ASSOCIATIONS BETWEEN HEALTH, WORKPLACE SUPPORT, AND SECONDARY TRAUMATIC STRESS AMONG PUBLIC CHILD WELFARE WORKERS

A Practice Brief

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Abstract

Objective – This article presents information obtained from people working in public child welfare who self-selected to participate in a worker health survey examining the associations between secondary traumatic stress, organizational factors, and general health.

Methods – A total of 363 people working in public child welfare were anonymously surveyed either online or during professional development trainings classes that took place in Northern California during 2013-2014.

Results – Almost half (45%) of the workers surveyed experienced high levels of secondary traumatic stress indicative of having post-traumatic stress disorder, and the majority (75%) of workers felt they had fair or poor health compared to people of their same age. Higher levels of secondary traumatic stress were significantly related to outcomes of poorer health. However, workers who reported feeling higher levels of supervisory support indicated lower STS symptoms.

Conclusions – For people working in public child welfare, higher levels of secondary traumatic symptoms are related to poorer health outcomes. One way to help professionals working with families impacted by trauma is to develop resources that help public child welfare workers manage the stress associated with their work, such as self-care strategies and increased supervisory support.

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Introduction

Public child welfare social workers will be the first to admit they’re in a “burnout job.” Working on a daily basis with families in crisis and children exposed to trauma is a common reason for many human service professionals to leave the one’s job prematurely. Thus, understanding how to prevent and alleviate secondary traumatic stress (STS) among social workers is a needed area of research in social work services to their clients. Some additional impacts of STS include:

- Worker turnover
- Compromised continuity of care
- Organizational mistrust
- Low staff morale
- Team erosion
- Poor decision-making

In addition to examining the adverse impacts of experiencing high STS among social workers, it is also important to examine factors that help to mitigate these impacts.

An important workplace factor to help child welfare workers with STS may be the role of supportive supervisors with expertise and training in STS. While limited research exists, it may also be important for child welfare organizations to institute programs and training that promote self-care strategies to encourage positive health outcomes of workers and overall well-being. As an initial step toward this goal, our study examines the associations among many different types of child social workers outcomes of well-being as well as organizational factors.
Results

Demographics

Sixty-seven (19%) of the workers were men and 291 (81%) were women (for 5 questionnaires, information of gender was missing). With regard to highest level of education, 44% had MSWs, 14% had MAs/MSs, 28% had BAs/BSs, 6% had BSWs, 6% had some college, 1% had a high school diploma and 1% had Phds/PsyDs. Of those who reported to have an MSW, 60% had an MSW degree related to the Title IV-E Program. The mean age of workers was 41.54 years (S.D.=11.32) with an age range of 22-68 years.

Most workers identified as White (64%), followed by Hispanic/Latino (13%), African-American (8%), Asian or Pacific Islander (6%), American Indian or Alaska Native (3%), and Other (6%).

Worker Characteristics

On average, workers reported working in the field of child welfare for 8.31 years (S.D.=7.88) with a range of less than a year to 35 years. They also reported that on average, they worked in their current position for 3.48 years (S.D.=4.73) with a range of less than a year to 27 years. On average, workers reported to carry 31.45 (S.D.=27.40) cases per month.

Approximately 74% of workers’ primary working position was a social worker (see Figure 1). Of the 272 workers who responded, they reported on average to experience 2.88 childhood traumas. Experiencing emotional abuse, being exposed to parental substance abuse, and being exposed to domestic violence received the highest frequencies for a worker experiencing an adverse event during childhood (see Figure 2). A total of 32 percent of these workers reported experiencing 4 or more childhood traumas. As a comparison 13 percent of people in the Centers for Disease Control and Prevention Adverse Childhood Experiences (ACE) Study were reported to have experience four or more childhood traumas. In the CDC’s ACE study, those who had experienced four or more childhood adverse events were at increased risk for the adult onset of chronic health problems.

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Figure 1. Workers’ identified primary working position in child welfare services.

![Primary Position in Child Welfare](image)

Figure 2. Workers who stated they experienced the adverse event during childhood.

Workers were also asked to report if they used particular ways to deal with stress at work (see Figure 3). A large percentage of
workers, 65.1 percent, stated that they used social relationships as a way to manage stress at work.

![Ways of Managing Work Stress](image)

Figure 3. Workers’ reporting ways they manage stress arising from work.

**Secondary Traumatic Stress**

The Secondary Traumatic Stress Scale (STSS)\(^{10}\) was used to determine how frequently workers experienced 17 symptoms during the previous week using a five-choice, Likert-type response format ranging from *never* to *very often*\(^2\). A total of 45 percent of the workers indicated having a score of 38 or higher on the STSS, which indicates that almost half of these workers can be considered to have post traumatic stress disorder due to experiencing secondary traumatic stress\(^{11}\). In a previous study it was found that 34% of child welfare workers met the PTSD diagnostic criteria due to secondary traumatic stress\(^{12}\).

**Health Outcomes**

**Overall perceived health.** A total of 75\(^{\%}\)\(^{3}\) (268) workers reported having fair or poor health compared to women/men of their age (see Figure 4) and 42\% felt that because of their work, they expected their health to get worse. Twenty-six percent reported that during the past two weeks they worried about their health “most” or “all of the time” and 65\% “agreed” or “completely agreed” that they did not get enough sleep. Additionally, 47\% reported that they frequently did not get enough sleep because of the emotional stress they felt at work.

![Perceived Health Compared to Women/Men of the Same Age](image)

Figure 4. Workers’ reporting of their perceived health.

**Chronic health problems.** A total of 199 workers reported having 1 or more chronic health problems (e.g., heart disease, lung disease, high blood pressure, high cholesterol, etc.) with an average of 2.02 chronic health problems.

**Smoking and Alcohol Drinking.** Thirteen percent of workers reported that they were current smokers with the average packs of cigarettes smoked in a week being 4.31 packs (range 1-40 packs)\(^4\). A total of 19\% of workers reported to binge drink once a month during the past 12 months, with 7.3\%

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\(^{2}\) A total of 363 people responded to survey questions concerning symptoms of secondary traumatic stress.

\(^{3}\) A total of 357 people responded to survey questions pertaining to their overall health and chronic health problems.

\(^{4}\) A total of 357 people responded to survey questions pertaining to smoking habits.
reporting to binge drink once a week or more.\(^5\)

**Exercise, eating, and weight.** A total of 17% of workers felt they were obese and 50.1% felt they were overweight. Of the 349 people who answered the question, 62% stated that on a typical day they did not exercise while 30% reported exercising between 30 minutes to an hour on a typical day and 8% reported exercising for more than an hour. Of the 347 people who responded, 62% stated that they ate fast food three times a week and 32% reported to eat for comfort.

**Workplace Characteristics**

We also examined various workplace characteristics thought to impact health and the level of secondary trauma for people working in public child welfare.

**Supervisor support.** In looking at the supportiveness of supervisors, a total of 21%\(^6\) of workers felt that they could not ask their supervisor for support or help with their job duties and 48% of workers felt they could ask for support from time to time. Nineteen percent of workers felt that their supervisor did not support them with their job duties and 46% felt they receive support from their supervisor from time to time.

**Workplace satisfaction.** Most workers surveyed, 76%\(^7\), reported that they were “happy or very happy” with their time spent at work. However, 54% reported that they “frequently” wondered why they stay in their job since they have to face so many emotionally stressful experiences with little or no reward, and 67% reported that they “frequently” felt very isolated at work. Thirty-eight percent of workers reported that they “frequently” worry more than usual about their cases and cannot get the worries off of their minds.

**Workplace support.** While 97%\(^8\) of workers stated that having work-life balance was “important” or “very important” for their well-being, 50% stated that their agency placed “low” or “very low” emphasis on supporting a work-life balance. Questions were also asked concerning the types of programs and supports offered to employees (see Figure 5). Seventy percent reported that they were offered counseling services, 41% percent reported that they were offered flexible work schedules, 13% were offered stress reduction programs, and 48% were offered discounts at local gyms.

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\(^5\) High frequent binge drinking was determined by asking, “During the past 12 months, how often did you have 5 or more (males) or 4 or more (females) drinks containing alcohol within a two-hour period?  
\(^6\) A total of 352 people responded to questions pertaining to supervisor support.  
\(^7\) A total of 352 people responded to questions pertaining to work place satisfaction.  
\(^8\) A total of 351 people responded to questions pertaining to work life balance and supports.
Associations between Health, Secondary Traumatic Stress, and Workplace Characteristics

Higher levels of secondary traumatic stress were related to increased chronic health problems, $r = .17, p = .02$, workers reporting to have poorer health compared to others their age, $r = .29, p < .00$, higher levels of physical pain during the past two weeks, $r = .26, p < .00$, frequent fatigue, $r = .47, p < .00$, not getting enough sleep because of worrying about work, $r = .38, p < .00$, missing more days of work per month because of illness, $r = .29, p < .00$, and increased binge drinking, $r = .20, p < .00$.

The number of adverse events experienced during childhood was not related to secondary traumatic stress, $r = .08, p = .17$ nor was the length of time working in the field of child welfare, $r = .07, p = .25$ or the workers age, $r = .05, p = .31$.

In examining workplace characteristics, workers who felt higher levels of supervisor support with their job duties was related to lower levels of secondary traumatic stress, $r = -.22, p < .00$. Agencies that offered stress reduction programs (e.g., mindfulness workshops) was also related to lower levels of secondary traumatic stress, $r = -.17, p = .002$. Having a flexible work schedule was not significantly related to workers’ level of secondary traumatic stress, $r = -.06, p = .22$.

In contrast, workers who reported carrying a higher number of child welfare cases in a month was related to higher levels of secondary traumatic stress, $r = .14, p = .01$. Carrying higher number of cases was also related to an increased number of chronic health problems, $r = .20, p < .01$ and poorer perceived health, $r = .16, p < .01$.

Summary and Discussion

This study contributes to the literature showing the adverse associations of STS and the outcomes of well-being of child welfare professionals. While preventing STS may be an impossible goal, implementing strategies to mitigate the impacts is not. As Salston and Figley noted, “We must do all that we can to insure that those who work with traumatized people—including but not limited to those exposed to crime victimization—are prepared…A place to start is to incorporate stress, burnout, and compassion fatigue into our curriculum, and especially our supervision (p. 173).”

An important next step of empirical research is to examine how organizational and supervisory interventions may impact the effects of STS on child welfare workers. For example, research has shown that mindfulness activities, such as meditation, helps to decrease worry and anxiety, heart problems, substance abuse, depression, stress, smoking urges, insomnia, and chronic pain. As such, child welfare organizations implementing mindfulness workshops may help to lessen the effects of STS on workers.

Organizations may also benefit from supporting good self-care strategies such as exercising and eating healthy, and supporting opportunities for supervisors to provide emotional and instrumental support. Some agencies have begun to experiment with the institution of regular and on-going...
support groups for child welfare supervisors that also provide tools for supervisors to work with the people they supervise who are impacted by STS. Researching the interventions instituted by child welfare organizations to mitigate the impacts of STS is a promising area of research to move the field forward. This exploratory study should be interpreted with caution and the results should be replicated. One of the largest limitations is the nature of using a self-selected sample that collected measures of perceived health and supervisory and workplace support. Despite these limitations, this study provides preliminary evidence about the relationships between workplace characteristics, health, and secondary traumatic stress.

RECOMMENDED CITATION
