained that professionals (helpers) who listen to clients’ stories of fear, pain, and suffering may in turn feel similar fear, pain, and suffering because they care. Figley (1995) explained that sometimes we feel we are losing our sense of self to the clients we serve. An example Figley (1995) provided is that therapists who work with rape victims often develop a general disgust for rapists, which can frequently extend to all adult males. Figley (1995) also said that those helpers who have the biggest capacity for feeling and expressing empathy tend to be the ones with the greatest chance of experiencing compassion fatigue. Helping work that focuses on relieving emotional suffering of clients is sure to include the helper automatically absorbing information regarding suffering, which in turn leads to absorbing the suffering as well. Helpers working with trauma victims often feel like they take on the characteristics of the victims (Figley, 1995). Figley (1995) stated:

This affront to the sense of self experienced by therapists of trauma victims can be so overwhelming that despite their best efforts, therapists begin to exhibit the same characteristics as their patients – that is, they
experience a change in their interaction with the world, themselves, and their family. They may begin to have intrusive thoughts, nightmares, and generalized anxiety. They themselves need assistance in coping with their trauma (p.1-2).

Those who are indirectly impacted are often overlooked. The number of victims of violent crime, accidents, and other traumatic events can be significantly underestimated, as only those directly involved are considered. Figley (1995) said that helpers, family, and friends of the directly involved individual were not counted. Families and other supports such as friends, co-workers, teammates, and therapists are tremendous sources of support for promoting recovery following traumatic experiences. However, these same support people can be “traumatized by concern” (Figley, 1995). Often times, symptoms of isolation, depression, daily routine issues, and paranoia affected these people’s lives for a long time after the traumatic event (Figley, 1995).

Empathy is also a component of compassion fatigue. Figley (1995) explained empathy is a foundation for helpers to help traumatized individuals. Empathy is helpful in determining the problem and developing a treatment approach, as the victim’s perspective must be considered, as well as the perspectives of their supports such as family members. The process of empathizing with a traumatized person assists helpers in understanding the victim’s traumatic experience, however, as a result the helper is often traumatized as well (Figley, 1995).

Figley (1995) also explained that children’s trauma is difficult for helpers to hear/experience. Figley (1995) explained that helping professionals report that trauma relating to children is the hardest to deal with, and results in the most significant experiences of compassion fatigue as children are the most innocent and vulnerable members of society (Figley, 1995;
Figley (1995) thought that educators must ensure to prepare students and trainees for these experiences. He said the first step is to incorporate compassion fatigue into the curriculum, as well as into clinical supervision. Training programs should develop policies that require processing of all material that is upsetting for a helper or team member. Poso and Forsman (2013) explained that:

Social work education should familiarize students with both the positive and negative elements of the profession. There is the challenge to void an idealistic description of commitment, promoting social change and the ethics of care in education, but it is equally important not to present social work only as a profession with high burn-out rates or career changes. Social work as a career obviously includes both characteristics and these may change during one’s career (p. 659).

Figley (1995) also thought that organizations should develop methods to attempt to mitigate compassion fatigue. In particular, Figley (1995) thought that there is a “duty to inform” (p. 17) new helpers about the risks of compassion fatigue, while also discussing that this could be some of the most rewarding work they will ever do by seeing the victims’ transformation from sadness and depression to hope and joy.

Salloum et al (2015) explained that:

Self-care is often recommended as a restorative or protective activity against the negative effects of working with traumatized individuals, although few studies have examined the benefit of self-care empirically. trauma-informed self-care (TISC) includes being aware of one's own
emotional experience in response to exposure to traumatized clients and planning/engaging in positive coping strategies, such as seeking supervision, attending trainings on secondary trauma, working within a team, balancing caseloads, and work–life balance. Compared with generic personal care activities, TISC is likely to be especially relevant for child welfare workers (p. 54).

It is also important to note that TISC may be an advantageous practice to reduce risk of CPW burnout and preserve workers' positive experience of their job, however CPWs experiencing compassion fatigue are likely to need further intervention to assist them with their recovery (Salloum et al., 2015).

Vicarious Trauma

The concept of vicarious traumatization (VT) was introduced by McCann and Pearlman in 1990 and has to do with work with sexual assault survivors. While different from compassion fatigue, both terms are used to describe the effects of listening to traumatic stories and are often used in social work practice interchangeably. McCann and Pearlman (1990) coined the term “vicarious traumatization” and described 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). Vicarious traumatization provides a theoretical framework for understanding the complex effects of trauma work on the helper (Pearlman & Saakvitne, 1995). Trauma does not only impact its victims. Similar to Figley (1995), they suggested that those who work with the victims can also find themselves permanently altered (McCann & Pearlman, 1990).

Vicarious trauma affects a person who was not directly involved in a traumatic event, yet
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

has similar symptoms to those of trauma survivors. Brown (2011) explained that “vicarious trauma is the experience of absorbing the sight, smell, sound, touch and feel of the stories told in detail by victims searching for a way to release their own pain” (p. 8). VT occurs when the stories that we are told by our clients impact us in a way where we are traumatized on a secondary level. We then have trouble ridding ourselves of the images and experiences that they shared with us (Brown, 2011). Vicarious trauma refers to an internal transformation in the helper as a result of experiences of engaging with clients’ traumatic incidents (Pearlman & Saakvitne, 1995). As the incidents are discussed, and sometimes reenacted, the helper is vulnerable through his or her empathic openness, which can lead to experiences of vicarious traumatization (Pearlman & Saakvitne, 1995). It is often thought that these effects are permanent, as well as cumulative, and evident in both the helper’s personal and professional lives (Pearlman & Saakvitne, 1995).

Pearlman and Saakvitne (1995) explained that helping professionals who work with victims of sexual assault are particularly vulnerable to vicarious traumatization. Pearlman and Saakvitne (1995) explained that as helpers, we enter into this field of work by choice, and remain because of a commitment to our clients, as well as due to the rewarding experiences. Therefore, it must be recognized that the work can affect us on a much deeper personal level. The effects of vicarious traumatization on a helper can look like those of a trauma survivor (Pearlman & Saakvitne, 1995). The effects include noteworthy disruptions in one’s sense of meaning, connection, identity, and world view, as well as in one’s affect tolerance, psychological needs, beliefs about self and others, interpersonal relationships, and sensory memory, including intrusive thoughts.

Pearlman and Saakvitne (1995) provided a very concise definition for vicarious
traumatization as follows:

It is a new term developed to describe a particular phenomenon we have observed consistently in therapists who treat trauma survivors, which is marked by profound changes in the core aspects of the therapist’s self, or psychological foundation. These alterations include shifts in therapist’s identity and worldview; in the ability to manage strong feelings, to maintain a positive sense of self and connect to others; and in spirituality or sense of meaning, expectation, awareness, and connection; as well as in basic needs for and schemata about safety, esteem, trust, and dependency, control, and intimacy. In addition, the therapist is vulnerable to intrusive imagery and other post-traumatic stress symptomatology as he or she struggles to integrate trauma material and these profound personal changes (p. 152).

There are several factors that can contribute to, and increase, the experience of vicarious traumatization. Pearlman and Saakvitne (1995) explained there are two sets of factors that influence these experiences. The first set consists of characteristics of the therapy, and its context, including client characteristics, nature of the work, political, social, and cultural contexts of the traumatic experience, as well as the therapy. Some examples for this set of factors included working with victims whose traumatic experiences are not widely understood. The examples of this type of experiences that Pearlman and Saakvitne (1995) provided were: incest, sadistic abusive, cult abuse, as well as clients with dissociative disorders. Other examples for the first set of factors included working with clients who continue to be exposed to danger, incest survivors who are still in a vulnerable position with
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

their childhood perpetrator, and experiences of verbal, physical, and sexual child abuse.

Pearlman and Saakvitne (1995) also described working in an environment with victim blaming, racism, misogyny, as well as with working with clients who frequently engage in self-harming behavior. The second set of factors consisted of the characteristics and vulnerabilities of the helper, and the way he or she conducts his or her work. Examples of these factors included the helper’s childhood experiences of abuse, the pressure a helper puts on himself or herself to “rescue” clients, overinvesting in meeting clients’ needs, inadequate training, insufficient clinical supervision, and over-identification with clients (Pearlman & Saakvitne, 1995).

**Burnout**

Often the term “burnout” is mistakenly used to describe vicarious trauma or compassion fatigue. However, burnout is simply a term used to describe physical and emotional exhaustion from prolonged stress, repetition, and frustration from one’s work (Conrad & Kellar-Guenther, 2006). Any profession can experience burnout, as it is not unique to trauma work and can sometimes be mitigated with changes to the workplace or workload. Someone can work as an accountant or in a factory and experience burnout (Conrad & Kellar-Guenther, 2006). Burnout for helpers such as CPWs has been attributed to unmanageable caseloads, the unsupportive public, hostile clients, a lack of control, and emotional exhaustion. This emotional exhaustion is the result of not having the opportunity to deal with their emotions surrounding their jobs (Conrad & Kellar-Guenther, 2006).

He, Phillips, Lizano, Rienks and Leake (2018) conducted a study focusing on burnout among child protection workers. They explained that due to extreme job demands, it is not surprising that job burnout is a consistent threat to the wellbeing and retention of CPWs. The
study explained that burnout develops due to high work demands and a lack of resources in the workplace (He et al., 2018). The results of the study found that job demands were positively correlated with burnout and that available resources moderated the relationships between job demands and burnout (He et al., 2018).

**Compassion Satisfaction**

The term compassion satisfaction was coined by Beth Hudnall Stamm (Hudnall Stamm, 1995). Hudnall Stamm (1995) explained that while we can all remember incidents of distress due to exposure to others’ traumatic experiences, “there is an element of satisfaction in our work that is very powerful” (Hudnall Stamm, 1995, p. xxvi). Even when people experience stressful events, they may also have positive experiences and experience growth. Therefore, it is important to “understand the balance between personal resources (social support, belief systems, financial and community resources) and the stressful experiences a person has had” (Hudnall Stamm, 1995, p. xxvii). In the helping professions, compassion satisfaction is the positive benefits that individuals experience from working with traumatized or suffering people (Conrad & Kellar-Guenther, 2006). According to Conrad and Kellar-Guenther (2006), compassion satisfaction can potentially lessen the negative effects of burnout and compassion fatigue. Sacco and Copel’s (2018) study focused on compassion satisfaction in relation to nurses, however a direct correlation can be made with the experiences of child protection workers. Sacco and Copel (2018) explained,

The potential implications for compassion satisfaction, particularly if nursing leaders foster these feelings, can have a positive influence on nursing practice and patient outcomes. Increasing nurses’ feelings of compassion satisfaction promotes the well-being of the individual nurse, as
well as providing a positive benefit for the people utilizing services in the healthcare system (p. 81).

In relation to child protection work, when CPWs feel compassion satisfaction there is a positive influence on the services they offer, as well as outcomes for clients, and the well-being of the individual CPW and service recipients of the child welfare system.

**Compassion Fatigue, Vicarious Trauma, and Child Welfare**

Mandell, Stalker, de Zeeuw Wright, Frensch, and Harvey (2013) conducted a mixed methods study to examine the relationship between emotional exhaustion and job satisfaction. The authors conducted the study after noting that a previous study of child welfare workers revealed shockingly high levels of emotional exhaustion and job satisfaction. The study group consisted of frontline workers, supervisors, as well as managers. The authors then re-reviewed the literature and completed a study to examine the co-existence of emotional exhaustion and job satisfaction. The authors reported that the findings have implications for training, support, and recruitment of child welfare workers (Mandell et al., 2013). This study included a survey of 226 child protection employees, while a subgroup of 25 employees were interviewed. The results of their study concluded,

Educators know from experience that many young social work graduates enter the field of child welfare precisely because high turnover means entry level positions are often available and the pay is relatively good where unionized environments exist. At best, many of these individuals see child protection services work as a career stepping stone and a place to develop skills. At worst, some see it as a necessary evil when desired positions are unattainable. Social work education has a role to play here.
Teaching about child welfare work must include a strong critical analysis, for the health of the system and the benefit of its service users. Discussion of power and ethics, however, can be accompanied by discussion of values, goals, boundaries and self-care in order to prepare future graduates to manage the rigours and find the rewards in child welfare work. Educators can also encourage students to explore ‘making a difference’ at a collective level (p. 391).

Child protection is not an easy career. “Every day child welfare professionals are exposed to traumatic events as they listen to children and adults recount painful maltreatment experiences, and act to protect young children who are residing in violent homes. Emerging research focuses on compassion fatigue as an ‘occupational hazard’ to child welfare workers” (Sprang, Craig, & Clark, 2011, p. 150). Bride (2007) explained, “social workers are increasingly being called on to assist survivors of childhood abuse, domestic violence, violent crime, disasters, and war and terrorism” (p. 63). Compassion fatigue has been a dominant topic in work-related stress studies that explain the consequences of the situations faced by child protection workers (Ben-Porat & Itzhaky, 2009; Geoffrion, Morselli, & Guay, 2016).

In 2013, a mixed methods study was conducted by Poso and Forsman (2013) that focused on what makes social workers continue and cope in child welfare. The study consisted of a questionnaire by 56 child welfare professionals, and eight focus groups with 28 social workers. The results found that feedback from participants was that employment in child welfare is rewarding, albeit professionally challenging (Poso & Forsman, 2013). Poso and Forsman (2013) found that the participant feedback indicated that:
The motivation to carry out social work even in the most difficult cases and hectic situations is to see changes taking place: social work provides an opportunity to make positive changes in the lives of children and their families. The work is seen as being very challenging and a wide variety of knowledge, including common sense, and practical tools are needed in addition to the support given by colleagues and team-leaders (p. 658).

A 2013 study was conducted by Mandell et al. (2013) to explore the surprising trend of high levels of reported emotional exhaustion, as well as job satisfaction among staff at four Ontario child welfare agencies. The authors set out to find out how this subgroup differed from those workers who found the work satisfying without experiencing the emotional exhaustion. Several workers “referred to having learned to cope with the job better over time and strengths developed through experience” (Mandell et al., 2013, p. 390). Mandell et al. (2013) also concluded that supervisors should model and support work and personal life boundaries. This can include encouraging workers to accept the limits of their role in clients’ lives. Although this may be a Band-Aid solution, changing the workplace culture of CPWs seems to be attainable in the short-term, while the larger issues are tackled (Mandell et al., 2013).

A 2011 quantitative study by Choi (2011) focused on the impact that working with survivors of family or sexual violence has on social workers. Study participants from four areas were randomly selected from the National Association of Social Work’s mailing list. The areas consisted of those who are highly likely to work with survivors of family violence and sexual assault. Surveys were sent to 1,001 members, and after the screening process, 54 surveys were usable (Choi, 2011). Over half of the
participants reported having intrusive thoughts about the trauma work they have done with their clients. Choi (2011) suggested that this may reflect workers’ strong sense of responsibility toward their work and genuine concern for their clients. However, these thoughts are concerning as they can negatively affect workers’ personal and professional lives. The thoughts can also cause workers to become overly responsible for their clients’ lives and actions (Choi, 2011).

Jankoski (2010) conducted a qualitative, multi-case study of CPWs who spoke about the challenges they experienced due to their work. Her conclusion was that vicarious trauma was the cause, as CPWs work in a constant chronic traumatic environment. In the study, the CPW participants disclosed that the three main factors that contribute to VT are the organization, the clientele, and a person’s experiences. One participant stated that they were not the same person they were when they started the job. Several others also expressed hopelessness that there would never be any changes, a disconnect from loved ones, changes in their worldviews, and a lack of trust for others (Jankoski, 2010). Jankoski (2010) concluded that mandatory training must be provided to CPWs, as well as those affiliated with the child welfare sector. The training needs to increase knowledge on the roles that CPWs have, as well as the condition of the system in which they work. The conclusion was that child welfare training programs must address VT and ways to improve its effects, as well as debriefing mechanism. In addition, post-secondary institutions must include a trauma curriculum to teach students the effects of trauma on clients (Jankoski, 2010).

Compassion Fatigue and Vicarious Traumatization Symptoms

Brown (2011) explained that the symptoms of compassion fatigue and vicarious traumatization are very similar. Brown (2011) separated the symptoms into five categories –
physical, social, emotional, psychological, and spiritual. The physical symptoms that Brown (2011) included are headaches, increased susceptibility to illness, teeth-grinding/clenching, loss of appetite, weight loss or gain, and exhaustion. The social problems listed are relationship problems, withdrawal from activities, increased drug and/or alcohol use, and isolation. The emotional symptoms included irritability, intrusive imagery, difficulties sleeping, frequent crying, inability to cry, numbness, and emotional irregularity. The psychological symptoms are anger, depression, cynicism, lack of empathy and/or compassion, feelings of hopelessness, and avoidant behaviors. The spiritual symptoms include a change in the helper’s sense of safety and justice, changes to the perception of the meaning of life, as well as a sense of hopelessness and helplessness (Brown, 2011).

It is important to note that not every helper will experience these symptoms (Brown, 2011). Each person’s experience is unique, and they may experience any of these symptoms at varying levels. There are also other symptoms not noted that may be experienced. The above symptoms are simply a compilation of common symptoms that are most frequently experienced by helpers facing compassion fatigue and vicarious traumatization (Brown, 2011).

Compassion Fatigue and Vicarious Trauma Differences

Vicarious trauma is a concept that is used “to describe the cumulative, pervasive, and damaging effects on the clinician that occur from chronic exposure to client’s traumatic material” (Michalopoulos & Aparicio, 2012, p. 646). Vicarious traumatization negatively impacts the helper’s sense of self and can result in symptoms that are similar to PTSD, as well as feelings of anger, grief, and fear, which can all be hindering to a therapeutic relationship with clients (Michalopoulos & Aparicio, 2012). Vicarious trauma “is an accumulation of memories of...
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

clients’ traumatic material that affects and is affected by the therapist’s perspective of the world” (Figley, 1995, p.9). One of the most notable results of vicarious trauma is the characteristic of having a negative worldview (Michalopoulos & Aparicio, 2012). On the other hand, compassion fatigue “is nearly identical to PTSD, except that it applies to those emotionally affected by the trauma of another” (Figley, 2002, p.3) rather than experiencing the trauma first-hand.

Compassion fatigue is the result of a helper’s emotions and behaviours being changed due to hearing about traumatizing events that have occurred to those that they are helping, as well as the stress that develops from helping a traumatized person (Figley, 1995).

Summary

On a daily basis CPWs deal with child abuse, neglect, family violence, and many other traumatic events, all the while they are held accountable for using their professional judgment to make decisions (Geoffrion et al., 2016). Figley (1995) said that although more research is needed on compassion fatigue, enough is known to realize that it is an occupational hazard for helping professionals.

Rationale for this Study

The academic literature that I searched discussed what compassion fatigue consists of, as well as how CPWs can become impacted. At this time, there were no articles found regarding retired CPWs and their past or present experiences. As this is a missing piece in the academic literature, this study is important to understand their perspective, as well as any suggestions that they may be able to share that can help newer CPWs cope in their careers. It may be valuable to explore CPWs’ careers once they have left their work and are able to reflect back on their experiences rather than being immersed in the work.
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

The objective of the proposed research is to explore the experiences of compassion fatigue among retired child protection workers in Northern Ontario, particularly Sudbury and Districts. CPWs who have worked in this context may have unique experiences compared to more urban contexts due to our underserviced context. Also, due to our smaller populations, communities, and city centres, there is a high probability of running into clients in the community and knowing information about community members that is not public knowledge, which can add stress to the work.

For example, Coholic and Blackford (2003) conducted a study on the experiences of sexual assault workers in Northern Ontario, which can be related to the experiences of CPWs in Northern Ontario. Coholic and Blackford (2003) found that the sexual assault workers’ stressful work conditions were exacerbated by the lack of anonymity of providing services in Northern Ontario. This can lead to ethical dilemmas as workers often know privileged information about family members, friends, neighbours, and prominent community figures (Coholic & Blackford, 2003). The fact that the workers must keep this information to themselves to maintain confidentiality creates stress for the workers who may have no choice but to interact with the perpetrator for personal or professional reasons. The participants reported that this creates feelings of frustration, anger, and anxiety (Coholic & Blackford, 2003).

Another theme that the sexual assault workers reported to Coholic and Blackford (2003) was that the lack of anonymity limited their opportunities to seek professional assistance. The participants stated that instead they would speak with their colleagues as a coping mechanism, as well as attempting to receive professional help to deal with the effects of secondary trauma. However, some of the participants reported that seeking professional help would cause them to be negatively labeled and impact their professional reputation and perception of adequacy by
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

other professionals in the community. The participants explained they would be comfortable seeking assistance in larger communities; however being in Northern Ontario they did not feel comfortable receiving assistance in the community in which they were employed (Coholic & Blackford, 2003).

The participants in Coholic and Blackford’s (2003) study also reported that living in Northern Ontario also limits their ability to enjoy personal and leisure activities. It was reported that they need to worry about their reputation and therefore are not able to freely attend bars and some reported that they felt their clients would be uncomfortable if the workers attended community events or had mutual acquaintances. This is due to the fact that workers in Northern Ontario are very visible in their communities (Coholic & Blackford, 2003).

A finding that hits home to myself, as a CPW in Northern Ontario, is that Coholic and Blackford (2003) found that working in a smaller community leads to an easy identification that can threaten the safety of workers. The isolation and lack of resources was another prominent theme in the study. Some of the participants reported feeling isolation from tools such as technology and communication resources. This creates a lack of learning and growth opportunities for both the workers, as well as the clients, in addition to not attracting the most experienced professionals to join and/or remain in the community (Coholic & Blackford, 2003).

Participants in Coholic and Blackford’s (2003) study reported that there is a sense of isolation as many of the participants are responsible for servicing large geographical areas where communities are separated by isolated terrain. There is often a lack of acknowledgement of the travel time required to provide services. The large regions and lack of resources also create barriers to clients as they often must attend southern Ontario for specific services such as addictions treatment, leaving their children and families behind (Coholic & Blackford, 2003).
Finally, the isolation experienced by workers in Northern Ontario creates a need for workers to become more self-sufficient. As resources are limited, “workers in the north are constantly stretching energy, knowledge and budgets in an effort to meet the needs of assaulted women” (Coholic & Blackford, 2003, p. 52). Due to “the lack of local referral opportunities, little opportunity to share knowledge with others doing similar work, the lack of public support or understanding, insufficient staff numbers and inadequate funding for transportation and wages contribute to the demand on workers for an extraordinary personal investment and compound the effects of secondary trauma” (Coholic & Blackford, 2003, p. 52). In the next chapter, I will discuss the methodology used in the completion of this thesis.
Chapter 2 – Methodology

For my Master of Social Work thesis, I focused on the experiences of compassion fatigue and retired child protection workers in Northern Ontario. I was interested in understanding how retired child protection workers experienced the impact of listening to children’s traumatic stories, their recommendations on what can be done by the agency to better support them, and what has been helpful for the workers. In this chapter, I will discuss my research question, my interest in it, qualitative methods that were chosen, and why I chose to utilize them for this study.

Research Question

For my thesis, I used the following research question: What were the work experiences of retired child protection workers in Northeastern Ontario? This is of interest to me as I am currently a CPW. The academic literature that I searched discussed what compassion fatigue consists of, the work and its impact, although no articles were found on the experiences of retired Child Protection Workers. This study is relevant and worthwhile, as the results will allow us to better understand if retirees’ work during their CAS careers had an impact on them, how they coped, and what can we learn from those experiences. This knowledge might be helpful for both newer and experienced workers, as they cope throughout their careers, as the retirees’ experiences can be related to workers currently in the field.

Methods

Qualitative research methods have been chosen for my thesis. The use of qualitative research allows researchers to learn and make sense of participants’ stories (Gilgun & Abrams, 2002). There are several benefits to the use of qualitative research in social work. According to Gilgun and Abrams (2002), qualitative research allows the researcher to connect with the participants and to understand someone’s life experiences from their point of view. Interviewing
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

participants in qualitative research helps the researcher to become the learner, and the participant to become the teacher (Gilgun & Abrams, 2002). Social workers often use qualitative research interviews to collect information about people and assess the unique challenges and situations in their lives (Postmus, 2013). In-depth interviews bring researchers into close contact with the experiences of research participants. The researcher has the opportunity to explore the meanings in these interactions and further their own understanding. Gilgun and Abrams (2002) explained that,

The knowledge we gain, therefore, is not information that simply passes through the central processors of our brains. It also arises from our hearts and often our deeply held emotions. Understandings gained through an engagement of heart and mind have an immediacy that potentially connects to the hearts and minds of audiences (p. 42).

By using qualitative research, the participants will be able to tell their own story in their own words. The researcher will interpret and organize the themes arising in the interview while relating it to previous research. When analyzing data, most researchers will have read what others have said about the topic in the past, which allows them to move between prior findings, as well as their own new understandings. They can then share these new understandings and link their findings with theory to demonstrate the applicability of their findings to the field as a whole (Gilgun & Abrams, 2002). In the next section, the data collection will be outlined by discussing the setting, the sample, how I recruited the participants, and the use of semi-structured interviews.
The participants for this study were recruited from retired child protection workers from the Children’s Aid Society of the Districts of Sudbury and Manitoulin (CASDSM). CASDSM is one of 46 Children’s Aid Societies funded by the Government of Ontario. CASDSM has a legal mandate to protect children and youth from abuse and neglect. The Ministry of Children, Community, and Social Services regulates CASDSM. The Ontario Child, Youth, and Family Services Act governs the services that CASDSM provides to the community.

I began my recruitment process by discussing the potential for my study with the Director of Accountability and Strategic Initiatives from CASDSM to recruit 12 participants from retirees of the agency. The Director of Accountability and Strategic Initiatives supported my study. She then provided a letter of support that was submitted with my ethics application to Laurentian University’s Research Ethics Board. The Director advised she was willing to send out a letter to retirees regarding my research (see Appendix A). This letter also included the information/consent form (see Appendix B) and my contact information for the retirees to contact me directly if they were interested in becoming participants. A human resources employee of CASDSM, mailed a total of 29 letters to retirees within the past ten years from CASDSM. The letters were sent by CASDSM on my behalf, and I was not privy to the list of retirees due to confidentiality issues. However, I was informed that a total of 29 letters were sent to the last known address for retirees within the past 10 years.

Participants were purposively recruited from frontline child protection worker retirees from CASDSM. As part of their previous roles, these CPWs attended the families’ homes on a
regular basis to provide investigation and intervention services. A sample size of 12 retired CPWs was recruited. I also used snowball sampling, as several of the retirees who contacted me then reached out to retired acquaintances of theirs who then contacted me to participate in the study. Altogether, seven participants were recruited through the letters, and five participants through snowball sampling. Therefore, some of the participants whom I interviewed have been retired for longer than 10 years and were recruited through snowball sampling. The recruited participants were all female and their years of experience ranged from 15 years to 38 years. The participants had been retired for a range of 6 months to 20 years. Ages of the participants were not collected.

**Recruitment**

I accepted the first seven retired CPWs who responded to the study participation invitation email. Between those participants, five more were recruited through snowball sampling. No one who volunteered for the study was turned away, as only 12 people reached out from the letter and snowball sampling. I then contacted each participant to schedule a mutually agreed upon time and location for the interview. I used a semi-structured questionnaire (see Appendix C) and audio recorded each individual interview and then transcribed each interview verbatim. A $10 Tim Horton’s gift card was provided as a token of appreciation for the participants’ time at the beginning of their interview.

**The Use of Semi-Structured Interviews**

I utilized individual semi-structured interviews with the 11 participants. Qualitative interviews can range from completely unstructured and informal conversations to highly structured, standardized interviews where questions must be asked in the exact order and with specific wording that is determined in advance (Rubin & Babbie, 2013). Semi-structured
interviews lie in between these two extremes and allow the interviewer to be more flexible with order and wording for questions and to adapt the style of each interview to the specific participant and flow of the conversation (Rubin & Babbie, 2013). In total, 11 semi-structured interviews were conducted, as the 12th participant withdrew a couple hours before her scheduled interview by emailing me. The interviews took place at a location and time of each participant’s choosing. One interview was at a public library, four were at participant’s homes, and six took place at the CASDSM office in a private meeting room. None of the participants wished to be interviewed by telephone. The semi-structured nature of the interviews allowed participants to answer in their own way by having the freedom to use their own words and elaborate on their answers to provide further clarification if they wished. Several participants also went off on tangents while speaking, and then came back to the original question. The semi-structured nature of the interviews allowed them the freedom to share what they felt relevant, while allowing me to still ask my list of questions. I also assured the participants of their anonymity and confidentiality prior to beginning each interview.

Each of the 11 interviews were audiotaped. I chose to audiotape the interviews as qualitative interviews can pose a challenge for interviewers to capture the in-depth and open-ended nature. Also, qualitative interviews should capture the interviewees’ answers as fully as possible. Therefore, audiotaping allows the researcher to play back the interview and ensure that the transcription is accurate and exact (Rubin & Babbie, 2013). Audiotaping the interviews allowed me to focus my full attention on respondents rather than taking notes.

After the interviews, I played back the recording, transcribed the conversation, and sent the transcribed interview back to participants for their review. One participant requested not to receive the transcript and explained she did not want to review and/or change any of her
responses. Of the other 10 interviews sent to the participants for member checking, there was only one participant who wished to change the wording in one of her responses, where she had stumbled over her words. Everyone else approved the transcripts as they were transcribed.

**Data Analysis**

I used Braun and Clarke’s 2012 model of thematic analysis. Braun and Clarke (2012) explained that thematic analysis is an accessible and flexible method of analyzing qualitative data. Thematic analysis is a way of identifying common themes and then making sense of the commonalities to aid in developing conclusions (Braun & Clarke, 2012). Braun and Clarke (2012) list the six steps for thematic analysis, which I used to analyze the interviews as part of this thesis project. They are:

Phase 1: Familiarizing yourself with the data - This first phase includes learning about the data through studying text, listening to audio recordings, or watching video recordings. Note taking while reviewing the data is also recommended by Braun and Clarke (2012). Braun and Clarke (2012) also recommended reading data analytically and thoroughly, and not just skimming through, as one may read a magazine or newspaper. The purpose of phase 1 is to become very aware of the content of the data (Braun & Clarke, 2012). During Phase 1, I familiarized myself with the data by listening to the audio recordings to create the transcripts. Next, after member checking occurred, I made notes on hard copies of the transcripts and highlighted comments that stuck out to me as relevant, and potential codes. For example, when people spoke about what made them remain in the child welfare sector, adequate wages were a reoccurring reason.

Phase 2: Generating initial codes - In Phase 2, the data analysis begins through coding. From codes, the analysis forms. Braun and Clarke (2012) explained that, “Codes are the building blocks of analysis: If your analysis is a brick-built house with a tile roof, your themes are the
walls and roof and your codes are the individual bricks and tiles” (p. 61). Coding helps to interpret the content of the data and is often shorthand and only understood by the analyst (Braun & Clarke, 2012). It is important for all codes to be related to answering the research question. There are many different techniques to coding, whether it is on a hard copy, in a separate electronic document, or using computer software (Braun & Clarke, 2012). I used a Word document to transcribe the interviews, and then using the same document added notes and comments in order to come up with common themes and codes to the participants’ interview responses. The main factor is to ensure the “coding is inclusive, thorough, and systematic” (Braun & Clarke, 2012, p. 62).

Phase 3: Searching for themes - In phase 3, the analysis begins to come to life, as codes become themes. Themes identify something important about the data in relation to the research questions and represent patterns and meaning within the data (Braun & Clarke, 2012). In this phase, coded data is reviewed to identify commonalities between the codes in order to create themes (Braun & Clarke, 2012). After highlighting and making notes on the hard copies of the transcripts, I created a list of codes for each interview and then cross referenced to see in which other interviews the codes also appeared. For example, codes of the work being emotionally draining, negative effects of stress, and likes/dislikes of the job were codes used to create the theme of the quality of work. Also, the theme of recruitment and retention was created by codes such as wages, retirement package, necessity to work, and wanting to help people. The theme of suggestions for improvement was made of codes of advice for newer workers and well as suggestions for organizational changes.

Phase 4: Reviewing potential themes - the fourth phase is where themes are deciphered from the coded data set and quality checking takes place (Braun & Clarke, 2012). Braun and Clarke
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

(2012) explained that the phase of reviewing potential themes is especially important for beginner researchers. I asked the following questions that Braun and Clarke (2012) suggested

- “Is this a theme (it could be just a code)?
- If it is a theme, what is the quality of this theme (does it tell me something useful about the data set and my research question)?
- What are the boundaries of this theme (what does it include and exclude)?
- Are there enough (meaningful) data to support this theme (is the theme thin or thick)?
- Are the data too diverse and wide ranging (does the theme lack coherence)?” (p. 65).

In Phase 4, I compared the codes in each of my interviews and organized them into categories to create my themes. For example, I organized similar codes such as wages, necessity to work, and flexibility into a theme regarding recruitment and retention.

Phase 5: Defining and naming themes - When defining themes, each theme should be able to be summarized in a few sentences. Themes should have a single focus, be related but not repetitive, and address the research question (Braun & Clarke, 2012). The fifth phase is where the thematic analysis takes place and the analysis becomes fine-tuned and more detailed. This phase also includes selecting which segments of data to present to explain each theme (Braun & Clarke, 2012). Braun and Clarke (2012) explained, “the extracts you select to quote and analyze provide the structure for the analysis—the data narrative informing the reader of your interpretation of the data and their meaning. In analyzing the data, you use it to tell a story of the data. Data do not speak for themselves—you must not simply paraphrase the content of the data” (p. 67). In this phase, I once again went through the marked-up transcripts and emphasized which specific quotes I wished to include in each theme. I chose the quotes that were relevant to the themes, as well as powerful to accentuate the focus of each theme, in order to assist the reader in better
understanding the CPWs experiences.

Phase 6: Producing the report - The sixth phase includes producing the final report. However, this phase takes part all throughout the process, unlike quantitative data that consist of completing an analysis of data and then writing it up (Braun & Clarke, 2012). The final report explains the data based on the analysis. It should be clear yet detailed, and make a strong case to answer the research question. Themes should flow and build upon each other to explain the data (Braun & Clarke, 2012). In this ongoing phase, I wrote the chapters of this thesis and submitted them to my thesis advisors for their feedback and constructive criticism to allow me to improve my analysis that was eventually compiled to create this final product for my MSW thesis.

While analyzing and coding the data collected during the 11 interviews using Braun and Clarke’s six steps for thematic analysis (as seen above), three main themes emerged: Quality/Impact of Work, Recruitment and Retention, and Suggestions for Organizational Improvement. These themes, and their subthemes (as seen in the chart below), will be discussed and elaborated upon in the next chapter, which will discuss the study findings and analysis.

<table>
<thead>
<tr>
<th>Quality/Impact of the Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Likes/dislikes of the job</td>
</tr>
<tr>
<td>• Negative effects of stress</td>
</tr>
<tr>
<td>• Balancing work and home life</td>
</tr>
<tr>
<td>• Impact on mental health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recruitment and Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Necessity to work/compensation</td>
</tr>
<tr>
<td>• Relationships/support systems</td>
</tr>
<tr>
<td>• Debriefing</td>
</tr>
<tr>
<td>• Use of humour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suggestions for Organizational Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Systemic issues</td>
</tr>
<tr>
<td>• Support following traumatic events</td>
</tr>
<tr>
<td>• Increased education and training for newer workers</td>
</tr>
<tr>
<td>• Pressures surrounding overtime</td>
</tr>
</tbody>
</table>
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

Ethical Considerations

Prior to beginning this study, I was required to obtain approval from both CASDSM and from the Laurentian University’s Research Ethics Board (REB). Before I applied to the REB, I obtained a letter of permission from CASDSM, which accompanied my REB application. This letter indicated the agency’s agreement to send out the study information to their retired CPWs.

As per article 6.12 of the REB application, this research project is considered minimal risk and the potential benefits outweigh potential harm. Participants are adult (18 years and above) child protection worker (CPW) retirees from the Children’s Aid Society of the Districts of Sudbury and Manitoulin (CASDSM), and as such do not fall under the vulnerable persons category. Participants were not required to share deeply personal information or specific details of their past experiences. They were free to withdraw their consent and participation at any point. There was no deception involved in this study. My REB approval certificate is attached as Appendix D.

There were very were no significant ethical considerations involved for participants of this research. There was the potential that participants may have experienced distress thinking back on their careers as child protection workers. However, this distress is the same as if they were thinking back on their career experiences on any other day or speaking with a friend or colleague about their past career. The semi-structured interview questions were not designed to ask specific details of their experiences. At the start of each interview, the limits of confidentiality were explained. Participants were informed that the researcher is required to report if they disclose being a threat to themselves, others, or children at risk. The participants were also advised of services they could contact should they require support following the interview. They were advised they could also contact any other resource of their choosing.
Participants were notified of Health Sciences North’s Crisis Intervention Services and the Sudbury Counselling Centre both verbally, and they were given a handout (Appendix E) in writing at the beginning of each interview, as well as reminded at the end of each interview. CPW retirees do not have access to CASDSM’s Employee Assistance Program. However, retirees under the age of 70 years old have Extended Healthcare Benefits through CASDSM that can be used for a psychologist of their choosing should they feel they would benefit from further support.

Some participants did make some disclosures throughout the interview as they spoke about their feelings and experiences. When this occurred, I allowed them to keep talking about their experiences, however they all ended up self-directing themselves back to the topic and some of them asked me to repeat the current question.

The community resources were also available to me as the researcher should any of the participants’ stories have triggered an emotional response for myself, however I did not experience any negative emotional responses that would have required me to reach out for support.

At the beginning of interviews, I discussed my interest in this research as a current MSW student, as well as a current CPW. I made sure to remain cognizant of the fact that while I may not hold direct power over participants, as a researcher, there was a power imbalance as I was the one collecting and analyzing the data. I assured the participants that all of their answers will remain anonymous and the only people who would know who chose to participate are my thesis advisors and myself. They were also told that they could withdraw their consent at any time and stop at any time during the interview process without any repercussions. I also provided a 10-
dollar Tim Horton’s gift card to thank participants for taking the time to participate in the study. This gift certificate was provided at the beginning of each interview as per REB suggestion.

**Researcher Reflexivity**

Researcher reflexivity is very important in qualitative research studies. Researchers should share their background, how it informs their interpretation of data and results, as well as what they have to gain from the research (Creswell, 2013). A powerful quote to explain researcher reflexivity is by Harry Wolcott as follows:

> Our readers have a right to know about us. And they do not want to know whether we played in the high school band. They want to know what prompts our interest in the topics we investigate, to whom we are reporting, and what we personally stand to gain from our study (p.36).

Creswell (2013) explained that:

> How we write is a reflection of our own interpretation based on the cultural, social, gender, class, and personal politics that we bring to research. All writing is “positioned” and within a stance. All researchers shape the writing that emerges, and qualitative researchers need to accept this interpretation and be open about it in their writings (p.215).

I will begin my researcher reflexivity section by providing my personal details, as well as my formation and experiences as a current CPW. I am a Caucasian, middle class, 27-year-old female, who works as a full time CPW, while completing my MSW degree through Laurentian University. I am a wife, as well as a mother to a rambunctious two-year-old, while expecting a
baby girl in the upcoming weeks. I was born and raised in Northern Ontario in a middle-class family with a working father, stay-at-home mother, and one older sister.

My father has been employed in the child welfare sector since before I was born. During my childhood, he worked as a CPW, while also having a mediation consulting firm. As I grew up, his roles changed, and he moved up the corporate ladder although always remained in the child welfare sector. He worked frontline protection, residential secure care facilities, and children’s mental health. He then moved up through his managerial roles and became a member of the senior management team and is now the Executive Director of a child welfare agency in Northern Ontario, where he has been employed for over 30 years.

As a child, my father shared very little about his employment roles and experiences. I knew he worked for a Children’s Aid Society, but that was the extent of my knowledge. I grew up living a very sheltered life and my parents attempted to protect my sister and I from any hardship and negative experiences. Growing up in a small town of 5,550 people, with a father in the child welfare sector had its risks. While I was an infant, my family had to be escorted to the nearest city due to a threat by one of my father’s clients to harm his children, as he had removed hers from her care. Once police were able to intervene, we were able to return home. There were also countless times where I would be at the grocery store with my father where we would have to quickly turn down the nearest aisle with no explanation. As I grew up, I came to realize he was sheltering his own family from clients in an attempt to keep his personal and professional lives separate. Other times, my parents would come to school functions and my classmates would run up to my father and give him a big hug. My younger self would ask how he knew them, and he would never be able to provide a concrete answer. I now know that he was their CPW/childcare worker and played a vital role in their lives.
As I am now a mother myself, I find myself in the same situations with my own family. Whether it be running into a client at the grocery store or attending a public event and having people say hello to me. My husband knows not to ask questions, and my two-year-old is too young to notice, however, I am sure he will grow up with the same realizations I had during my childhood.

When it came time for me to choose a program for post-secondary education, I was unsure what I wanted to pursue. I always wanted a job in healthcare, but chemistry and math are not my strengths. Therefore, I decided to pursue speech and language sciences at a university six hours from my home and my parents. As I suffer from anxiety, have also lived a very sheltered life, and had never even been away from home for summer camp, I only lasted two weeks before I withdrew from my program and returned home. I spent that year working, while deciding what program to apply for at a university closer to home for the following September. When I mentioned going into child welfare, my father always attempted to steer me away. I found this frustrating, but now see he was trying to protect me from the emotional and stressful world of child protection. I eventually decided to pursue an undergraduate degree in psychology at a university 1.5 hours from home where I could return home on the weekends. However, the spring and summer before I was scheduled to begin the psychology program, I was employed at North Eastern Ontario Family and Children’s Services (NEOFACS) as a student/case aid. I immediately fell in love with the child welfare field. I felt like I had found my calling, much to my father’s dismay. I enjoyed the work so much that I continued on as a volunteer on Fridays and weekends throughout my first-year university, as well as on my school breaks and Christmas holidays. I also applied to transfer into the Bachelor of Social Work (BSW) program at Laurentian University for my second year of university. I was granted admission into the
professional years of Laurentian University’s BSW program and never looked back. I focused all of my assignments on issues pertaining to the child welfare field and have never doubted my decision to begin my career as a CPW.

I continued to work as a case aid with NEOFACS on holiday breaks, as well as summers, and then was hired as a CPW with the Children’s Aid Society of Algoma, halfway through my fourth year of the BSW program. I would work extended hours from Tuesday until Friday and returned to Sudbury on the weekends to attend classes on Mondays, and then drove back to Elliot Lake after class ended at 10pm, in order to be at work on Tuesday morning for 8am. I eventually transferred to another CAS, and ultimately landed at CASDSM, where I am currently employed.

Upon finishing my BSW, I applied for, and was granted admission into, Laurentian University’s MSW program. I knew I wanted to focus this degree on child welfare as well. I also had an interest in the area of compassion fatigue. Therefore, I combined my two interests and decided to complete my research thesis on experiences of CPWs in Northeastern Ontario, particularly on their experiences of compassion fatigue. While this topic is of interest to me, it is also a bit self-serving. While I generally love my career, there are days where I do not know how people do it long-term. The high demands, coupled with the secrecy of not being able to speak openly about my career experiences with loved ones, as I experienced with my father growing up, can make a career in child welfare feel extremely isolating. Therefore, I wanted to learn how senior workers and retirees have been able to remain in the field long-term and successfully make it to retirement without changing sectors. I feel this research thesis will benefit me personally by learning how others have coped, as well as professionally, by allowing me to bring back valuable insights to my employer.
I will provide CASDSM with a copy of the completed thesis. The consent form (Appendix B) asked participants if they wish to receive a summary of the study upon completion. There will be no identifying information in the final products. This ensures I maintain confidentiality with the participants, and CASDSM will not know which retired CPWs were participants in the study.

The next chapter will discuss the findings, results, and themes of this research thesis.
Chapter 3 – Results

This chapter will provide a detailed overview and discussion of the findings of a qualitative research study that explored the experiences of CPW retirees in Northeastern Ontario. In this chapter, I will discuss the three main themes that emerged during data analysis as well as the subthemes that compose each theme. The three main themes are: Quality/Impact of work, Recruitment and Retention, and Suggestions for Organizational Improvement.

Quality/Impact of the Work

In this section, I will discuss the quality and impact of the work that participants said they did during the interviews. This theme is constructed of subthemes such as: likes and dislikes of the job, negative effects of stress, balancing work and home life, and impact on mental health. Some of the topics the retirees discussed included their enjoyment of learning from clients, the difficulty of systemic issues and policies, high caseloads and overtime requirements, creation of anxiety, as well as the impact on parenting and family life.

Likes and Dislikes of the Job

It must also be mentioned that not every detail about the retirees’ experiences was negative. The majority of participants advised that they enjoyed working with the clients. Participant 1 explained that she loved how she experienced a continuous learning curve and learned from any client she worked with. A common topic was how the retirees enjoyed seeing families do well and progress, as well as seeing extended family pull together to support each other and plan for the children whom were involved in the situation. Participant 9 spoke about how she enjoyed the adrenaline and crisis-nature of the job. She stated,

I enjoyed going out on 12 hours. That was probably doing the initial investigation, the cold knock. The, you know, never knowing what you’re
going to go into. All of my roles in my career have been all crisis-based stuff. So that was my favourite part.

On the other hand, participants described parts of their role that they found difficult and did not like. Participant 5 spoke about her least favorite part of her job being the systemic issues. She commented, “It wasn't the work itself; it was the bureaucracy and the bullshit that got me.” She also stated,

So, there's things sometimes, policies, or things that needed to get done that maybe I didn't personally agree with, but I had to tow the company line type of thing. So that was my least favourite. Also, the way the system worked at times. I found it punitive to families. That was difficult to reconcile because I got to see my child every day and a lot of parents don't. So that was the least favourite part. The systemic issues with families. We unfortunately over identify families that are in poverty, and are minorities, and blah blah blah, and all that stuff. So, I used to have a philosophy though that you could make changes within the system, rather than standing on the sidewalk and criticizing it. So that was my reason for being here, I guess. But that was my least favourite - the system.

Participant 6 explained that the least favourite part of her role was also apprehending children. She commented,

I think apprehensions were the worst. I knew they were necessary, but you're doing something that is so against your own nature - to take children away from their parents and I found it really hard because they - kids would scream, the parents would scream. Nobody understood why it
was happening. Then, as a worker, you are damned if you did, and damned if you didn't. So, if you didn't take the kids away, and left them in a horrible situation, we were criticized, and if you took them away, we were criticized. It was hard to play that role in between, and it was hard especially if you were a family service worker and having to take the children away, and then continue to work with the family to try and gain their trust back, to make them understand why it happened, and work with them on how to get their kids back. That was good and bad. I think apprehensions were probably my hardest.

Although the participant did not say where the criticism came from, she may have meant that the criticism comes from public perception. Other participants referred to the criticism as well by explaining they would not tell people where they work and would rather say they work with children. CPWs often feel unappreciated and unrecognized. In addition, child welfare agencies experience high levels of public scrutiny that other social service organizations do not (Griffiths, Royse, Culver, Piescher, & Zhang, 2017)

**Negative Effects of Stress**

Every single participant commented that the job is extremely stressful. Brown (2011) explained that stress is a physical or emotional response to a real or perceived threat. Our bodies are built to enter into a fight or flight response when faced with danger. However, the term “stress” is commonly used to refer to administration stress and work demands such as high caseloads, lack or resources, and deadlines. These perceived pressures also cause our bodies to become hyper-aroused and enter into a state of stress (Brown, 2011).
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

Participants identified that the stress comes from high caseloads, intense work situations, and bureaucratic expectations, as well as long hours. Child protection work is very personal and demanding work, as you are dealing with the most intimate aspects of people’s lives and they are often in a crisis. Participant 2 explained that the child welfare sector has changed and intensified over the years. She stated,

Families have changed a lot over the years. So you're dealing with a lot of crisis, crisis, crisis. We used to open up cases when say a mom had kids and found she just needed some support. You didn't have to go to court, she just needed some help. You can't do those anymore. You know, now they refer them. There's nothing like going into someone's home and the situation or environment, we don't have that anymore. We don't have the luxury of doing that.

Participant 10 thought that the process of the work prevented her from doing the kind of work she really wanted to do.

It's a stressful job right. So there was always an element of, you know, always outstanding things that you had to accomplish and so that would kind of accumulate over time. So it would continue to accumulate, but you always had something different, a new task every time you went in there.

Sometimes it was like such a - it prevented you from maybe doing the kind of work that you really wanted to do. So that was part of it.

Participant 6 also noted the high aspects of stress in their work,

It's such a high stress job that a lot of times you just didn't want to come into work in the morning. You just didn't want to face another day of
paperwork, another day of crisis, another day of demands, and things like that. It took its toll and there were days I could remember spinning. Like that thing of spinning where you're doing all kinds of stuff, but you're not accomplishing anything. You're going around in a circle and you think you're getting all kinds of stuff done. At the end of the day you look back and think "I did nothing today" because you're stuck. Of course, that then reflects when you go back home, and then it reflects on your health.

Brown (2011) explained the biological functions of the brain and stress hormones in a physical attack but describes examples such as being yelled at by clients and listening to graphic abuse disclosures. She refers to these instances as emotional attacks. However, since CPWs cannot flee, they therefore freeze. Therefore, CPWs have no choice but to absorb the stress hormones, rather than physically release them (Brown, 2011). Griffiths, Royse, and Walker (2018) found that CPWs often report unhealthy behaviors such as using alcohol and isolating themselves in order to cope with the stress of their jobs. These negative coping skills may actually increase the severity of their distress, as well impact the quality of services they provide (Griffiths et al., 2018). The next subtheme that will be discussed is the struggle of balancing home and work lives as a CPW.

**Balancing Home and Work Life**

Nine of the participants commented that it was difficult to separate their work and home lives. They spoke about bringing the work home with them and internalizing the stress, which resulted in trouble sleeping and anxiety for some. Participant 1 explained that it was hard not to bring the stress home. She stated,
Going home at night and wondering, ‘Ok, did I make the right decision to keep that child, or children, in their home that night? Did I make the right decision to wrench the children from their family?’ Always questioning.

Those were difficult decisions.

Participant 6 stated that prior to becoming ill and learning how to separate work and home she internalized a lot of the stress. She explained,

I internalized a lot of stuff. I think it came out at home. My daughter, who is now 34, has said "you know there were days when I just didn't want to come out of my room when you came home from work. I'd open the door and I'd close it again because I knew something bad had gone on. I knew if I asked you a question, or if I wanted to do something, or if I needed something, that your automatic response was going to be ‘no,’ because you were so done when you came home." It had that impact, that they were able to read really quickly what kind of day you'd had. I don't think it's any different in a lot of other jobs, but just because we're constantly under stress in this job, I think it impacts a little bit more.

Participant 5 explained that she remembers her work impacting her home life and duties as a mother on many nights. She stated,

I remember arriving late to pick up my son at daycare. He would be often the second last kid there and that killed me. I felt like inadequate, like I wasn't doing my best as a parent at times you know, because a real emergency held me back at work. It wasn't that I was just like, “oh I got to send one more email or something.” My husband also had a job where he
couldn't just drop things and leave either. So unless I was really stuck, often I was the one picking up our son at daycare. So that part. Busy-ness.

Then I became a sandwich generation where I had a child who is young, and also a parent who is elderly who was starting to ail, and things like that.

Participant 4 also expressed struggles with balancing the work demands and home life. She spoke about as hard as she tried to not let her role impact on her home life, it did. She explained how she often could not leave work on time at 4:30 p.m. and had to have babysitters lined up as she was a single mother who worked long hours. She always needed a backup plan for her children should an issue at work arise. She also spoke about writing case notes at the arena while her children were playing hockey.

Participant 11 also spoke about the impact she thought her work had on her home life. She stated,

Trying to keep a balance was challenging, and having the energy to give to the children, and to the husband. They are adults now and they say that they're not sure how I did it, but they talked about having good memories of the quality of time, but they know now as adults that it was a very high-pressure job.

When Participant 1 spoke about her role impacting on her home life, she stated,

As I said raising kids, um, my husband worked a lot out of town, and he was very, very busy and still is. He's still working half the year. I think my role was seen as the main caregiver. It was the wife; it was the mother and I'm going back to years ago raising my family. So, yes, it impacted in the
sense that I had to juggle. I did work when I first started work and then when our first child came along, I took three months maternity leave, then went back to work. When the second child came along, I stayed home for a couple years. So, I had interrupted service. And then, I tease with my son, our son, that he drove me back to work. Of course, I missed my work. I enjoyed my career. So, I went back to work and along the way I worked part-time so that I could be home with the kids. And later when I was full-time, I juggled the schedule where when I was working foster care, I would work part of the day, go home part of the day for a few hours, and then go back to work in the evening to conduct training courses. And so, I called it a swing shift. So again, I was blessed to have had the opportunity. And I also worked part-time when I worked PR (Public Relations) with my colleague that I shared the family services. Balancing, juggling. And I think it's, today is the same for anybody with families because you're running for dental appointments or optical, kids’ school, in between you're juggling.

Dugan and Barnes-Farrell (2018) examined working mothers as a population at risk of excessive stress related to lack of time and energy due to having to work in paid employment roles, as well as a second shift at home with a heavy home and family workload. The working mothers in the study were not child protection workers and their employment sectors varied. However, the results can be correlated to the pressures that working CPW mothers also face. Dugan and Barnes-Farrell (2018) examined the relationships pertaining to drained resources, lack of opportunities for self-care and stress reductions, as well as well-being. This study was
CONducted by having 440 working mothers complete web-based surveys. The results revealed that those women who worked second shifts as mothers had less time and energy. In addition, self-care behaviours were found to be correlated with availability of resources (Dugan & Barnes-Farrell, 2018). Therefore, those mothers working a second shift had less time and energy to care for themselves, which negatively impacted their well-being, and often their work performance. Dugan and Barnes-Farrell (2018) further noted that future research should investigate the benefits of self-care for working mothers, including social and emotional forms of self-care, to develop and disseminate targeted interventions to improve their well-being.

Griffiths, Harper, Desrosiers, Murphy, and Royse (2019) examined health implications among 240 supervisors in the child welfare sector. This study shows many similarities to the content of the interviews I completed with the retirees. A theme that Griffith et al. (2019) reported was difficulty managing work and home life, with a particular impact on family obligations. A supervisor with 11 years’ experience stated, “my nights are often spent dealing with overtime crisis and work needs that keep me from leaving the office or the field on time.” Another supervisor with 37 years’ experience in the child welfare sector said, At home I am sometimes still working afterhours, weekends, and holidays. Even when I am home sometimes my mind/body is still actively at work or very likely still doing work. There is no break from the work even when I am home with family. I can often be distracted by work while trying to spend time with family/children (p. 195).

The next subtheme will discuss the impacts of the work on the participants’ mental health.
Impact on Mental Health

Three of the participants spoke about the impacts on their mental health, such as the manifestation of anxiety. As noted in the following participants’ quotes, there clearly is a link between the stress of employment in the child welfare sector and the impact on CPWs’ mental health. For example, Participant 9 stated,

Well probably because of the level of stress, you know, when your caseload was high that does have an impact on you. All the negative components of stress and you know, you forget things. You know, your head isn't clear. You do forget, those kinds of things.

When speaking about the impacts on her emotional life, Participant 9 also stated,

I think the negative impacts of stress did cause me some issues. I started to have some issues with anxiety over the years and ended up having to go on medication, which was, you know, you never like that. Nobody ever wants to have to be on meds. So that's something even now, six months after being retired that I'm working on, hoping that that can be behind me. So yes, because of the things that you see, the things that you encounter through that job. Working frontline with families can be emotionally very draining. Just the stress, the level of stress, is what really gets your emotions the most. And then personal life? I think the job just, you know, how much time you spend away from home because you know, you had timelines that you had to meet and you had to work late, or families were only available in evenings. So much overtime. I think that's how it affected my personal life the most and there were times where I would get resentful
that there wasn't a better home/work balance because of the amount of overtime. It's a part of the job, and you have to do it, so you had to do it.

Participant 4 agreed that her role caused her anxiety, particularly surrounding supervising After Hours Services, which all supervisors were required to do on a rotational schedule prior to the implementation of the After-Hours Team. She stated,

Supervising night duty. I hated that with a passion. If I could trade it off, I would have. I hated night duty as a supervisor. You only had to do it a couple times a year, but I hated it. So how did it emotionally impact me? Well night duty would cause me anxiety. I had the beeper and you would be off and then every time the microwave would go “beep, beep, beep” you would think, “Oh my God, where's my phone?”

Participant 11 explained that her role caused her to worry a lot. She said, “Worry was probably the biggest factor. You worry about children, you worry about families, and you worry about your colleagues. So probably that way. So it certainly affected sleeping and that kind of thing.” She also went on to say,

I mean when the pressures were high, there were times when you really didn't want to have to perform and be here. It was stressful and difficult. Sometimes it was particular situations that you had to deal with that were very, very trying.

Participant 10 spoke about how you cannot prevent the job from impacting on your emotional life. She explained that she “just pushed through” and did not talk to people outside of work about her career, but she found she was tired and did not have much time to do things she enjoyed. She stated,
I guess you can't help but it impacting your emotional life because you're working with people and their problems every day. So a lot of the times you kind of have to shut yourself off so that you can deal with some of these horrible things. I think eventually it catches up to you.

Participant 10 also stated,

It's a stressful job, right. So there was always an element of, you know, always outstanding things that you had to accomplish and so that would kind of accumulate over time. So it would continue to accumulate, but you always had something different, a new task every time you went in there. Sometimes it was like such a - it prevented you from maybe doing the kind of work that you really wanted to do. So that was part of it.

Participant 5 agreed that the paperwork was also time consuming and took away from the time she could spend with her clients. Participant 5 further explained that the workload issues took a toll on her. She said that due to agency expectations, as well as expectations she posed on herself, she had to put in a lot of effort. She stated, “so I found myself at work rarely taking lunch, eating at my desk, postponing going to the bathroom, things like that.” When speaking about the role on her emotional life she said,

There were some horrific abuse cases that I investigated I'll never forget. They are in the filing cabinet closed (laughs). So yeah. I emotionally developed a food insecurity with it - with the job, I think. So emotionally nurturing myself through food and things like that. So, I had an eating disorder and I think it's better in control now, but I see it flare up once in a while when there is stress, and I think that was learned behaviour from
being here. But other than that, emotionally I'm a pretty even-keeled person. I'm not - I don't have high highs or low lows. I'm a cup half full kind of person, so I think my optimism kept me as a survivor in this work. But the food aspect and the stress.

Participants in Griffiths et al. (2019) also reported developing unhealthy eating habits such as overeating and emotional eating as coping mechanisms. Griffiths et al. (2019) also described poor sleep habits, self-neglect, lack of self-care, lack of exercise, and irritability. The participants in Griffiths’ study also reported mental health symptoms such as: negative outlook, anxiety, obsession/worry, and isolation (Griffiths et al. 2019). The results from that study closely resemble the responses that the retirees provided to me during the interviews I conducted. The next section will discuss the theme of recruitment and retention, which is comprised of the categories of necessity to work/compensation, relationships/support system, debriefing, and the use of humour.

**Recruitment and Retention**

The second theme that I will discuss is recruitment and retention. Participants spoke about how they became a CPW, as well as why they stayed in their careers. This theme consists of subthemes such as the necessity to work/compensation, relationships/support system, debriefing, and the use of humour. Some of the participants spoke about needing to work to earn money and support themselves and their families, while others found their peer relationships as a reason to remain in the child welfare sector.

**Necessity to Work/Compensation**

A common response given by five of the participants was the necessity to work and earn a salary. Participants 3 and 4 spoke about needing to work and provide for their children as
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

single mothers. When Participant 3 was asked what made her stick with her career at Children’s Aid, she replied, “First of all, I enjoyed it immensely. Secondly, I needed to work. I started off as a single parent of six kids. I had to work to support my family”. Participant 4 was asked the same question and stated,

Well I guess I needed to. How I came to Children's Aid was I was a stay-at-home mom for 10 years and then my marriage broke up, so I did some other things - part time jobs. Then I got laid off. I worked at Sudbury Algoma Hospital as a child and youth worker and then I got laid off. It was Ray Days back in the 90s, before your time. So I got bumped from full-time to part-time and I had to feed these kids, right. So I applied to Children's Aid and I got in.

Participant 6 commented that the job paid well and helped pay her mortgage. She also spoke about the impressive pension plan. When Participant 10 was asked what made her stick with her career at CAS, she responded, “Money. I had nowhere else to go.”

The fact that the retirees commented that the job paid well is contradictory to several American studies completed where CPWs spoke about lack of adequate compensation (Johnco et al., 2014; Travis, Lizano, Mor Barak, 2016; Griffiths et al., 2017; Li & Huang, 2017). Therefore, the pay scale in other countries may not be reflective of the compensation received by CPWs in Ontario. The next subtheme discusses relationships and support systems as reasons for staying with a career in child welfare. Based on the retiree responses, having a close-knit team and co-worker relationships appeared to assist with longevity and coping in their careers as CPWs as will be elaborated on next.
Relationships/Support Systems

Other than the salary keeping the retirees at CASDSM, a common theme was strong peer and personal relationships, and support systems. When Participant 3 was asked if her role impacted on her home life she replied, “Well, yes of course. Stress. Fortunately I had a good husband and could talk to him about the situation when I got home.” When Participant 5 was asked how she dealt with particularly traumatic cases, she responded, “How have I dealt with them? Talking with colleagues. I have a good support at home. My partner is very supportive. You know just having a rough day, those types of discussions, not details of course - confidentiality.” When Participant 6 was asked about her role impacting on her home life she said, “My husband was always very, very supportive, and would listen when I came home. I sometimes would come home and just motormouth for an hour. He would just sit and listen.”

Participant 11 said, “What made me stick? I think the relationships with the peers, no doubt.” She also identified that “With any trauma probably speaking with peers, speaking with colleagues, was probably the thing that was the lifesaver. It was a good reason to stay. So I think the peer relationships really, really helped.”

A finding that Griffiths et al. (2019) noted that I did not find during my interviews was the disruption of marital relationships. None of the retirees that I interviewed disclosed that their employment in the child welfare sector impacted their marital relationships. Rather, they discussed the positive support they received from their spouses. The next subtheme will discuss the importance of debriefing. Debriefing was a main subject that was brought up during the retiree interviews. Nine of the participants spoke about the importance of being able to speak with colleagues to work through difficult situations.
Debriefing

Debriefing with superiors and colleagues was also a common topic that arose, and retirees claimed was helpful in allowing them to cope with day to day stress. Three participants identified the helpfulness of being able to speak with those with whom they worked, rather than people outside the agency.

I think debriefing with a colleague, with a supervisor. Never with family, never with "outsiders." And if ever there was anything that was really troubling, I would just say to my husband or to my friends, "I can't discuss anything, but I am kind of upset" and I would leave it that general. I think you have to seek out to debrief. Our daughter works as an ICU nurse, and once upon a time she had the time where she could come home and debrief with me for five minutes before she went into “the zone” and got sleep because she was on a night shift. Debriefing is extremely important, but I think that professionals today do not have much of an opportunity.

Participant 2 similarly identified that being able to speak with coworkers was helpful in the midst of a difficult situation:

I think talking with co-workers. At one time the agency was much smaller. Like we went from an agency of about 75, and we grew overnight to an agency of 200. That's including all support staff too. So we were like a big family kind of thing, and we all supported each other, so if something was going on in one of your cases or even some people with their home life and that, people really rallied around you. And I think talking about stuff. Talking to coworkers. A lot of times when we were in a team if you had a
case that was difficult, or you're going through a trial, and you are so frustrated, you were able to talk and you had good connection with the lawyers too compared to now.

Participant 4 similarly spoke with her colleagues:

Talk about it with other protection workers - debriefing. You have to talk about it with people. If you keep it inside it will eat away at you. As a supervisor you would have your supervisory group that you would consult with and talk about it. When you are in front line, your fellow workers.

Boyas, Wind, and Kang (2012) explained that debriefing and supervision may assist to alleviate some of the stressors related to child protection work, as well as trauma exposure and worker safety. It also allows workers to learn from each other – particularly new workers form their more experienced colleagues. The next subtheme discusses the importance of the use of humour, which can also often be seen in times of debriefing as a means to lighten the mood and provide for better coping outcomes in stressful situations.

Use of Humour

Using humour to lighten the mood and deal with the trauma and stressors of the job was also a subtheme. Participant 4 commented, “You would be in groups, right. I remember when I started, there was five of us in a room and that was your venting place and inappropriate things that didn't go past those walls.” Participant 6 also spoke about the use of humour when she said, You'll find that every horrible situation becomes almost - it's a terrible thing to say - but it becomes almost like a funny story. You know how social workers talk about gallows humour? We have a lot of that. We face
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

pretty horrendous situations and they become funny after a while. Then situations turn to take on a different light.

Participant 2 stated,

And also, I think what got us through a lot of tough cases was humour. We were able to use lots of humour. We pulled jokes on each other. We used to get together for dinner a lot, get together at different houses you know and stuff like that. You don't see as much of that now. Now it's kind of, there's not as much laughter. Like everybody is so busy.

Participant 1 stated,

Melissa, it's a very good topic that you have selected. Once upon a time, laughter is also the most important thing. We used to have a lot of humour going on in our different pods - in our teams. We go in phases. Things were cyclical. You do have to maintain that humour. See the light side.

As Moran (2002) explained, humour cannot be easily defined, as it is a very complex phenomenon and no single word or phrase can explain humour. There are different aspects of humour such as sense of humour, appreciation of humor, as well as the generation of humor. Humour is not often mentioned when speaking about traumatic experiences, as it can be seen as insensitive. However, informally, it is well known that humor usually occurs during debriefing sessions after traumatic experiences as a means of lightening the situation in order to cope (Moran, 2002). The final theme that will be discussed is recommendations for improvement within child protection agencies, such as CASDSM. The majority of the responses came from participants answering a question surrounding what can be learned from their experiences that would be helpful to newer workers to CAS.
Recommendations by Participants for Improvement

During the interviews, participants considered their experience as a child protection worker and made suggestions for providing better services. This theme consists of subthemes such as support following traumatic events, increased training opportunities, and pressures surrounding overtime. While conducting the interviews, participants also spoke about high caseloads, lack of funding, bureaucratic issues, and the requirement for excessive overtime, which correlates to high caseloads. However, only two of the participants provided feedback and their suggestions for improvement, as the question was not directly posed to them. This will be further discussed in the next chapter’s section on study limitations.

Support Following Traumatic Events

Although only two participants provided suggestions, the ones received described significant issues. Participant 5 suggested the agency have a better system to support workers should something happen to them, such as being assaulted. Participant 5 stated,

I was assaulted on the job. There was some support, but I think that things could have been done a lot better around that. So that self-care was basically me looking after my needs at that time. I think towards the end of my career I was getting better at it because I could see you have to be creative, an advocate on your own behalf, because nobody else is going to say how are you doing. They just assume it's part of your job, so you do it.

Participant 1 suggested implementing a debriefing committee for traumatic events, as she explained that she implanted a debriefing committee in the past. She then questioned if such committee still exists, which it no longer does at CASDSM. Participant 1 stated

Debriefing is extremely important, but I think that professionals today do
not have much of an opportunity. I did chair the stress counselling. Getting that set up. A committee within the agency. We started that. So I did chair that particular work. It's just something that you hope that's there for people but sometimes we close ourselves to thinking that really we don't need any help when we do.

On the contrary, Participant 6 spoke about a positive experience she had following a colleague passing away on the job. She said the agency brought in trauma counsellors, provided food, and allowed the team to spend the day together debriefing, which she found very helpful.

**Increased Training Opportunities**

Initial, as well as ongoing, training is vital for all CPWs entering the field of child welfare. Training is also a requirement for experienced CPWs to ensure they do not become habitual and stagnant in their approach to service delivery. The field is continuously evolving, therefore training opportunities must also be changing and growing along with the field. One of the participants discussed the need for increased training opportunities for new workers in the child welfare sector, which has been occurring since January 2017, as discussed below. Participant 4 discussed her opinion on improvements that could be made to provide better training for new workers who are entering the field, or students who are considering a career in child welfare. It is of note that some of the changes have been made since the time of her retirement. Participant 4 also suggested that CAS organizations pair up with postsecondary institutions to better educate students on what a career in the child welfare sector entails. She also suggested working in pairs to provide better client services and better facilitate an environment of respect for the client. Pair work would also allow workers to learn from each other.
Participant 4 stated:

I think there's got to be a better system to train people maybe. When you hire somebody, and I don't know what the system is now, I've been gone for 5 years. But you can't apprehend for a certain period of time, you can't do this for a certain period of time, and you can't - you know you can shadow a worker and things like that, but I don't know. Maybe with the Social Work program there would be an aspect where you can do some training, protection training, or whatever right in University if you're geared towards that like a lot of people. I think it's good to have placements here because a lot of times that's enough to show whether you can do it or not. I think a lot of times - I very seldom went out with another worker, very seldom. I don't know if they're doing that now but I know down South I had a family member who'd been involved with CAS and they always came out in pairs - never by themselves, always in pairs, because you don't know what you're going to walk into in a lot of cases. So, I think that should be implemented - going out in pairs even though it's not cost efficient, but you know, one person taking notes and one person doing the conversation. It's hard to take notes. You want to make eye contact so you can't be down taking notes or whatever, but yet when you leave that situation you've got to do your case notes, right. I remember sitting in grocery store parking lots doing my case notes or doing short form so I wouldn't forget. Now it's all on the computer and stuff like that. But it's so easy to forget things. So much happens in an interview. It will
be good to go in pairs so one can take notes and one can talk and have that contact and build that rapport and not be disrespectful to the clients. You need that respect for everybody.

It should be noted, that since January 2017, the Ontario Association of Children’s Aid Societies (OACAS) has implemented more intensive training for new CPWs called the Child Welfare Pathway to Authorization Series. This is mandatory province-wide training for new CPWs that occurs within the first six months of a CPWs hire date. There are six courses that make up the training including: Cornerstones of Child Welfare, Legal Framework of Child Welfare, Maltreatment and Child Development, Intake and Investigation, Professional Resiliency and Self-Care, Legal Process and Court Procedures, Ongoing Services Part 1, and Ongoing Services Part 2. This training takes place in a classroom setting, as well as through online learning. As per the OACAS website,

The Child Welfare Pathway to Authorization Series is designed to be more responsive and better reflect the realities of child welfare work in Ontario using an anti-oppressive framework. It covers topic such as equity, human rights, and anti-racism, with a focus on Indigenous content. It also includes e-learning, assessment, and evaluation components (OACAS, 2017).

The authorization process consists of over 150 hours of training that consist of in class learning, as well as shadowing authorized CPWs. New CPWs must pass each course before moving on to the next. At the end of the Child Welfare Pathway to Authorization Series, CPWs must pass an Authorization Candidacy Exam. At that point, they will them be eligible for authorization by the director of the CAS at which they are employed. After becoming authorized, CPWs can then participate in all aspects of the job, such as carrying a caseload, independently.
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

completing investigations, apprehensions, and attending court, among other aspects of the job that they were previously required to shadow more experienced workers. After authorization, all CPWs continue to participate in ongoing training and professional development activities to ensure continuous learning and adaptation to best meet the needs of children, youth, and families (OACAS, 2017).

Pressures Surrounding Overtime

Overtime expectations are often posed on CPWs at CASDSM today, as well as in the past according to feedback from the retirees. This pressure is felt by CPWs, as well as supervisors, and stems from funding issues. Participant 4 spoke about pressures she received as a supervisor regarding her employees working overtime, which is inevitable due to the high caseloads. She stated,

The hours you must put in. That's another thing I wanted to add. Overtime. Overtime is a real big issue. I have a big issue with it. I didn't care for me; I must have thousands of hours of overtime that I never claimed or whatever as a front-line worker and as a supervisor. But that's me - my work ethic. That's who I am, I'm driven that way. I'm an all-or-nothing. But there are a lot of workers out there that have to do overtime. A lot of times they told us to try not to let the workers have overtime - to get it done in the 8:30 to 4:30. But I don't think it's possible to do the job in that period of time. Then within two weeks you had to take some flex time, which is not feasible, you know in 2 weeks. So don't begrudge the overtime. I know with the government, and the money, and the budgets and all that stuff, but the workers need to do overtime and be appreciated.
for it. Again I've been gone 5 years, things may have changed. Like I said, unless you're the type of person that's going to do it because it's got to get done and don't care about the overtime. That's why people didn't think I could ever do it when I retired. I'm doing fine (laughs). If you're going to do a thorough job, it takes time and now it goes into the computer so it's time-stamped so you can't even backdate it like we did - not that you're supposed to. I was pretty good with case notes too. My writing skills weren't too bad. It's hard being a protection worker because everybody hates you right. I never told people what I did. I never said I was CAS. I always said that I work with kids. It's a very difficult job and you got to really hand it to the people who can do it and survive it. I guess that's it. I can't think of anything else offhand. I'm just babbling on now.

Suggestions for New Child Protection Workers

The participants shared their practice wisdom for newer workers to CAS. Each retiree spoke about the importance of a strong support system outside of work. They also spoke about having hobbies and things to do for yourself such as gardening, or being physically active, and not letting the job consume you. A common comment that was made was that new workers can either do the job, or they can’t and how it takes a special person to be a CPW. Participant 4 said, Well I always say with child protection you could either do it or you can't do it because it is stressful. I mean, you are going into people's homes and you are disrupting their lives. Everybody hates CAS and you can't defend yourself to the public or whatever.

She then went on to say,
Well everybody comes in really with rose coloured glasses and they want
to save the world. We all come in wanting to save the world, but you can't
save the world and you can't save them all. You need to really focus on
what you can do and not to take it home with you because that's a hard
thing. At the beginning, I would take it home with me as well too, but you
can't. Once you leave this place you've got to be able to compartmentalize
and store it in the back of your head and not worry about it. You know, to
be honest with you, I don't think I was ever able to do that. I did to a
certain extent because I would bring work home on the weekends, like as a
supervisor I would anyways, reading the work and stuff like that. You can't
make it your full life. It's sometimes hard when you're working with
people.

Participant 1 explained,

I always said to, in orientation with staff, I would say "If you can last two
years then perhaps you have what it takes to be a child welfare worker.
Perhaps you have the passion because you have to give yourself at least 2
years to know how to handle the stress." Because it is one of the most
stressful jobs one could ever imagine. I liken it to police or emergency
workers, fire fighters, nurses, doctors. It's that kind of stress.

Participant 1 then went on to say,

Never forget yourself. Always put yourself and your family first. Working
with other people and their troubles, it can, as I said earlier consume you.
You can forget yourself. You need to try to find other interests and that's
hard to do because you're working the hours. I mean, you know yourself, probably go home and you're still recording and you're still thinking. The brain never shuts off. But somehow you must shut that brain off. It took me the first year when I started my work, it took me the first year. And after about a year, you never detach because then you might become apathetic and you never want to be apathetic and be looked upon as too hard, but you have to know when to say no to take on extra work, and also to seek out guidance and help and support. Not that you are invincible, you are always vulnerable yourself.

When Participant 5 was asked what newer workers could learn from her experiences, she provided some very valuable insight. She stated,

To ask for support - to seek clinical supervision rather than check boxy sort of supervision. I think people have a right to clinical supervision. I tried to do that. You weren't always successful on every supervision session with a staff, but I think to acknowledge that we're all human too. New workers do make mistakes. It's not the one mistake, it's the 20 things you do right that count. Those mistakes are learning experiences and things. I think to seek - that they earn support, they deserve support, and to ask for it. If you don't ask for it then people just assume that you're doing okay. I think people see it as a sign of weakness to ask. You know, “I'm not doing really well” blah blah blah. “Well what you can't cut it?” But no, it's not about that. It's about it's impacting me and once I talk it through, or once I work it, then I have some support, and then I can deal with it. But if
you don't have that and you're going home to your cat, then there's not a lot of support around that. So, you need to have those things in place. Also, to find things for yourself, like a hot bath, or walking, or going to the gym, or whatever. Make time for yourself as well. It's easy to say though because the job consumes everybody. I can give some tidbits, but it's to live that premise myself. Because even myself, I was off for a while, and then came back and said now I'm going to take lunch hours, and it was about a week that I had a lunch hour, and then after that it just evolved. You know maybe I would have one or two a week or something. It's like, now I'm back in the same pattern again because it's easy to do. So, I think just having those conversations with staff and keep reminding people of those things. But there's no quick fix in child welfare because the system is impacted by funding. So, you can do the best job you possibly can but if you don't have the tools, or you don't have the resources, you're sucking on air, I guess.

Participant 6 also had some impactful advice for beginning CPWs. She spoke about the importance of learning to separate work, from a home personal life:

I had a couple times where, especially during really bad situations, I was around a couple child deaths, which were horrible - on my own caseload and then as an intake supervisor, to see how it impacted my workers. Trying to separate work, from home, from personal, was often very difficult. But I got very ill through my career. I almost died. It was a chronic illness that I still have to this day. I realized when I was in hospital
that if I were to die, which I almost did - I was 48 hours away from dying -
that they would not close the doors to the Children's Aid Society. They
would not put a monument out front, “Here lies the best social worker
there ever was.” There would be somebody in my seat before it probably
got cold. I learned at that point that I had to separate work, from home, and
from personal life. I learned at that point to say “no,” and I was amazed at
how well that worked. If somebody says to you, "I want you to do this
committee" and I said “no” and people go "oh ok" and move on to
someone else. I thought, "Oh my goodness! That worked! That actually
works!" I learned to de-compartmentalize, so I was able to do the best that
I could from 8:30 to 4:30, because I knew somebody was coming on at
4:30 to 8:30 who would pick up. I did my best in those 8 hours, but when I
went home, home was home. I did the same with my personal life. I love
gardening. I would go out to my garden, I wouldn't have to think, nobody
talked back to me, there was always something beautiful at the end. I made
a really clear decision when that happened that work was not going to
consume me. It was a job. It's a profession, but it's still a job that I do.
Then there's home life, and I can't let it affect it. It made a big difference in
my life. It made a difference in how the last half of my career went. I was
much more content in my job without thinking that I had to do everything.
I didn't have to do everything. There were people who could pick up the
slack. There were people who could help. I didn't have to do it all by
myself because, in all honesty, if I really died, they would just move on.
They would find somebody to pick up. I learned that I wasn't indispensable. That's a hard reality because you think you're probably the best at what you do, and nobody can take your place. That's bull, in all honesty, because you just keep going.

I made it through 28 years without having stress leave, but I think it was after eight years as an intake supervisor, there was one day where I could just not make one more decision. I just lost it and I said, "I need some time off; I can't make one more decision, I don't want to hear my name called one more time." I remember when I went off and I ran into somebody from here they said, "Well what do we tell people?" I said, "You tell them the truth! Tell them that I'm off on a stress leave and that I hit the wall." I could not do one more thing because we were all one file away from that happening to them. We have to learn that you have to step back sometimes and look after yourself. It was hard because when I went off on that stress leave I would go to the grocery store, I would load up my cart, and there were days where I walked out with a cart half-full and thought, “I can't do this anymore,” and I would go home. As I started to get better, I could feel myself wanting to make more decisions. Then when I came back is actually when I took over as the youth team leader. Those are probably the best four years of my life. It was a hard lesson to learn that you're not indispensable, but it was a good lesson to learn.

Participant 9 spoke about celebrating the small victories. She gave an example of having a hard day, but then you interview a child who said something funny. She said to run with that
and celebrate the small things or the job will consume you.

In conclusion, this chapter summarized the themes that were constructed from the data collected during the interviews with the retired CPWs. The retirees provided insight into their experiences in the child protection sector, which included positive experiences of helping people, as well as negative experiences of high stress, high caseloads, crisis work, and negative impacts on their home life and mental health. They also provided feedback and advice for newer CPWs entering the field including the importance of debriefing, support systems, supervision, and finding a work-life balance. The retirees’ responses directly correlated to study results that have been conducted with CPWs in Canada, as well as internationally. As discussed throughout this chapter, these studies include Griffiths et al. (2017) where CPWs experience high levels of public criticism in comparison to other social service organizations. In addition, Brown (2011) and Griffiths et al. (2018) discussed the impact of stress on CPWs, which often manifests into unhealthy coping mechanisms such as alcohol consumption and isolation. This was not discussed in my study. Dugan and Barnes-Farrell (2018) spoke about the pressures faced by working mothers and the resulting increased stress of a “second shift.” Griffiths et al. (2019) spoke about negative physical and mental health implications among supervisors in the child welfare sector, which was also mentioned by participants in this study. Therefore many of the completed studies have showed similarities in the experiences of employees in the child welfare sector both nationally and internationally, as experienced by the retirees whom participated in this research thesis.

The next, and final, chapter of this thesis will include the discussion, implications for social work practice, researcher reflexivity, study limitations, and conclusion.
Chapter 4 – Discussion

This final chapter will provide a brief summary of the study’s main findings, implications of these findings, as well as a section on researcher reflexivity. I will also highlight the limitations of the study and provide recommendations for future research.

Study Summary

This research thesis focuses on the experiences of CPW retirees from the Children’s Aid Society of the Districts of Sudbury and Manitoulin (CASDSM). One on one interviews were conducted with 11 retired CPWs. The purpose of these interviews was to learn more about the participants’ experiences as CPWs such as growth experiences, challenges, coping mechanisms, and the impact of their career on their personal lives. As discussed in the previous chapter, the main themes that emerged were: Quality/Impact of the Work, Recruitment and Retention, as well as Recommendations for Improvement. Some of the subthemes included: likes/dislikes of the job, effect of stress, balancing work-home life, impact on mental health, necessity to work, and the importance of humour and debriefing. This study is important and relevant because as far as I can tell, there has not been research done with CPW retirees in the past. The current research focuses on current workers in the child protection sector, rather than the experiences of retired CPWs. Although retirees offer a different perspective, the limitations of this type of study population will be discussed later in this chapter.

Researcher Reflexivity

In the methodology chapter, I described researcher reflexivity. Herein, I return to this concept to more thoroughly discuss the interview process and data analysis. While completing the interviews for this research thesis, I felt myself directly relating to the participants on many occasions as they described their experiences as past CPWs. Due to my current role as a CPW, I
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

was able to understand many of the situations they were describing, presumably more than someone who has never been employed as a CPW in the child protection sector.

One of the times that I was able to directly relate my own experiences to the retirees’ interview responses included when Participant 5 spoke about developing unhealthy habits such as poor dietary choices, comfort eating, and postponing bathroom breaks in order to continue working. As a current CPW, I find myself engaging in the same habits. There is very little time for any downtime during the workday. I never know if, or when, I will get a chance to eat lunch, which leads to frequent drive-thru meals in the car on the way to home visits. Also, there is often junk food brought into the office which I have noticed that myself, as well as many colleagues, use as a comfort tactic during particularly difficult days. Since beginning my career in child protection I have noticed an increase in poor diet habits, as well as stress/comfort eating, which directly impacts my overall quality of health.

While speaking to retirees about their experiences balancing work-home life, in particular motherhood, I did not feel emotionally affected during the actual interview. However, I felt myself becoming emotional afterwards while transcribing the interviews and thinking about my own role as a mother, wife, and CPW. I experienced a strong sense of guilt as I sat and thought about the impact of my career on my family, as well as on myself. I can certainly understand the demands that employment within the child protection sector poses on both my personal and professional life. I think the ability to relate to the participants offered me a greater insight into the experiences that they dealt with as a former CPW, rather than someone who has never worked in the unique role as a CPW. Unlike some of the participants, I thankfully have a husband who has a fairly consistent employment schedule. However, if I am scheduled to pick up our son from daycare I always need to reach out to extended family and friends to ensure a
backup plan is in place in case an emergency occurs at work due to the unpredictability of the job.

As Participant 5 also experienced, my son is often one of the last children at daycare on days when I pick him up, which is an awful feeling. It is bittersweet to see how happy he is to see me, but heartbreaking that it took so long for me to get there. I never know what each day will bring when I walk into the office. I can have appointments planned, but if an emergency call comes in, I must drop everything and tend to the situation. Unfortunately, this means also dropping some of my responsibilities as a mother, which comes with a tremendous amount of guilt. The impact of my guilt caused me to relate with the participants who mentioned the work-life balance issues and pay closer attention to how my own career is impacting my personal life. Previously, I knew there was an impact but never actually sat back and thought about it, as like many of the participants, I have a necessity to work and provide for my family, therefore not leaving me a choice to leave my job. It was the topic of guilt and balancing my duties as a mother and a CPW that stuck out to me as the most relatable while completing this thesis. As a result, there is a chance that I then placed a greater emphasis on this issue during my analysis and composition of this thesis. However, I do not think the impact caused me to lose sight of any other pressing issues that the participants discussed. I think that no matter the severity of child protection issues, caseloads, or lack of funding, the role of mothers balancing childcare and employment is universal throughout past and current CPWs’ experiences.

In addition to not always being available for my own family, there is the excessive overtime that I must work, particularly the hours spent working at home. When I arrive home from work, it is a regular occurrence for me to set up my work laptop at the dining room table and type reports and case notes, while my toddler plays in the background. My two-year-old has
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

become so accustomed to me working from home that he will often sit at the table with me and use my computer mouse as an imaginary phone or ask for a blank paper and pen and scribble in my notebook while I type case notes. While he appears to have adjusted well, as he does not know any differently, it still causes me much heartache to know that I cannot drop everything after work and play with him before he goes to bed. My husband often completes the bath and bedtime routine and I will go say a quick goodnight, before continuing to work into the late hours of the evening.

I also found myself relating to the retirees' comments about impressive compensation, benefits, and pension plan as a reason for recruitment and retention in the child welfare sector. As a permanent CPW with CASDSM, I think that we are paid fairly well. I can compare it to the wage grids of two other CASs I have been employed with in the past, and CASDSM pays slightly higher. We also have excellent health benefits and a pension package. There is very little that our health benefits will not reimburse or fully fund. We also have generous short-term and long-term disability programs. In comparing CASDSM to other social service agencies in the Sudbury area, it is almost certain that finding another job would result in a significant pay cut, or loss of permanent status, as many other opportunities are contract-based. Therefore, this would likely come with a loss of extended health benefits and pension package.

The requirement to work overtime, but lack of funding, was also a topic discussed during the retiree’ interviews. I am lucky enough to have a very supportive supervisor who understands that working overtime is a necessity to adequately complete the duties of my role as a CPW. Unfortunately, not all CPWs are as fortunate. Therefore, this has the potential to create increased stress as the workers then have to rush through their work to ensure some form of report is inputted, albeit not as thorough as it would be if they were allowed to spend more time ensuring
quality work and writing. This rushed work may then reflect as a performance issue. This ultimately comes down to a budgetary/funding issue, which is a province wide issue. The provincial funding issue will be expanded upon in the next section regarding recent events leading to the termination of Andrew “Andy” Koster, former Executive Director of Brant Family and Children’s Services (BFACS). The events at BCAFS are a current example of the state of the child welfare sector in Ontario and can be directly correlated to the current state of the child welfare sector at CASDSM.

**Implications of Study Findings**

While completing this thesis, four main implications for CASDSM and the child welfare sector were discovered. These implications include the impact on CPWs’ well-being, the importance of increased training, the necessity of clinical supervision and debriefing, as well as the significance of peer-to-peer learning.

Prior to discussing these four implications, I will provide some background context on the current state of the child welfare sector in Ontario in order to offer readers perspective on what current CPWs are facing in the filed on a daily basis. The current state is a direct result of a lack of funding, in combination with the current opioid crisis (Contenta, 2019). Three retirees mentioned how things have changed over the years and workers are being asked to handle more severe and complex issues with less resources and funding. Therefore, CPWs must do more with less, which is dangerous to their own well-being, as well as the clients they are serving. This is currently a province-wide issue and was noted by the three participants who claimed the current file openings at CAS are a lot more severe than issues they dealt with throughout their careers.

**Current State of the Child Welfare System**
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

The current state of the child welfare system in Ontario can be illustrated by discussing the recent events surrounding former BFACS Executive Director, Mr. Andy Koster, whom has almost five decades of experience in the child welfare sector. Mr. Koster fought back against the Ontario government about the lack of CAS funding, and ultimately lost his job (Rankin, 2019). He was escorted from the premises for refusing to bend to the governmental pressures at the cost of services for children and families in need (Rankin, 2019).

On March 17, 2019, the Toronto Star published the first article in this ordeal. The article was written by Sandro Contenta and was comprised of an interview with Mr. Koster where the shortcomings of the current state of Ontario’s child welfare sector were discussed, as well as the lack of funding for the Ontario child welfare sector, after funding cuts forced BCAFS to unwillingly lay off 26 CPWs (Contenta, 2019).

The article explained that due to the budgetary cuts and the resulting layoffs, the Ontario government is placing vulnerable children at risk and leaving them in danger. This is occurring while the worst opioid epidemic in the province is happening in the Brantford area. It must be noted that the opioid crisis is also impacting the child welfare sector across the province, including in the CASDSM district. This is resulting in an increased number of children being serviced by BFACS, as well as other Ontario CASs. Some child protection workers have resorted to bringing Naloxone to home visits in case they find that their clients have overdosed (Contenta, 2019).

Mr. Koster wrote an open letter to the community expressing his disappointment and concerns with the required layoffs. Contenta (2019) explained that when there are finding cuts to child welfare services, the ultimate result is that children will die or be permitted to live in inappropriate and dangerous environments. Due to the lack of resources, workers have less time
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

to spend assisting each family and spend their time dealing with one crisis after the next. Unfortunately, this often leaves children and families to fall through the cracks of the child welfare system. Contenta (2019) explained that other CASs in Ontario are facing similar budgetary pressures. Therefore, there is a fear that the system is at a breaking point and there are plans for additional government cuts. These additional cuts will only further limit resource availability for the child welfare sector in Ontario (Contenta, 2019).

On July 12, 2019, the Toronto Star published another article which was written by Jim Rankin. This article focused on the recent developments surrounding the situation at BCAFS that was initially reported on in Contesta’s article from March 2019. Rankin (2019) explained that the BCAFS board of directors all resigned over provincial funding cuts, while Mr. Koster was escorted from the building and replaced by a representative selected by the Ministry of Children, Community and Social Services. Todd Smith, a Ministry representative, said he did not agree with the board’s “assessment” of the level of financial support provided by the ministry, and was “disappointed by the board’s approach” (Rankin, 2019).

Rankin (2019) explained that BCAFS has been operating with a deficit of about $2 million, and was the subject of a ministry review earlier in 2019. In June 2019, the board of directors wrote Lisa MacLeod, who was the Children and Youth Minister at the time, and explained they would resign unless the funding issues were addressed. However, the issues were not addressed so the board made their intentions public in a press release on July 17, 2019, saying provincial underfunding has “put the safety of our community’s vulnerable children at risk” (Rankin, 2019). The board refused to make any further staffing cuts and chose to walk away in protest. The board president, Paul Whittam, explained that the government has left the
board in an unsustainable position and “as a result, we are forced to resign from the board of an agency that has been in operation for almost 125 years” (Rankin, 2019).

Rankin explained that an analysis by the Ontario Association of Children’s Aid Societies found the Ford government is reducing funding to children and youth at risk by $84.5 million annually. Included is a $28 million cut to the $1.5 billion the province gives to Children’s Aid Societies (2019). This has, and will continue, to impact every CAS in Ontario, including CASDSM, which will continue to force CPWs to deal with dire situations with minimal resources, ultimately impacting their levels of stress, safety, mental health, and overall well-being.

As seen above, the current funding for Ontario CASs is extremely concerning for the safety of children and families in Ontario, as well as the well-being of current CPWs who are responding to issues such as lack of resources, high caseloads due to reduced staffing, as well as the ongoing opioid crisis (Contesta, 2019). Suggestions for implementing budgetary changes are beyond the realm of this thesis and will continue to be dependent on the provincial government each year. However, the topic did appear when two retirees in this thesis spoke about high caseloads and overtime demands, as well as when it was mentioned by three participants that the issues current CPWs deal with are more significant than common issues in the past when the retirees began their careers, which can be related to the current funding and opioid issues.

**Impact on CPWs’ Well-Being**

Nine participants in this study advised that their role as a CPW impacted their well-being, whether physically or emotionally. The impacts ranged from the manifestation of anxiety, increased alcohol consumption as a coping mechanism, fatigue, presentation of physical illness, and difficulty sleeping. It is important to note that each person’s experiences and symptoms can
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

vary, but these are some of the common experiences reported by the retirees in this study. The effect on a CPWs’ well-being is an important implication in this study, as it provides an indicator of how the role changes and impacts people on various levels, which can then result in emotional and/or physical issues. Figley (2002) explained that helping professionals have a constant sense of responsibility for their clients, which can manifest as compassion fatigue over time. This is particularly true for CPWs, as the clients have issues related to family violence and sexual abuse and are often experiencing crisis situations which require immediate attention. Therefore, it is difficult for the workers to avoid the intrusive symptoms for compassion fatigue (Figley, 2002).

Due to the nature of the work, it is imperative for CASDSM management to keep in mind the impact that the child welfare field has on CPWs and their well-being, as well as for CPWs to commit to ongoing reflexivity of their practice in order to realize how they are being impacted. I think this relates back to the first implication and techniques must be embedded into ongoing training opportunities, as well as the next two implications of clinical supervision and peer-to-peer mentoring/learning programs.

**Increased Training Opportunities**

While it is very difficult, if not impossible, to obtain greater funding for the child welfare sector in Ontario with the current provincial government (Contenta 2019; Rankin, 2019), there are some less intrusive measures that can be implemented to assist current CPWs in coping with their careers and experiences on a daily basis, such as the implication and importance of increased training opportunities. Although not directly suggested by the participants in my study, based on their feedback of their experiences in the child welfare sector I think Trauma Informed Care training would be beneficial for employees of CASDSM. This implication is due to the fact that a common topic discussed by the participants was the impact of their roles as CPWs on their
mental health, such as the manifestation of anxiety, excessive stress, and the development of unhealthy habits. Although Trauma Informed Care cannot make CPWs immune to the negative impacts of the job, it can assist with coping skills to hopefully lessen the severity of the side effects.

Heffernan and Viggiani (2015) explained that Trauma Informed Care (TIC) training is highly recommended for every CPW. TIC includes: recognizing the impact of trauma, identifying recovery as a main goal, providing an atmosphere that is respectful and safe, as well as being culturally competent and involving the client in their services by giving them the opportunity to provide feedback (Heffernan & Viggiani, 2015). TIC works to avoid re-traumatizing clients that have already experienced traumatic events in their lifetimes. Also, TIC allows employees to understand their clients from a systems perspective to work with them in a way that promotes growth, rather than re-traumatization. When workers are trained in TIC, they are better able to successfully work with clients within a trauma informed care setting and find opportunities to understand clients based on their lived experiences. This allows workers to empower the clients and their families in a partnership that is focused on recovery and moving forward, rather than dwelling on the trauma. It will also allow help workers to be more effective as the nature of child welfare work means that workers will be continuously exposed to secondary traumatic stories, putting them at risk for vicarious trauma, and eventually compassion fatigue (Heffernan & Viggiani, 2015). TIC would be an excellent first step for CASDSM to implement as mandatory training for all CPWs. I think it is a wise building block to allow the further incorporation of ongoing training for staff members in the impacts of secondary trauma related to their roles as a CPW, as no one is immune to the impacts of their career as a CPW. I think it is important for CPWs to have sufficient knowledge and training in the areas of
secondary trauma in order to be able to provide the best possible services to clients, while being aware of the personal implications of their careers.

**Implementation of Clinical Supervision**

A topic that was discussed during the interviews that took place as part of this thesis included the importance of clinical supervision. Brown (2011) explained that workers must recognize that they are not able to help every kind of client or handle unlimited clients. She stated that many workers have the belief that they can operate at peak efficiency and competence at all times with all clients, however, this is unrealistic. She explained that much compassion fatigue can be avoided if workers seek regular supervision. The supervisory process allows for blind spots to be detected, over-identification to be corrected, alternative actions to be considered, and the worker’s over-involvement can be analyzed and better understood.

According to McFadden et al. (2014), social support and supervision have been found to assist with worker retention. Research has shown that relationships with colleagues and supervisors can help reduce the risks of burnout and increase retention rates. Workers who have supportive relationships with their supervisors and receive sufficient guidance tend to remain in their positions for a longer length of time (McFadden et al., 2014). McFadden et al. (2014) explained that child protection supervisors must be mindful of the important role they play in helping workers to effectively deal with experiences of secondary trauma that come with the job. Boyas, Wind, and Kang (2012) also explained that debriefing and supervision may assist to alleviate some of the stressors related to child protection work, as well as trauma exposure and worker safety.

In addition, clinical supervision assists workers in becoming effective at service delivery to clients, which results in better outcomes for clients, as well as increased professional growth
for the CPW (Brown, 2011; Csiernik et al., 2010; McFadden et al., 2014; Salloum et al., 2015).

McPherson, Frederico, and McNamara (2016) completed a study with Australian CPWs and supervisors focusing on the importance and impact of supervision. The emphasis of the study was to understand how practitioners and supervisors experience supervision and to identify the main characteristics of effective supervision. The study found that the most important aspects of a positive supervision experience include honesty, use of humour, offering support, and supervisory knowledge and experience in the child protection field (McPherson et al., 2016). The supervision was made increasingly effective by the promotion of safe, critical reflection on CPWs’ skills and performance, as well as by the supervisor teaching and offering modelling opportunities as a partnership (McPherson et al., 2016). The study concluded that both CPWs and their supervisors found supervision to be an effective concept to better support workers, as well as the families being served by the child welfare system. Therefore, McPherson et al. (2016) found that the main study implication was the need for organizations to prioritize supervision opportunities which would assist workers in dealing with the complex nature of their roles, ultimately resulting in better outcomes for the worker and their clients. Therefore, there is a strong need for clinical supervision within child welfare agencies, including CASDSM. The current supervision process often consists of administratively discussing each CPWs’ caseload, rather than how the work is impacting them or how they could be more effective. Both of these discussions must occur simultaneously to produce the best possible outcomes for both workers and clients.

**Implementation of a Peer-to-Peer Learning Program**

Csiernik, Smith, Dewar, Dromgole and O’Neill (2010) explained that it takes over two years for a CPW to fully learn and develop the knowledge and skills to work independently in
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

the child protection sector. Csiernik et al. (2010) also explained that due to very high levels of stress, the turnover rate is unusually high in the field of child welfare. However, a factor that has claimed to assist with this stress has been social support by peers and senior workers. A study was completed with the Children’s Aid Society of London and Middlesex to develop a social support group for new CPWs hired between April and August 2008. Of the 20 new CPWs, 13 chose to participate in the 8-session support group which was conducted over six months by two senior workers whom were not in supervisory roles. The focus of the sessions included preparing for various aspects of the job such as courtroom conduct, stress management, managing work-home life, self-care, and the effective use of supervision (Csiernik, et al. 2010). At the end of the study, participants indicated that the support group was a valuable resource for them and provided additional social support which they used to deal with the workplace stressors related to their roles as CPWs (Csiernik et al., 2010).

The Children’s Aid Society of London and Middlesex has recognized that new workers need additional support, with one avenue being the introduction of a social support group where new workers can come together to discuss their new role and any issues or concerns they were experiencing (Csiernik et al., 2010). I think it would be very wise of CASDSM to consider implementing a similar program to allow CPWs to learn from, and support, each other. I think CASDSM should also consider internal training initiatives such as “Lunch and Learns” with guest speakers who have expertise in fields such as trauma work, stress, and compassion fatigue, in addition to formal peer mentoring programs and increased opportunities for clinical supervision.
Study Limitations/Future Considerations

While informative and enlightening, this research thesis does not come without limitations. One limitation being the small sample size, which limits the generalizability of the results. However, the biggest limitation is the fact of the population sample being removed from the direct experiences of being a CPW and the issue of recall bias. Hassan (2005) explained that recall bias represents a major threat to the validity and credibility of studies using self-reported data, such as this thesis. Recall bias occurs when there are intentional or unintentional differences in recollection, compared to what actually occurred. Hassan (2005) explained that, Recall of information depends entirely on memory which can often be imperfect and thereby unreliable. People usually find it difficult to remember or accurately retrieve incidents that happened in the past because memory traces in humans are not but poor versions of the original percept. Research tells us that 20% of critical details of a recognized event are irretrievable after one year from its occurrence and 50% are irretrievable after 5 years (p.1).

Many of the participants in this study have been retired for several years, while two retired within the last year. As one participant pointed out after her interview was concluded (and therefore not included in her transcription), looking back she remembers the good times. She explained that as much stress as she is sure she experienced, those are not the memories that stand out to her when she thinks of her time at CASDSM. She remembers the positive experiences and the rewarding times of being able to do meaningful work in people’s lives and make a difference with her clients. Therefore, if the participants had been retired for a shorter length of time, or had been current CPWs, the responses might be different. I would assume that
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

interviews with current CPWs would indicate more negative responses, rather than positive memories, as they are currently in the middle of their careers and dealing with current issues such as the opioid crisis, lack of funding, high caseloads, and overtime expectations. These workers are living the day-to-day struggles of the child welfare sector, and are not removed from the issues, as is the case with retirees whom are no longer employed within the child welfare sector.

Although the participants in this study did not directly mention compassion fatigue or vicarious trauma as I had anticipated, many of their responses described symptoms of compassion fatigue, as discussed in the literature review chapter. The symptoms can be separated into five levels. The symptoms of compassion fatigue can be organized in five categories: physical, emotional, spiritual, social, and psychological (Brown, 2011). Physical symptoms can include increased susceptibility to illness or weight gain/loss, as experienced by Participants 5 and 6 in this thesis. Social problems can include increased alcohol consumption as experienced by Participant 6, while emotional symptoms can include difficulty sleeping. Psychological symptoms can include depression and/or anxiety as experienced by Participant 9, while social symptoms can include a sense of hopelessness (Brown, 2011). Other symptoms include forgetfulness, physical illness, exhaustion, and mental health struggles (Joinson, 1992; Conrad and Kellar-Guenther, 2006). Figley (1995) explained that although more research is needed on compassion fatigue, enough is currently known to realize that it is an occupational hazard for helping professionals, meaning it is a risk or consequence that is associated with an occupation, such as that of a CPW. In this case, the hazard is experiencing compassion fatigue and its symptoms, which occur over time from the exposure to the difficult situations and is often characterized by deep physical and emotional exhaustion and a pronounced change in the
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

helper’s ability to feel empathy for their patients, their loved ones and their co-workers. It can also present increased cynicism at work, a loss of enjoyment of our career, and eventually can transform into depression, secondary traumatic stress and stress-related illnesses (Conrad & Kellar-Guenther, 2006). People who are experiencing compassion fatigue often have bouts of depression and sadness, difficulty sleeping, and generalized anxiety. In some instances they can lose their objectivity and ability to help others. In severe cases they may sink into a deep depression and withdraw from others and their support systems (Conrad & Kellar-Guenther, 2006). The hazards and impact of a career within the child protection sector can be seen in the retirees responses throughout this thesis. They spoke of how they experienced mental health issues, physical illness, difficulty sleeping, isolation, anxiety, as well as other symptoms including increased alcohol consumption as a means of coping with their careers. Figley (1995) explained that trauma workers must be prepared for their roles. He stated,

We have a ‘duty to inform’ them about the hazards of this work. But, at the same time, to emphasize that this work is most rewarding: to see people suffering from the shock of highly stressful events be transformed immediately from sadness, depression, and desperation to hope, joy, and a renewed sense of purpose and meaning of life. This transformation is equally possible for professionals who recognize that they themselves are suffering from compassion fatigue (Figley, 1995, p.17).

Figley (1995) thought educators must ensure to prepare students and trainees for the experiences. He said the first step is to incorporate compassion fatigue into the various training curriculum for people entering helping professions, such as in post-secondary education or employment training. Figley (1995) also stressed the importance of clinical supervision. He also
thought there should be some basic principles to attempt to reduce experiences of compassion fatigue. He thought that training programs should develop policies that require processing of all material that is upsetting for a helper or team member (Figley, 1995). Currently, OACAS’ Child Welfare Pathway to Authorization Series training to authorize new CPWs briefly touches on the impact of the job on mental health/self-care. I agree with Charles Figley and think this needs to be offered in ongoing training to all CPWs, both new and experienced. I also think this training must be mandatory, so it remains at the forefront of CPWs, as well as management’s thought process in regard to workers ongoing mental health and well-being as they navigate their careers, while providing a vital service to children and families. Based on my findings, participants spoke about the stressors of their roles and the events they witnessed, which, for some, manifested in mental health struggles, physical ailments, and poor work-life balance. However, I think that with increased, and ongoing training, the reality of the impacts of being a CPW will be more acknowledged, and there will be less blame placed on individual CPWs who are unable to meet the often-unrealistic expectations of their roles. The training will also assist in coping methods for the CPWs in order to better navigate strategies that will work for them in the child welfare sector. I think a large part of this training should consist of feedback from senior workers and retirees to provide valuable insight, such as the insight that was provided in the completion of this research thesis.

A suggestion for further research would be to complete a similar study with CPWs whom are currently employed in the child welfare sector to better understand the perspective of a participant who is not removed from the duties and stressors of the role. Another suggestion would be to interview former CPWs who left CAS for various reasons such as not being able to cope or not enjoying the work and see what perspective they can offer. I would also be interested
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

in a study where both current and retired CPWs are interviewed to see how their responses differ. I would be particularly interested in the responses to a question where participants are directly asked how they feel they could be/could have been better supported by their agency in their role as a CPW to see the similarities and differences in their feedback. I would also like to hear the responses of what they feel their agency already does/did that positively assists/assisted them in coping in their role as a CPW. Unfortunately, this question was not asked during the course of this research thesis.

Conclusion

Several studies have examined the experiences of current CPWs, however, none have yet to be completed with retirees, until now. My study focused on the experiences of retirees from the child protection field in Northern Ontario, particularly in relation to compassion fatigue. One on one interviews were conducted with 11 retired CPWs from the Children’s Aid Society of the Districts of Sudbury and Manitoulin. The purpose of these interviews was to learn more about the participants’ experiences as CPWs, such as growth experiences, challenges, coping mechanisms, and the impact of their career on their personal lives. The results of the retirees’ responses can be captured in three main themes - Quality/Impact of the Work, Recruitment and Retention, as well as Recommendations for Improvement and their corresponding subthemes. Subthemes for Quality/Impact of the Work include likes/dislikes of the job, negative effects of stress, balancing work-home life, and mental health impacts. Subthemes for Recruitment and Retention include necessity to work/compensation, relationships/support systems, debriefing, and the use of humour. Subthemes for Recommendations for Improvement include support following traumatic events, increased training opportunities, and pressures surrounding overtime.
No studies were found that focused on the experiences of CPWs in Northern Ontario. This geography can present unique issues such as those noted in Coholic and Blackford’s (2003) study of issues surrounding helping professionals in Northern Ontario. Their study focused on sexual assault workers in Northern Ontario, whose experiences may be similar to those of CPWs working in the North as well, including those employed with CASDSM, including lack of anonymity in more rural areas, lack of collateral services, and long waitlists for existing services (Coholic & Blackford, 2003). It is important to note that similar results were not discussed by the participants in this research thesis as I had anticipated when I chose to complete this study with an agency in Northeastern Ontario, such as CASDSM. My questions may have been too vague to allow for this particular discussion.

This study adds to the growing body of research surrounding the experiences of CPWs, while adding a rural and Northern perspective, that others will hopefully expand upon in the future. This study has been useful in determining next steps for training suggestions for new CPWs, such as the continuation and elaboration of training for new CPWs as discussed by Participant 4. The merit of this suggestion can be seen by the implementation of the mandatory OACAS training for new CPWs prior to authorization.

In summary, the findings from this research study show the factors that have most significantly impacted retired CPWs that they may have carried with them into retirement. It is from the retirees’ experiences that we can learn how being in the role of a CPW impacts individuals employed within the child welfare sector. Although few suggestions were provided on what can be done differently, this was due to the question not being directly asked to participants. Future studies may determine ways to better support current and future CPWs to assist them in having long and successful careers, while providing the best possible services for
the children and families that they serve. This study has suggested that while provincial funding will be an ongoing issue, we must work at a local level to assist CPWs, such as implementing extra training, hosting “Lunch and Learns,” reinstating a formal debriefing system, and increasing opportunities for clinical supervision.
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO

References


https://doi.org/http://dx.doi.org.librweb.laurentian.ca/10.1007/s10896-009-9249-0


https://doi.org/http://dx.doi.org.librweb.laurentian.ca/10.1080/00377317.2011.543044
COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


https://doi.org/http://dx.doi.org.librweb.laurentian.ca/10.1177/1524838015584362


COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


https://doi.org/http://dx.doi.org.librweb.laurentian.ca/10.1300/J079v32n03_01


COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


https://doi.org/10.1016/j.childyouth.2014.10.016


https://doi.org/10.1016/j.childyouth.2014.09.015


COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


https://doi.org/http://dx.doi.org.librweb.laurentian.ca/10.1002/car.2362


https://doi.org/http://dx.doi.org.librweb.laurentian.ca/10.1016/j.childyouth.2014.12.023

COMPASSION FATIGUE IN CHILD PROTECTION WORKERS IN NORTHEASTERN ONTARIO


Appendix A – Letter to Participants

Dear CASDSM Retirees,

My name is Melissa Raymond and I am a Master of Social Work student at Laurentian University. I am also a current child protection worker with Children’s Aid Society of the Districts of Sudbury and Manitoulin (CASDSM). I am currently completing a research thesis, which focuses on retirees’ experiences in child protection work. CASDSM has been kind enough to send this letter to retired CASDSM child protection workers in hopes of recruiting participants for my research.

We all know that the field of child welfare is not for the faint of heart. It can be emotional, exhausting, and rewarding simultaneously. I have decided to focus my research on the experiences of retirees from the child protection field in Northeastern Ontario. I would request that you review the information on the enclosed information/consent form. If you wish to participate, please contact me at mmraymond@laurentian.ca. You can also leave a message for my thesis advisor, Dr. Leigh MacEwan, at 1 855 675 1151 - ext. 5059. We will schedule a time to meet for the interview. I will be accepting the first 12 retirees who respond.

Thank you in advance for your time and consideration,

Sincerely,

Melissa Raymond
Appendix B – Information/Consent Form

Study Title: Exploring the Experiences of Working in Child Welfare from the Perspectives of Retired Child Protection Workers in Northeastern Ontario

Student Researcher: Melissa Raymond: mmraymond@laurentian.ca
Supervisors: Dr. Diana Coholic  dcoholic@laurentian.ca, 705 675-1151 ext. 5053
Dr. Leigh MacEwan  lmacewan@laurentian.ca, 705-675-1151 ext. 5059
School of Social Work
Laurentian University

I am a Master of Social Work student at Laurentian University. I am interested in knowing the experiences of Northeastern Ontario child protection workers from a retiree’s perspective. This study will help in understanding the benefits and challenges of child welfare work. It may help newer child protection workers who listen to stories of children’s trauma every day. If you volunteer, your participation would consist of:

- Completion of an Informed Consent Form
- One individual audio-recorded interview of approximately 1-2 hours at a time of your choice. Interviews can be conducted in a private room at Laurentian University or at the Children’s Aid Society of the Districts of Sudbury and Manitoulin (CASDSM) depending on participant preference. There is also the possibility of participating through phone/video chat.

These interviews will be audio-recorded. I will transcribe them and return a copy to you by email or in-person if you prefer. In two weeks, I will contact you again. At this time, you can edit/delete/add anything to the transcripts. This can be done by email or a second in-person meeting to make the changes.

Talking about your work experiences as a former CPW may cause you some distress and/or fatigue. You can ask to take a break at any time in the interview process. You are not required to talk about the stories you remember nor to give actual details.

A $10 Tim Hortons gift card will be provided as an incentive to participants at the beginning of each interview. If you decide to participate in this study, and then change your mind, you can withdraw your consent at any time, without any penalty or consequence. If you need more support following the interview, you may want to access Crisis Intervention Services through Health Sciences North, Sudbury Counselling Centre, or any other mental health professional/service of your choosing. Although CASDSM retirees do not have access to the current Employee Assistance Program through Morneau Shepell, those participants under the age of seventy (70) years old have access to Extended Healthcare Benefits, which include services.
for a psychologist or social worker of your choosing. I am willing to assist participants, both local and those who have moved away, in finding suitable services in your area if requested. All of the information we collect will remain confidential (that means that only I, as well as my two supervisors, Dr. Coholic and Dr. MacEwan, can see the transcripts and/or listen to what you have said). Your identity and what you have said during an interview will never be revealed during the study or after the study has been completed. We will want to present the results of the study at community, national, or international conferences, however we will never give anyone information which would allow anyone to identify you. For example, we may use quotes in the study, but will not provide a name or any other identifying information.

If you have any questions at any time, you can email me at mmraymond@laurentian.ca. You may also contact my thesis supervisors, Dr. Diana Coholic and/or Dr. Leigh MacEwan listed above. If you have any questions about the ethics of the study, please contact the Research Ethics Officer, at Laurentian University Research Office, phone: 1-855-675-1151 ext. 3213 or 2436, or toll-free at 1 800 461 4030; email ethics@laurentian.ca.

By signing this form, you agree to take part in the study, you are letting us know that you understand everything on this form, and that you have received a copy of this form for your records.

Participant’s Signature ___________________ Date ___________________

I consent to my interviews being audio-recorded. (Please note, if a participant does not consent to being audio-recorded the researcher will take notes throughout the interview.)

Participant’s Signature ___________________ Date ___________________

I would like to receive a copy of the Summary of research findings. Yes/No

If you have answered Yes, a copy of the Summary will be sent to you by email at the completion of the study. Please indicate your email address below:
Appendix C: Interview Questions

How long were you employed in the child protection sector?

How long have you been retired?

What were the functions of your former position(s) at CAS?

What was your favorite aspect of your role, and why?

What was your least favorite aspect of your role, and why?

Did your role impact on your work life?

(If yes, how?)

Did your role impact on your emotional life?

(If yes, how?)

Did your role impact on your home life?

(If yes, how?)

How have you dealt with what you would describe as particularly traumatic cases?

What made you stick with your career in CAS?

What can we learn from your experience that could be helpful to newer workers to CAS?

Is there anything else you would like to share with me today?

Do you have any questions?
This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

<table>
<thead>
<tr>
<th>TYPE OF APPROVAL / New X / Modifications to project / Time extension</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Principal Investigator and school/department</strong></td>
</tr>
<tr>
<td>Melissa Raymond, Social Work, Diana Coholic and Leigh MacEwan, supervisors</td>
</tr>
<tr>
<td><strong>Title of Project</strong></td>
</tr>
<tr>
<td>Exploring the Experiences of Working in Child Welfare from the Perspectives of Retired Child Protection Workers in Northeastern Ontario</td>
</tr>
<tr>
<td><strong>REB file number</strong></td>
</tr>
<tr>
<td>6017273</td>
</tr>
<tr>
<td><strong>Date of original approval of project</strong></td>
</tr>
<tr>
<td>May 08, 2019</td>
</tr>
<tr>
<td><strong>Final/Interim report due on:</strong></td>
</tr>
<tr>
<td>(You may request an extension)</td>
</tr>
<tr>
<td>May 08, 2020</td>
</tr>
<tr>
<td><strong>Conditions placed on project</strong></td>
</tr>
</tbody>
</table>

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

Rosanna Langer, PHD, Chair, Laurentian University Research Ethics Board
Appendix E: Community Resources

1. HSN’s Crisis Intervention:
127 Cedar St, Sudbury Site
705 675 4760 (24 hour hotline—365 days/year)
Toll free: 1.877.841.1101
Office Hours: 8:30 a.m. to 10:00 p.m. (no appointment necessary)
7 days per week

Ramsey Lake Health Centre Site

41 Ramsey Lake Road, Sudbury – 705-675-4760. A Crisis nurse is available 24 hours per day in the emergency department.

Mobile Crisis Team, City of Greater Sudbury

The Mobile Crisis Team can visit you in the community at a safe location (City of Greater Sudbury only).

705-675-4760 (24 hour hotline- 365 days/year)
Toll free: 1-877-841-1101

2. Sudbury Counselling Centre:

260 Cedar St
Sudbury, ON P3B 1M7
705-524-9629