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Examining the Relationship Between Vicarious Trauma and Resilience Among Child Welfare Social Workers

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Abstract

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By

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The objective of this study was to measure the levels of vicarious trauma and its impact on social workers resilience. This study examined the relationship between the vicarious trauma experienced by these individuals in their capacity as child welfare workers and their resiliency to vicarious trauma. The researchers' hypothesis was that a positive relationship between vicarious trauma and resilience exists because vicarious trauma can lead to resilience. The researchers distributed two surveys to child welfare social workers employed by a child protective service organization in a large metropolitan area. The objectives of the two surveys were to assess the level of vicarious trauma by using the secondary traumatic stress and assess the levels of resilience. The two surveys were necessary to be able to assess the level of vicarious trauma they have experienced by using the Secondary Traumatic Stress Scale and the level of resiliency using the Connor Davidson Brief Resiliency Scale. The results of the surveys showed that there is a correlation between avoidance, intrusion and resilience; the higher the intrusion and avoidance, the lower the resilience.

Introduction

In the child protective service organization in the large metropolitan area there are a myriad of professionals helping to improve the lives of families. They serve in different capacities. One position is commonly referred to as child welfare social worker. However, they do not limit their work to children. Instead, they work with children (known as clients), immediate family of the client, extended family members, and other individuals that affect the lives of the children they are assigned to oversee. Within the child service organization, there are three different functions, dependency investigators (DI), emergency response (ER), and continuing services (CS). DI's investigate allegations and make recommendations to Court whether to sustain or dismiss allegations. ER workers investigate referrals within one or five days that calls are made to the child abuse hotline. If a case is open, then a continuing services worker is assigned to provide case management until the case closes.

As part of their daily professional duties, children welfare social workers must listen to the details of the family relationships, family dynamics, family history, and how internal and external factors affect the survival of the family unit. In doing so, they listen intently as their clients retell stories of extensive, first-hand trauma that includes physical abuse, verbal abuse, neglect, violence, participation in crime, and exploitation. The death of a child or client on their caseload, investigating severe allegations of abuse or neglect, and exposure to the details of horrific child maltreatment when reading Court reports and reviewing case files are all sources of indirect trauma that child welfare social workers experience.

A child welfare social worker is exposed indirectly to a client's trauma and their narration of their experiences. Research suggests that child welfare social workers who are exposed to a client's traumatic experiences is referred to as secondary traumatic stress,

compassion fatigue burnout, or vicarious trauma (Siegfried, 2008); (Figley, 2012). Simultaneously, research conducted by Hernandez-Wolfe indicated "vicarious resilience can and does coexist with vicarious trauma and other forms of positive and negative impacts resulting from trauma recovery work" (Hernandez-Wolfe, 2007, p. 9). Hernandez Wolfe 2007, also reports that prior research findings indicated that, "almost all participants indicated that witnessing their clients overcome adversity affected their perception of self" (p.4).

Significance

Child welfare social workers are working with needy, suffering, and traumatized children and their families. They hear their clients describe how they have been deprived of basic needs. They hear about and see signs of neglect. They hear horrific stories of trauma endured by the children and adults in the family. They are required to document any physical abuse and examples of neglect. Often, it requires hours of listening, asking clarifying questions, and documentation in their notes. They are indirectly experiencing what their clients and their families experienced. They are imagining the scenarios. They are trying to picture events. They are reliving the actions as if it were a soap opera in their heads.

Child welfare social workers are virtually reliving the trauma. They often get "caught up" in the emotions of such a trauma. For example, hearing about the extent of a client's physical abuse may cause them to feel sadness. The images evoked by the client's story may be so horrific that it triggers a sense of fear. They are indirectly exposed to this traumatic experience. This secondary trauma is a reality of their weekly if not daily experiences. Every new client may have the same or different traumatic experiences to share.

As a result, child welfare social workers need to be continually aware of the impact of secondary trauma on their physical and emotional well-being. The secondary trauma cannot be avoided. According to Hernandez-Wolfe, Killian, Engstrom, and Gangsei (2015),

> "vicarious traumatization may occur and can potentially transform professional sense of self and negatively impact their psychological well-being. Related concepts such as empathetic, empathic strain compassion fatigue and secondary traumatic stress are used to describe the negative impact of trouble work and confirm that indirect exposure to trauma involve significant emotional cognitive and behavioral consequences for therapists" (p.4).

This is because the stories that child welfare social workers intently listen to and document are pertinent to their client's well-being, state of mind, or current predicaments. A child welfare social worker's professional duties are to research their client's history of abuse or neglect. Being loyal and faithful to their duties, they must document all pertinent facts. Because the stories evoke negative emotions, the child welfare social worker needs to be cognizant of the vicarious trauma they experience as a result of their work.

Being cognizant of the vicarious trauma they experience, could help prevent child welfare social workers from experiencing long-term physical or mental challenges. It can help them find a way to continue to work with children and families that have experienced trauma and neglect. It will help prevent them from not being able to function at work or home because they are not recognizing that they are allowing the secondary trauma to affect them. Prevention of burnout, compassion fatigue, and vicarious trauma should be identified and dealt with. Stress has been associated with impaired performance, physical illness, turnover, sickness, and absence (Kidman and Jones 2001).

This research is an exploratory study. Based on the research from previous studies, these researchers hypothesized that as Vicarious Trauma increased, vicarious resilience would also increase. The purpose of this study was to examine the relationship between vicarious

trauma and resilience. Therefore, in this study, we examined whether there is a positive relationship between vicarious trauma and resilience. This project is intended to help child protection service agencies to have a better understanding of the impact of vicarious trauma on the resiliency of child welfare social workers which in turn, may inform practice and policy.

Literature Review

Vicarious trauma

Vicarious traumatization (VT) is used interchangeably and synonymously with secondary trauma, compassion fatigue, and secondary traumatic stress. It is described as the potential negative effects experienced by helping professionals who work with traumatized clients. One example would be child welfare social workers that work for a child protective services organization in a large metropolitan area.

It has been noted that vicarious trauma interferes with the helping professional's sense of safety, feelings of self-efficacy, and cognitive schemas (Figley, 1998; Saakvitne & Pearlman, 1996). This indicates that vicarious trauma can have an effect on the helping professional's ability to function. When someone's sense of safety is compromised, they might not be able to have healthy, functioning relationships in their professional or personal lives. When their feelings of self-efficacy are clouded by feelings of inadequacy or insecurity, they will not be able to cope with situations. When there is disorder in their cognitive schema, they will not be able to function as expected in their personal or professional lives.

Vicarious trauma is described as the transmission of traumatic stress as a result of repeatedly being exposed to clients' traumatic experiences. (Figley, 1998; Saakvitne & Pearlman, 1996). Wilson and Brynn (2004) indicate that therapists who are affected by vicarious traumatization may be less aware of strong countertransference reactions. Thus, increasing the chances that therapists will make clinical errors that may impede their clients' progress in treatment. For this reason, it is imperative that helping professionals, such as child welfare social workers, recognize the existence of vicarious traumatization, understand how it comes about, accept that it is possibility it can affect them, and develop ways to overcome it when it does. If

they are going to be affective in their capacity as advocates for children and families that are experiencing trauma, then they need to take the necessary steps to avoid, if possible, any trauma themselves.

Vicarious trauma is defined as the changes in an individual's "inner experience as a result of empathic engagement with survivor clients and their trauma material" (Saakvitne & Pearlman, 1996, p. 40). The term "trauma material" leads the reader to consider the possibility that vicarious trauma is something tangible. Most of what we think of as "material" is tangible. However, the "trauma material" is the images, emotions, and wonderings evoked from knowing about a client's struggles. The child welfare social worker imagines the scenarios they are told. They may have emotional reactions because they are empathetic. They may have many lingering thoughts about their client's experience that linger in their minds.

Vicarious Trauma is also defined as "process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Overtime this process can lead to changes in your psychological, physical, and spiritual well-being" (McKay & Pearlman, 2008). Helping professionals are human. They have feelings. Their ability to function is dependent on how they feel. Their emotional well-being is just as important as the emotional well-being of their client. Therefore, child welfare social workers need to consider the source of vicarious trauma, the ramifications of vicarious trauma, and ways to dispel it.

Burnout

McCann and Pearlman (1990) describe burnout effects as the stress workers experience as a result of unrealistic expectations of efficacy. McCann and Pearlman (1990) also indicate that counter transference effects are a result of the therapist or worker's "unresolved

personal issues." Burnout can have negative effects on the psychological and physical health of professionals. There are several consequences that arise from this. First, the negative effects on the professional will negatively impact their performance as a professional. This also leads to a negative effect on the organization for which they work. It may lead to a decrease in the organization's effectiveness. For example, a child welfare social worker that is burned out will be less effective in their capacity. This might lead to mistakes or bad judgement that can reflect poorly on the Department.

Burnout is a result of the interaction between organizational and individual characteristics of the employees, such as gender, age, values, personality, and family situation (Carod-Artal & Vázquez-Cabrera, 2013). Burnout primarily occurs among helping professionals because their jobs are often demanding and they are constantly working with people who have emotional and/or physical needs (Carod-Artal & Vázquez-Cabrera, 2013). This indicates that burnout is specific to an individual. It is dependent on a myriad of factors. For Children's Social workers, as helping professionals, their experience exacerbate their chances of burning out.

For child welfare social workers, work related stress, such as long work hours, lack of support from their supervisors, low pay, excessive paperwork, and heavy workload may take a negative emotional toll on them. The constant burden of their daily work is traumatizing to an individual physically and emotionally. Therefore, burnout may exacerbate vicarious trauma.

Impact of Vicarious Trauma, Compassion Fatigue, and Burnout on Child Welfare Workers

This research project emphasizes the role of child welfare social workers as protectors of children from child abuse and/ or neglect. Their job requires them to investigate child abuse

allegations and continually assess for child safety and advocate for them. Child welfare social workers are continuously exposed to horrific details of child abuse through interviews with clients and reading court reports and case files. The forms of abuse that children experience range from sexual abuse, neglect, physical abuse, and emotional abuse. Child welfare social workers also face threats pertaining to their own personal safety and take part in distressful events, such as removing children from their parents' care and separating siblings, which may take an emotional toll on them. This constitutes an indirect exposure to their client's suffering resulting from traumatic experiences.

Chronic exposure to their clients' traumatic experiences may have a negative impact on child welfare social workers in a variety of ways. This can lead to a myriad of consequences. For example, it has been noted that impaired performance, high turnover, physical ailments, absences, and impaired work performance are all symptoms related to stress (Kidman & Jones, 2001). As helping professionals, they experience a variety of stressors pertaining to their roles and organizational structure that are associated with psychological distress (Coyle et al. 2005; Jennings 2008).

Symptoms of burnout are similar to that of stress. Symptoms include emotional instability and physical ailments, such as headaches, insomnia, tiredness, irritability, sleeping disorders, and eating problems (Carod-Artal & Vázquez-Cabrera, 2013). Since child welfare social workers and others in the helping profession are continually exposed to their clients' suffering as a result of traumatic experiences, they are vulnerable to developing vicarious trauma and being impacted emotionally and psychologically. For example, in a study involving domestic violence advocates, it was found that they met the criteria for posttraumatic stress disorder (Joyful Heart Foundation, n.d.). Although the domestic violence advocates may not be child

welfare social workers, their professional experience are very similar. They do not directly experience the trauma. They hear about it, think about, and are affected by it indirectly.

Resilience

Emotional resilience is a quality that may be important for helping professionals such as child welfare social workers. Resilience is defined as "adaptation to stress and functioning above the norm in spite of stress. (Smith, B., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., et al. (2008), p. 194)." It may help them to positively adapt to "stressful working conditions," allow them to practice useful coping strategies, manage emotional demands, promote professional growth, and improve their wellbeing (Grant L. & Kinman, G.et al, 2013, p.5). This indicates that there is a way to resist, combat stress or trauma that causes stress.

Research studies from the Resilience Center indicated that "Resilience is the capacity to live with purpose, perseverance, equanimity, authenticity, and self-reliance. A strong capacity for resilience leads to lives that are rich, rewarding, and significant. As your resilience grows, you will be better prepared to positively manage change, challenge, and adversity" (The Resilience Center, n.d.). This is important because it indicates that individuals, such as child welfare social workers, have the ability to live without the effects of trauma. If they build their capacity for resilience, they will be able to ward off or avoid stressors or vicarious trauma.

Research suggests that, "Resilient individuals regain their balance and keep going, despite misfortune. They find meaning amidst confusion and tumult. Resilient persons are self-confident and understand their own strengths and abilities" (The Resilience Center, n.d.). When child welfare social workers build a capacity of resilience, they will be able to face challenges among chaos. They will be able to function despite the traumatic events be described to them by their clients. They will be able to foresee potential solutions to help their clients instead of being

enthralled by their confusion. They will be able to continue their work as helping professionals because they are able meet the needs of their clients.

Vicarious resilience is related to the positive impact on the helping professional as a result of being exposed to the positive change made by someone with traumatic experiences (Hernandez et al, 2007, p. 158). As a result of witnessing and being a part of their clients' processes of resilience, therapists may grow personally and professionally and learn from their clients in regards to overcoming adversity (Hernandez et al, 2007, p. 158). This indicates that helping professionals, such as child welfare workers, can build strong capacity resilience by personally witnessing or indirectly experiencing it through their client's account of their resilience.

Just as secondary trauma is possible, so is secondary or vicarious resilience. Child welfare social workers need to be cognizant of this and use it to build their strong capacity for resilience. In addition, Hernandez et al (2007) hypothesized that vicarious resilience, which is a result of trauma work, and vicarious trauma may coexist. Therefore, it behooves child welfare workers to be cognizant of this and use the vicarious resilience to combat potential vicarious trauma.

The Relationship between Vicarious Trauma, Burnout, and Retention among Children's Social Workers

As previously mentioned, the recounting of trauma by clients may cause child welfare social workers to experience trauma reactions. Being exposed to trauma indirectly may have a negative impact on the well-being of child welfare social workers. Vicarious trauma among child welfare social workers is associated with low morale, high turnover, and higher rates of absenteeism and physical illness (Siegfried, 2008). There are common risk factors between

burnout and vicarious trauma, including limited supervision, lack of support from supervisors and colleagues, high workload demands, and trauma child welfare social workers' have experienced in their own lives. (Siegfried, 2008). Siegfried (2008) explains that the precipitating factors of burnout are increased workload and stress resulting from the work environment. Also, long term exposure to high caseloads, increased paperwork, and a work environment that is non supportive are factors that contribute to burnout. In vicarious trauma, exposure to trauma experienced by clients is a precipitating factor.

Methods

Participants (Sample)

The participants for this study consisted of employees from a child protective services organization in a large metropolitan area who serve in the capacity of child welfare social workers. The participants of the study were recruited from two offices serving different urban communities in the county. The sample is geographically selective in that participants are located exclusively in the same part of the metropolitan area. However, the individuals work with clients in various locations throughout the entire county. The participants represent a volunteer sample of child welfare social workers.

Participants were asked to take two surveys measuring their secondary traumatic stress and resiliency to traumatic stress. These two surveys were used to explore the relationship between vicarious trauma and their resiliency to trauma. This sample gave an indication of how well or not child welfare social workers are resilient to vicarious trauma.

The self-selected volunteers, child welfare social workers from both locations, participated in this case study by taking two online surveys through Qualtrics. This was a volunteer sample as participants self-selected themselves to participate in the surveys. The initial surveys were only given to child welfare social workers at both locations.

Eligibility

In order to screen our subjects for eligibility to participate in the study, we had them identify their job function they serve within the child protection services organization along with the number of years they have worked in the organization. Those participants who were not child welfare social workers for the organization were excluded from participation. Again, the participants were child welfare social workers.

Design

The study design was an exploratory quantitative survey. The behavior studied was child welfare social workers resilience to trauma and their level of vicarious trauma. In doing so, the survey questions were important to consider.

Procedure

First, the participants were invited to participate by accepting to complete a survey. In office-wide emails, both surveys were distributed to the social workers through a link on Qualtrics. Before taking the survey, the participants were given a participant information form explaining the purpose of the study and that the surveys may take about 10 minutes to complete. Once they read the participant information form, participants provided implied consent once they clicked on the button to begin the survey. Participating required that participants self-report their levels of Vicarious Trauma and resilience by completing two surveys on Qualtrics.

Next, the data was reviewed by CSUN MSW students as part of the final Capstone project, which is a graduation requirement. The child welfare social workers were asked to participate in a brief survey to measure their level of vicarious trauma and a second survey to measure their level of resilience.

Measurement Instruments

The level of vicarious trauma was measured using the Secondary Traumatic Stress scale and the levels of resilience was measured using the Connor Davidson Resilience Scale. Connor-Davidson gave written consent for these researchers to use the 25 item Likert type scale. Both scales used by the participants to self-report their levels of vicarious trauma and resilience are standardized instruments. Therefore, the scales are tested for reliability and validity.

The variables were measured by these self-report surveys. They were asked to identify their service function within the child protection service organization and the number of years working with organization. The surveys included questions regarding practice, service and years in the child welfare workforce.

Data Analysis and Findings

A total of 68 participants from the child protective service organization voluntarily took two surveys, one regarding Secondary Traumatic Stress Scale and a Resilience Scale. Of the 68 participants as indicated in Table A, 38% of respondents had been working for the organization between six to ten years, 34% of the participants reported working with the organization between zero to five years, 13% reported working for 11-15 years and 15% have worked with the organization for over 16 years. Most of the respondents worked in the function of continuing services (46%) followed by emergency response (31%), dependency investigator (6%), and supervisors (18%) (Table A).

Service Function and Years of Service

Service Function	N=68	
Continuing Services	**30 participants**	**45%**
Emergency Response	**21 participants**	**31%**
Dependency Investigators	**4 participants**	**6%**
Supervisors	**12 participants**	**18%**
Years of Service		
0-5 years	**23 participants**	**34%**
6-10 years	**25 participants**	**37%**
11-15 years	**9 participants**	**13%**
16+ years	**10 participants**	**15%**

Continuing services Social Workers conduct a full-range of client-related and case management services, and on-going monthly observations of the child's well-being and living and conducting home inspections and assessment of prospective caregivers. Emergency response

Social Workers are emergency responders who conduct initial assessments, and investigations throughout the life of the referral by collecting relevant information, interviewing reporting parties, clients, suspected perpetrators; service providers; consulting with colleagues, supervisors; determining, implementing, and monitoring the appropriate service or course of action (e.g.., initiating preventative measures so that the child remains in the home, developing with the client a plan that mitigates immediate safety threats. Dependency investigators continue further in-depth assessments of the family and submit a bio-psycho-social assessment to the Court with supporting evidence for ongoing Department and Judicial supervision and jurisdiction. Supervisors oversee the referral/cases of the child welfare workers they supervise, they review, contacts, court reports and supporting evidence.

The results showed interesting levels of vicarious trauma, 51% of the participants (35 participants) reported "rarely" "reliving the trauma experienced by client," 30 participants (44%) reported "occasionally" their "heart started pounding when they thought about work with clients." In addition, 37% of participants (25) reported "occasionally" having "thoughts about work with clients when not intended", 16 participants (24%) "Occasionally" reliving the trauma, 20 participants (29%) reported having these thoughts "often." In regards to having trouble concentrating, 44 % of participants reported "occasionally" having trouble concentrating. 1% of participants reported "occasionally" wanting to "avoid working with clients. 38% of participants reported feeling emotionally numb "occasionally," 32% responded "rarely" and 25% reported "never." Most participants (35%) reported "rarely" having trouble sleeping. The results show some participants have had vicarious trauma resulting from the work they do with clients.

In regards to the resilience of the participants, results showed how the participants reported having high levels of resilience in the following areas: 41% of participants reported,

“often true” and “true nearly all the time” in Adaptability to changes; 68% of participants reported having “close and secure relationships”; 43% reported “often true and true nearly all the time” in their “confidence” with challenges and difficult situations. In addition, 41 % of participants reported “bouncing back” both “often true “and “true nearly all the time.” The results showed high levels of Resilience and protective factors in their lives that can help provide resistance to the trauma exposure.

Using the Secondary Traumatic stress Scale, three subscales were measured. Intrusion was the first subscale. Intrusion was measured using questions 2, 3, 6, 10, and 13 which included questions regarding pounding heart at the thought of their work with clients, reliving trauma experienced by their clients, being upset with reminders of their work with clients, thinking about their work with clients unintentionally, and disturbing dreams about their work with clients. The second subscale which measured avoidance included questions 1, 5, 7, 9, 12, 14, and 17. These questions pertained to feeling numb, discouraged about the future, having “Little interest in being around others”, feeling “less active than usual”, avoiding places, people, and things that reminded them of work with clients, avoiding work with certain clients, and experiencing gaps of memory when it comes to client sessions. Questions 4, 8, 11, 15, and16measured the third subscale, arousal, and included questions pertaining to trouble sleeping, feeling jumpy, trouble concentrating, being easily annoyed, and expecting something bad (Table B).

(Table B) Secondary Traumatic Stress Subscale & Resilience Scale

	N=68 (Standard Deviation)	Pearson's Correlation with Resilience Scale Totals
Avoidance 1. Feeling Numb 5.feeling discouraged 7.little interest 9. less active 12. avoid all 14.avoid clients 17. memory gaps	16 (4.43)	-.518**
Intrusion 2. heart pounding 3.reliving trauma 6.reminders of work 10. thoughts of clients 13.disturbing dreams	12 (3.22)	-.470**
Arousal 14. trouble sleeping 8.feel jumpy 11.trouble concentrating 15. easily annoyed 16. expecting bad	12 (3.10)	-.266*

Possible scores 0-35
**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

The relationship between Vicarious Trauma (as measured by the Secondary Traumatic Stress Scale) and Resilience (as measured by the Conner-Davidson Resilience Scale) was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small, negative correlation between the two variables, r=.267, n= 68, p < .05, with low levels of Arousal there was a high levels of Resilience. Arousal helps to explain 7% of the variance in resilience that makes up the arousal subscale. 7% of the variance in resilience is explained by arousal. Intrusion subscale had a medium level of correlation, r-.47, n=68, p<.01. Intrusion was high and Resilience was low. There was a strong level of Avoidance, r= –.518, n= 68, p < .01, associated with lower levels of Resilience. Avoidance helps to explains one third of the Resilience among the 68 participants. One third of the variance in resilience is

explained by avoidance. The results indicated that there was Statistical Significance on all correlations/relationships. The results demonstrated that as the social workers levels of Intrusion, Avoidance, or Arousal increases, their Resilience decreases.

Based on this research the hypothesis was not supported. There was significance with this research that suggests that as Vicarious Trauma rises, Vicarious resilience decreases in Avoidance, Intrusion and Arousal.

Discussion, Implications, Limitations, and Conclusion

This exploratory study results indicated that there is a correlation between secondary traumatic stress and resilience. As secondary traumatic stress rises, resilience decreases. The findings confirm that Child Welfare Social workers are impacted by their clients' traumatic experiences. The results reiterated that despite the knowledge regarding traumatic stress, child welfare social workers within the child protective service organization in two offices serving different urban communities in the county are continuously exposed to vicarious trauma. In this study, among the three subscales of vicarious trauma (avoidance, intrusion, and arousal), avoidance had the strongest correlation with resilience. Avoidance involves reports of feelings of numbness, having little interest in being around others, being less active and avoiding places or people. The study found that the more Child Welfare workers experience these feelings, their levels of resilience decreased. The correlation between arousal and resilience was very low.

The results reiterated an importance to build resilience among child welfare social workers. The child protection offices in the large metropolitan area would benefit from addressing Avoidance and providing staff with resources, workshops, and exploring activities that promote self-care in order to build on social workers' resiliency. There were some limitations in this study. According to Rubin and Babbie (2014), there are risks in utilizing self-

report scales. The participants self-reported their levels of resilience and secondary traumatic stress so there is a threat of social desirability bias. Social desirability bias is described as the tendency "to say or do things that make a participant or group look good" (Rubin and Babbie, 2014, p. 211).

The participants are the researchers' coworkers so they may have wanted to present themselves in a favorable light by rating their levels of resilience as high and minimizing their levels of secondary traumatic stress. However, since participants remained anonymous, the threat of social desirability bias is not as likely as if the participants were to identify themselves when taking the surveys. This study also lacks external validity as results are not generalizable due to the small sample size. The response rate was 38%.The participants also primarily work in a specific geographical area within the county and those communities are more affluent than areas served by child welfare workers in other child protection offices. Therefore, the participants' levels of resilience and secondary traumatic stress may look differently than child welfare workers who serve communities where crime and poverty is more prevalent.

In conclusion, the outcome of the study does not align with the research regarding the positive effects of vicarious trauma on vicarious resilience. Data was collected by having participants complete two short self-report scales. Most participants thoroughly completed both surveys. Secondary traumatic stress is associated with symptoms in three subcategories; avoidance, intrusion and arousal, which the secondary traumatic stress scale, measured. Therefore, this study had three correlations with resilience, which was useful in determining which subcategory of secondary traumatic stress had the most impact on resilience. However, a larger sample size would have strengthened external validity as the results are not generalizable to the population due to inadequate participant size (Rubin and Babbie, 2014).

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Appendix A

Service Function and Years of Service

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Supervisors	12 participants	18%
Years of Service		
0-5 years	23 participants	34%
6-10 years	25 participants	37%
11-15 years	9 participants	13%
16+ years	10 participants	15%

Appendix B

(Table B) Secondary Traumatic Stress Subscale & Resilience Scale

	N=68 (Standard Deviation)	Pearson's Correlation with Resilience Scale Totals
Avoidance 1. Feeling Numb 5.feeling discouraged 7.little interest 9. less active 12. avoid all 14.avoid clients 17. memory gaps	16 (4.43)	-.518**
Intrusion 2. heart pounding 3.reliving trauma 6.reminders of work 10. thoughts of clients 13.disturbing dreams	12 (3.22)	-.470**
Arousal l4. trouble sleeping 8.feel jumpy 11.trouble concentrating 15. easily annoyed 16. expecting bad	12 (3.10)	-.266*

Possible scores 0-35

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Appendix C

ADDENDUM – Examining the Relationship Between Vicarious Trauma and Resilience among Child Welfare Social Workers.

Project Title is a joint graduate project between **Nicole M. Campos** and **Evette Martinez**. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

Nicole M. Campos is responsible for all the following tasks/document sections:

- Make changes to Capstone proposal from Social Work 635.
- Create Qualtrics account and upload surveys.
- Obtain approval to distribute surveys through office wide email to child welfare workers in one of the offices.
- Send office wide email requesting child welfare workers in one of the offices to volunteer to participate in two surveys.
- Seek assistance from CSBS tutoring lab to upload survey data to SPSS
- Write draft of results and discussion section and ensure proper formatting of final draft.
- Meet with Capstone advisor and provide progress reports.

Evette Martinez is responsible for all the following tasks/document sections:

- Make changes to Capstone proposal from Social Work 635.
- Obtain approval to distribute surveys through office wide email to child welfare workers in the second office.
- Send office wide email requesting child welfare workers in the second office to volunteer to participate in two surveys.
- Seek assistance from CSBS tutoring lab to upload survey data to SPSS
- Write draft of results and discussion section and ensure proper formatting of final draft.
- Meet with Capstone advisor and provide progress reports.

Both parties shared responsibilities for the following tasks/document sections:

- Make changes to Capstone proposal from Social Work 635.
- Seek assistance from CSBS tutoring lab to upload survey data to SPSS
- Obtain approval to distribute surveys through office wide email to child welfare workers in two offices.
- Send office wide email requesting child welfare workers in both offices volunteer to participate in two surveys.
- Write draft of results and discussion section and ensure proper formatting of final draft.
- Meet with Capstone advisor and provide progress reports.

Nicole M. Campos	Date		
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Student ID			
Dr. Eli Bartle	Date	**Graduate Coordinator**	Date
Dr. Amy Levin	Date	**Department Chair**	Date
Dr. Jodi Brown	Date		