

# Compassion Fatigue and Resilience among Child Protection Service Workers in South Africa

**Emma Campbell**

<https://orcid.org/0000-0001-9788-265X>  
University of Cape Town, South Africa  
emcampbell994@gmail.com

**Leon Holtzhausen**

<https://orcid.org/0000-0003-1883-9843>  
University of Cape Town, South Africa  
leon.holtzhausen@uct.ac.za

## Abstract

The aim of this quantitative, inferential research was to investigate how working with vulnerable and abused children and families has an impact on child protection service workers in South Africa. In particular, the study explores whether such work leads to compassion fatigue, and whether there is a relationship between compassion fatigue and resilience. Compassion fatigue is recognised as a state of exhaustion that results in helping professionals losing their ability to empathise with their clients, while resilience refers to the process of adaptation in the face of adversity. Using availability sampling, online questionnaires were sent to child protection service workers at the “Afrikaanse Christelike Vrouevereniging”, a national child protection non-profit organisation. The questionnaire included the Professional Quality of Life Scale that measures compassion fatigue, and the Brief Resilience Scale that measures one’s ability to bounce back from stress or adversity. The responses of 81 child protection service workers who completed the questionnaire were captured and analysed using the Statistical Package for the Social Sciences. The results of this research showed that the participants are impacted by their work in the field of child protection and are vulnerable to compassion fatigue. Furthermore, the results showed a relationship between the Brief Resilience Scale and the Professional Quality of Life Scale, i.e. when the participants’ resilience scores were higher, compassion fatigue scores tended to be lower.

**Keywords:** child protection service workers; compassion fatigue; resilience; South Africa



## Introduction

Statistics in South Africa demonstrate a major shortage of social workers in child protection (Sibanda and Lombard 2015). This study focuses on child protection service workers (CPSWs), which is a term used to encompass any helping professional working in the field of child protection, including but not limited to social workers, child and youth care workers, social auxiliary workers and practice supervisors.

High caseloads, staff shortages, exposure to violence and aggression, poor salaries, few resources, inadequate infrastructure, insufficient training and lack of supervision and support, as well as high levels of stress, burnout and pressurised decision-making all increase the chances of adverse effects among CPSWs (Bhana and Haffeejee 1996; Sibanda and Lombard 2015; Truter 2014; Truter, Fouché, and Theron 2016). In addition to human resource and infrastructural challenges, continuous exposure to traumatic narratives of vulnerable and abused children has a negative impact on CPSWs, increasing their chances of developing secondary stress.

Empirical evidence shows that burnout and secondary traumatic stress are key contributing factors for compassion fatigue (Cieslak et al. 2014; Sprang, Craig, and Clarke 2014; Stamm 2010). Compassion fatigue is understood as a state of exhaustion that results in helping professionals losing their ability to empathise with their clients (Newsom 2010). Despite the various challenges that CPSWs tend to be more vulnerable to, some researchers have shown that many of these helping professionals remain seemingly unaffected by such vulnerabilities. This could be attributed to a range of protective factors that increase their resilience (McFadden, Campbell, and Taylor 2014). Resilience can be understood as one's ability or capacity to function and navigate life despite various adversities or stressors (Theron and Theron 2010). It is, however, a complex phenomenon that shall be unpacked in more detail later in the paper.

Compassion fatigue and resilience among helping professionals is an emerging field of study in South Africa. There are, however, few studies that have specifically focused on compassion fatigue and resilience among CPSWs in South Africa. Compassion fatigue is of major interest because it plays a vital role in the quality of services provided in the already disadvantaged sector of child protection in South Africa. In redressing this gap in knowledge, the study aimed to explore the impact of working with vulnerable and abused children and families on CPSWs in South Africa. The intention is to potentially inform policy, legislation and interventions aimed at reducing compassion fatigue among CPSWs, thus reducing burnout, secondary trauma, and high staff turnover, and consequently improving child protection services.

This study was guided by two main hypotheses:

- Working with vulnerable and abused children and families has an impact on CPSWs in South Africa and increases their vulnerability to compassion fatigue.
- A negative relationship exists between resilience and compassion fatigue.

## Literature Review

### **Impact of Child Protection Work on CPSWs**

Helping professionals are not immune to the devastating effects of violence and trauma that affect their clients (Van Hook and Rothenberg 2009). These professionals are even more vulnerable when incidents involve children, thus making CPSWs a particularly vulnerable group (Gough 2011). Van Hook and Rothenberg (2009) noted that cases of child sexual abuse and family violence are the most emotionally challenging cases for CPSWs. Findings from the Optimus study revealed very high rates of both child sexual abuse and family violence in South Africa (Artz et al. 2016). Literature shows that the impacts of working with vulnerable children and their families include secondary traumatic stress, burnout, and compassion fatigue. Secondary traumatic stress refers to profound shifts in world views of helping professionals, whereby they begin to experience similar trauma-related symptoms as their clients (Pearlman and Saakvitne 1995). Burnout is a cumulative process of stress marked by exhaustion and withdrawal, and is associated with multiple, often institutional factors, such as increased workloads (Figley 2007). Finally, compassion fatigue refers to a deep state of exhaustion that results in helping professionals losing their ability to empathise with their clients (Newsom 2010). It is important to note that secondary traumatic stress, burnout, and compassion fatigue are not mutually exclusive and often co-exist (Figley 2007). Therefore, this study uses the Professional Quality of Life scale (ProQOL), which measures compassion fatigue by looking at the rates of compassion satisfaction, burnout and secondary traumatic stress (Stamm 2010).

### **Compassion Fatigue**

Compassion fatigue can be described as “having nothing left to give” (Newsom 2010, 44). It is a phenomenon that not only impacts CPSWs personally, but also the quality of services offered to vulnerable children and their families, which in turn impacts the social welfare system. Research has shown that, owing to the traumatic nature of the field, CPSWs are extremely vulnerable to compassion fatigue (Gough 2011).

Gough (2011) found that CPSWs with less than 6 years’ work experience were at higher risk of compassion fatigue. Furthermore, according to Van Hook and Rothenberg (2009), younger and female workers are more vulnerable to compassion fatigue, which is concerning for South Africa considering that the majority of the social workers in South Africa are between the ages of 25 and 34, and that 89.3 per cent are women (Earle

2008). Lastly, literature shows that while the chance of CPSWs developing compassion fatigue is high, not all CPSWs are negatively affected by their work (Truter 2014; Truter, Fouché, and Theron 2016; Ungar 2013). Marcus and Dubi (2009) attributed this to CPSWs' resilience.

## **Resilience**

Resilience is the overarching theoretical framework of this study. Theorists such as Van Breda (2018) and Masten (2015) agree that definitions of this term vary and different scholars attribute resilience to different processes, for example, some view individual personality traits as key while others value the role of multiple interacting ecological systems. For the purpose of this paper resilience is defined as “the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity” (Van Breda 2018, 4). Adversity refers to any negative situation or experience that has the potential to challenge or disrupt adaptive functioning of individuals (Greene et al. 2012; Yates, Tyrell, and Masten 2015). In this context, the individuals refer to CPSWs and the adversity refers to working in a traumatic field that is characterised by traumatic narratives of vulnerable children and families. One's ability to adapt in the face of adversity is often influenced by risk and protective factors. Risk factors are any elements that make an individual more vulnerable to experiencing an undesired outcome whereas protective factors are any elements that moderate the effects of adversity or enhance adaptation (Shean 2015). Various studies have shown several common risk and protective factors that affect helping professionals (Truter 2014; Truter, Fouché, and Theron 2016; Ungar 2013).

As previously mentioned, and reiterated by Marcus and Dubi (2009), age, gender and experience influence the risk of developing compassion fatigue, with younger less experienced women being at a higher risk. Other common risk factors of compassion fatigue include high casework, history of trauma, poor coping mechanisms, unsupportive work environments, social isolation, cynical world view, and lack of emotional self-awareness. Conversely, various systems in one's life can work to increase or improve one's ability to adapt in the face of adversity. Regular self-care, working in clearly defined teams, not taking work home, limiting overtime, and reaching out for regular supervision reduce the likelihood of developing compassion fatigue (Killian 2008). Other protective factors include regular exercise, higher educational qualification or training, involvement in interactive activities, and belonging to a religious group (Van Hook and Rothenberg 2009).

Hurley, Martin, and Hallberg (2013) also looked at the transactional nature of resilience in child protection work. The authors noted that most CPSWs reported improved personal resilience when witnessing or hearing successful outcomes of past and/or current clients. They called this phenomenon “transmission of resilience”, whereby CPSWs' resilience improves as a result of working with resilient clients (Hurley, Martin, and Hallberg 2013, 269). Finally, Burnett and Wahl (2015) tested the

relationship between resilience and compassion fatigue and found that these two phenomena were correlated.

In light of the above literature, it is important to acknowledge the complex nature of resilience. An individual reacts and interacts with his/her environment and these reactions and interactions are influenced by numerous factors (individual and environmental). Although somewhat limiting, it was decided that for this study the focus would be on one basic element of resilience: the individual's perceived ability to bounce back when facing adversity or stress.

## Method

### Research Design

A quantitative, inferential research design was selected for the study. This approach generally allows for a broader study, involving more subjects. It also allows for more objective and accurate results (Babbie 2013).

### Population

The “Afrikaanse Christelike Vrouevereniging” (ACVV) had a total of 229 CPSWs that fitted the inclusion criterion for the study. This criterion was any CPSW at the ACVV working in early intervention, statutory intervention and reintegration with vulnerable children and families. This generally included, but was not limited to, social workers, managers and supervisors. The reason this criterion was selected was because these professionals are more exposed to traumatic narratives of children, either directly as social workers in the field or indirectly as managers and supervisors overseeing such workers. Even though social workers at the ACVV are directly exposed to traumatic narratives of vulnerable and abused children, it was decided to include managers and supervisors at the organisation because of the effects of secondary traumatic stress. Dill (2007) noted that child protection supervisors play a role in buffering the workers from the emotional distress of child protection work; however, this buffering can lead to erosion of the supervisors' individual coping capacity. In her article, Dill (2007) reviewed various research papers that showed child protection supervisors to be at an increased risk of developing burnout, secondary traumatic stress and compassion fatigue. The exclusion criterion was any such professionals at the ACVV that provided other services, such as prevention and awareness, advocacy, education and administration. This was because these individuals are less exposed to traumatic narratives, which was a key factor contributing to compassion fatigue (Adams, Boscarino, and Figley 2006).

### Sample

Using availability sampling, the researcher selected a total of 81 ACVV CPSWs who participated in the study, constituting 35.4 per cent of the population. Availability or

convenience sampling is a type of sampling method that relies on the availability of participants rather than any particular specification (De Vos et al. 2005). In terms of the demographics, most of these 81 participants were young (52% between 23 and 36 years old), white (59%), female (86%), social workers (81.5%), from the Western Cape (75%), with undergraduate degrees (54%), and with less than 5 years of work experience in the field of child protection (51%).

### **Data Collection Methods**

The data collection method for this study was an online survey sent via email. Based on the convenience sampling technique, the ACVV national director invited the 229 CPSWs in various provinces to take part. She informed them that participation would be voluntary and anonymous and stated that she would not know which employees had or had not participated. The director attached a link to the survey and stated it would be open for two weeks. Once the two weeks had ended the survey was closed and the 81 responses that were completed in that time frame were captured and analysed.

### **Data Collection Tools**

The data collection instrument for this study was a survey in the form of an online questionnaire, which consisted of three parts, namely demographic information, the ProQOL scale, and the Brief Resilience Scale (BRS).

The ProQOL scale is key in determining the impacts of a given profession on the professional (Jia 2014). This scale has three subscales that measure compassion satisfaction, burnout and secondary traumatic stress. Compassion satisfaction is defined as the gratification and satisfaction that workers gain from helping others (Manolis 2013). Compassion fatigue is indicated when scores for compassion satisfaction are below average (less than 50.00) and scores for burnout and secondary traumatic stress are above average (greater than 50.00) (Figure 1) (Stamm 2010). According to Stamm (2010), the ProQOL scale is reliable and has good construct validity, with over 100 000 articles online and more than 200 published papers. Teffo, Levin, and Rispel (2018) used the ProQOL scale to measure compassion fatigue among 105 termination-of-pregnancy workers in the Gauteng and North West provinces in South Africa. They noted good reliability of the ProQOL scale, with a Cronbach's alpha of .77 (Teffo, Levin, and Rispel 2018). Wentzel, Collins, and Brysiewicz (2018) also used the ProQOL scale in South Africa. These authors used the scale to measure compassion fatigue among oncology nurses and noted a Cronbach's alpha greater than .70.

	Compassion Satisfaction	Burnout	Secondary Traumatic Stress
Bottom Quartile (25 <sup>th</sup> Percentile)	44	43	42
Mean (50 <sup>th</sup> Percentile)	50	50	50
Top Quartile (75 <sup>th</sup> Percentile)	57	56	56

**Figure 1:** Cut scores for the ProQOL (Stamm 2010)

The BRS was developed to focus exclusively on “the ability to bounce back or recover from stress”, thus reducing data to a final six-item list (Windle, Bennett, and Noyes 2011, 10). There are few studies that have used the BRS in South Africa specifically. Edwards, Edwards, and Highly (2015) used the BRS in a small sample but made no note of internal consistency. Meintjes and Hofmeyr (2018) used the BRS scale in their quantitative, exploratory study among 125 employees at a pharmaceutical company in South Africa. These authors noted good reliability with a Cronbach’s alpha score of .73 (Meintjes and Hofmeyr 2018). Meintjes and Hofmeyr (2018) noted that although the BRS could be considered limiting in light of the complex nature of the phenomenon, they decided it is still a useful scale as one’s ability to bounce back from adversity and stress is one of the most basic and fundamental forms or elements of resilience. Internationally, Smith et al. (2008) tested the BRS on four separate samples in New Mexico and found the BRS to be reliable, with Cronbach’s alphas ranging from .80 to .91.

### Data Analysis

The Statistical Package for the Social Sciences (SPSS), version 24, was utilised for data analysis. The data were coded, entered into the SPSS, cleaned, and manipulated for any inaccuracies. As all participants answered more than 25 per cent of the questionnaire, none were excluded from the data set (Field 2009). Finally, an inferential statistical analysis was conducted in order to answer the study’s research questions.

The demographic profile of the participants was determined and the results of the ProQOL scale were calculated following Stamm’s (2010, 15) guidelines. As mentioned earlier, according to the ProQOL manual, compassion fatigue is indicated by results from three subscales; compassion satisfaction, burnout, and secondary traumatic stress. As indicated in Figure 1, this manual provides clear guidelines on calculating and interpreting scores (Stamm 2010, 15). For this study, the researcher divided the scores into four sections: those scores in the lowest percentile, those between the lowest percentile and average, those scores above average but below the highest percentile, and those scores in the highest percentile.

When the participants scored below average for compassion satisfaction and above average for burnout and secondary traumatic stress, compassion fatigue is indicated. The ProQOL results were then analysed across the various demographic categories.

The results of the BRS were also calculated. Here each answer on the scale was assigned a numerical value, which was added and then divided by the total number of questions answered to get an average score (Smith et al. 2008). Individuals who score between 1.00 and 2.99 are considered to have low resilience or at least lower ability to bounce back in the face of adversity. Individuals who score between 3.00 and 4.30 are considered to have normal or average resilience or an average ability to bounce back when faced with stress. Finally, individuals who score between 4.31 and 5.00 are considered to have high resilience or at least a higher ability to bounce back when facing adversity (Smith et al. 2008). The BRS scores were also analysed across the demographic profiles.

Finally, correlations were run between the BRS and the ProQOL subscales in attempts to establish whether a relationship between these two existed.

### **Procedure and Ethics**

Before this study was conducted it received ethical approval from the Research Ethics Committee of the relevant University's Department of Social Development. Accompanying the questionnaire was an invitation that included informed consent for the respondents to review and sign. This letter informed the participants about voluntary participation, confidentiality, the exact purpose of the study, and what would be done with the data gathered. Questions in the questionnaire were carefully constructed to ensure that they did not elicit any adverse emotional reaction. The participants did not receive any direct benefits or reimbursement for their participation. The results were presented to the ACVV, recommendations were explored in an open discussion with ACVV staff in Cape Town and a report was sent to staff in other provinces. According to follow-up communication with the ACVV no participants reported being adversely affected by their participation.

## **Results**

### **Professional Quality of Life Results**

The results for the compassion satisfaction subscale (Table 1) showed that almost half of the participants scored average or below for compassion satisfaction. Further analysis revealed that 28.4 per cent scored just above average but below the highest percentile for compassion satisfaction, and the remaining 24.7 per cent felt a high degree of satisfaction in their work. This means that overall 75.3 per cent of the participants scored between very low to just above average (20.00–57.00) for compassion satisfaction, indicating that the majority of the participants were not very satisfied in their profession.



**Table 1:** Compassion satisfaction

<b>Compassion satisfaction range</b>	<b>Frequency</b>	<b>Percentage</b>
Lower percentile [20.00–44.00]	26	32.1
Lower percentile – Average [44.01–50.00]	12	14.8
Above average – Higher percentile [50.01–57.00]	23	28.4
Higher percentile [57.01–68.00]	20	24.7
Total	81	100.0

For the burnout subscale (Table 2), the range of scores that occurred most often was 56.01–73.00, which is the highest range of scores for burnout. Only 24 of the 81 respondents scored in the lowest range, indicating that only 29.6 per cent of the participants were not experiencing any burnout symptoms. This means 70.3 per cent of the participants were experiencing some form of burnout in child protection work.

**Table 2:** Burnout

<b>Burnout range</b>	<b>Frequency</b>	<b>Percentage</b>
Lower percentile [28.00–43.00]	24	29.6
Lower percentile – Average [43.01–50.00]	17	21.0
Above average – Higher percentile [50.01–56.00]	13	16.0
Higher percentile [56.01–73.00]	27	33.3
Total	81	100.0

In terms of secondary traumatic stress (Table 3), the most common score was 42.01–50.00, which is average and just below for secondary traumatic stress. Only 20 participants scored below 42, indicating no symptoms of secondary traumatic stress. Thus, the remaining 61 participants were experiencing some symptoms of secondary traumatic stress. The fact that most CPSWs scored low on compassion satisfaction and high on both burnout and secondary traumatic stress is indicative of a high rate of compassion fatigue among CPSWs.

**Table 3:** Secondary traumatic stress

<b>Secondary traumatic stress range</b>	<b>Frequency</b>	<b>Percentage</b>
Lower percentile [31.00–42.00]	20	24.7
Lower percentile – Average [42.01–50.00]	22	27.2
Above average – Higher percentile [50.01–56.00]	20	24.7
Higher percentile [56.01–77.00]	19	23.5
Total	81	100.0

When asked whether, in the last three months, the participants felt physically unsafe in their day-to-day work in the field of child protection (Table 4), the majority reported feeling unsafe (63%), while the minority reported feeling physically safe (37%). When a cross tabulation was run between feeling unsafe and compassion fatigue it seems the likelihood of feeling unsafe was much higher in those with signs of compassion fatigue (88%), whereas those without signs of compassion fatigue were fairly split with 51 per cent feeling unsafe and 49 per cent feeling safe.

**Table 4:** Compassion fatigue and safety

<b>Compassion fatigue * Unsafe cross tabulation</b>			
	<b>Unsafe</b>		<b>Total</b>
	<b>Yes</b>	<b>No</b>	
No compassion fatigue	28	27	55
Compassion fatigue	23	3	26
<b>Total</b>	<b>51</b>	<b>30</b>	<b>81</b>

Furthermore, when a cross tabulation was run between job title and safety (Table 5), three-quarters of the social workers (71%) reported feeling physically unsafe in their day-to-do work in the field of child protection, whereas only 26 per cent of the supervisors and managers reported feeling physically unsafe.

**Table 5:** Job title and safety

<b>Job title * Unsafe cross tabulation</b>				
		<b>Unsafe</b>		<b>Total</b>
		<b>Yes</b>	<b>No</b>	
Job title	Social worker	47	19	66
	Supervisor/manager	4	11	15
<b>Total</b>		<b>51</b>	<b>30</b>	<b>81</b>

In terms of job title and compassion fatigue (Table 6), it would seem that the social workers were at a slightly higher risk of developing compassion fatigue (35%). The supervisors and managers were not completely unaffected, however, tended to be slightly less vulnerable to compassion fatigue, with only 1 of the 8 supervisors scoring high for compassion fatigue (14%) and 2 of the 7 managers scoring higher for compassion fatigue (29%).

**Table 6:** Compassion fatigue and job title

<b>Job title * Compassion fatigue cross tabulation</b>			
<b>Count</b>			
	<b>Compassion fatigue</b>		<b>Total</b>
	<b>No</b>	<b>Yes</b>	
Social workers	43	23	66
Supervisors	7	1	8
Managers	5	2	7
<b>Total</b>	<b>55</b>	<b>26</b>	<b>81</b>

### **Brief Resilience Scale Findings**

In terms of the BRS (Table 7), most of the participants scored within the normal range of the capacity to recover from stress of 3.00–4.30. The least common score was a high perception of the ability to bounce back from stress, meaning that 85.2 per cent of the respondents scored in the low to normal range.

**Table 7:** Brief Resilience Scale

<b>Brief Resilience Scale scores</b>	<b>Frequency</b>	<b>Percentage</b>
Low resilience [1.00–2.99]	19	23.5
Normal resilience [3.00–4.30]	50	61.7
High resilience [4.31–5.00]	12	14.8
<b>Total</b>	<b>81</b>	<b>100.0</b>

### **Professional Quality of Life Scale across Demographics**

When the results of the ProQOL subscales were analysed across each individual demographic profile of the participants, it was found that the most vulnerable to compassion fatigue were younger, white, female, social workers, with undergraduate degrees, less experience in the field and who felt physically unsafe in their day-to-day work. The findings across the provinces showed that those in the Eastern Cape seemed to be more vulnerable to compassion fatigue, however, they had higher resilience scores compared to those in the Western and Northern Cape. Furthermore, secondary traumatic stress was concerningly high in the Northern Cape.

### **Brief Resilience Scale across Demographics**

It was surprising that the majority of the participants scored in the normal range for the ability to bounce back from stress, considering the working conditions and traumatic nature of child protection work. This could, however, be explained by Hurley, Martin, and Hallberg's (2013) findings on the transmission of resilience mentioned earlier in

the paper. Specifically that exposure to resilient children and families in the field of child protection can actually improve the individual resilience of the practitioner. When analysing the levels of resilience across the demographics, the results showed that those with lower levels of resilience were again more often younger, white, female, social workers, with undergraduate degrees and less experience in the field as well as those from the Northern Cape and the Western Cape.

### **Professional Quality of Life and Brief Resilience Scale**

Finally, correlations were run between the BRS and ProQOL subscales. There was a positive correlation between resilience and compassion satisfaction ( $r = .532$ ,  $n = 81$ ,  $p = .000$ ). Furthermore, there was a negative correlation between resilience and burnout ( $r = -.532$ ,  $n = 81$ ,  $p = .000$ ), and between resilience and secondary traumatic stress ( $r = -.437$ ,  $n = 81$ ,  $p = .000$ ). In summation, a negative relationship was found between resilience and compassion fatigue.

### **Limitations of the Study**

The study at hand is firstly limited to its context; it was conducted at a single organisation with a fairly small sample. Conditions of CPSWs may differ in different organisations or contexts hence the results may not be generalisable to all CPSWs in South Africa. To make the study more representative it would need to be conducted on a more diverse sample. The study was also limited in the scale selected for resilience. While the BRS scale is helpful in showing an individual's ability to bounce back from stress or adversity, this is merely one element of resilience thus too narrow a lens to measure resilience holistically. Future research on this topic would benefit from more comprehensive resilience scales.

### **Discussion**

In the discussion the two original hypotheses were revisited.

**Hypothesis One:** Working with vulnerable and abused children and families has an impact on CPSWs in South Africa and increases their vulnerability to compassion fatigue.

The findings from this study suggest that many CPSWs in South Africa are impacted by their work in the field of child protection and may be at an increased risk of developing compassion fatigue. Results from this study generally revealed low levels of compassion satisfaction with only about a quarter of CPSWs in the study feeling a high level of satisfaction from their work in the field of child protection. Results also showed that just over two-thirds of participants were likely suffering from burnout and

three-quarters from secondary stress. Hence indicating an increased vulnerability to compassion fatigue.

Additionally, the results on safety indicated that CPSWs are impacted by their working environment, with most participants reporting feeling physically unsafe in their daily work in child protection.

Furthermore, many participants who fit the known demographic risk factors for developing compassion fatigue, for example, younger, less experienced and female, with lower levels of training and/or education (Gough 2011; Marcus and Dubi 2009; Van Hook and Rothenberg 2006), generally scored lower on compassion satisfaction and higher on burnout and secondary traumatic stress. This is particularly concerning because most CPSWs in South Africa overall fit these demographics (Earle 2008).

It is important to note that these individual risk factors are not isolated, but rather nested in a larger system. Literature shows that the system in which CPSWs operate in South Africa is characterised by traumatic content, high caseloads, poor funding and resources, lack of support, high staff turnover, and poor salaries (Sibanda and Lombard 2015; Truter 2014; Truter, Fouché, and Theron 2016). Considering the nature and context of child protection work in South Africa, as well as risk factors for compassion fatigue and the results of this study, it is likely that CPSWs in South Africa are impacted by their work. In summation, the study results as well as literature and theory on child protection and trauma support the hypothesis that working with vulnerable and abused children and families has an impact on CPSWs in South Africa and increases their vulnerability to compassion fatigue (Bhana and Haffejee 1996; Fouché and Theron 2016; Gough 2011; Sibanda and Lombard 2015; Truter 2014; Van Breda 2018).

**Hypothesis Two:** A negative relationship exists between resilience and compassion fatigue.

Literature has shown a negative relationship between the levels of resilience and compassion fatigue among helping professionals (Burnett and Wahl 2015; David 2012; Killian 2008; Van Hook and Rothenberg 2009). This study explored the relationship further by running correlations between the BRS and the ProQOL subscales that measure compassion fatigue.

A significant, positive correlation was found between the BRS and the compassion satisfaction subscales; indicating the more satisfaction participants felt from their work in the helping profession, the greater their ability to bounce back in the face of adversity and vice versa.

Furthermore, a significant, negative correlation was found between the BRS and both the burnout and secondary trauma subscales. Hence, the more burnout and/or secondary

trauma symptoms the participants experienced, the lower their ability to bounce back from stress or adversity and vice versa.

In sum, these results suggest a relationship between compassion fatigue and one's ability to bounce back from stress.

## Recommendations

The current study was able to show that CPSWs were generally scoring lower for compassion satisfaction and higher for burnout and secondary traumatic stress. It was also able to show that CPSWs were feeling unsafe and that they tended to score in the normal range for the ability to bounce back from stress. What the study was, however, unable to do was to answer why such trends exist.

Hence a key recommendation for this study would be to conduct more research that would unpack why CPSWs are not feeling satisfied, why they are experiencing burnout and secondary trauma and why they are feeling unsafe. Such research would be able to more adequately inform key role players in improving service delivery.

Similarly, unpacking resilience much more would be beneficial in understanding the phenomenon among CPSWs. It is thus recommended that future research be conducted using more comprehensive resilience scales or measures. In so doing, much richer information about resilience among CPSWs will be generated. This information could, again, be used to inform key role players in improving resilience among CPSWs and thus improving service delivery in the field of child protection work.

## Conclusion

This study demonstrated that the CPSWs who took part in this study were more vulnerable to developing compassion fatigue, with low rates of satisfaction in their profession and high rates of both burnout and secondary traumatic stress. This has the potential to further reduce the already low retention of social workers practicing in the field, as well as the quality of child protection services rendered. This study also verified a relationship between compassion fatigue and one's ability to bounce back from adversity, showing that higher levels of resilience are associated with and thus may mitigate compassion fatigue. Overall, these results indicated a need for more research on the topic.

## Acknowledgements

The first author would like to acknowledge Amy Gore and Janine Mellish for their contributions during the research project. She also extends her gratitude to the ACVV National Director, whose guidance and support ensured sustainability of the study.

## References

- Adams, Richard E., Joseph A. Boscarino, and Charles R. Figley. 2006. "Compassion Fatigue and Psychological Distress among Social Workers: A Validation Study." *American Journal of Orthopsychiatry* 76 (1): 103–108. <https://doi.org/10.1037/0002-9432.76.1.103>.
- Artz, L., P. Burton, C. L. Ward, L. Leoschut, J. Phyfer, S. Loyd, and C. Le Mottee. 2016. *Optimus Study South Africa: Technical Report Sexual Victimization of Children in South Africa*. Zurich: UBS Optimus Foundation.
- Babbie, Earl. 2013. *The Practice of Social Research*. International ed. Andover: Cengage Learning.
- Bhana, Arvin, and Nasrin Haffejee. 1996. "Relation among Measures of Burnout, Job Satisfaction, and Role Dynamics for a Sample of South African Child-Care Social Workers." *Psychological Reports* 79 (2): 4310150434. <https://doi.org/10.2466/pr0.1996.79.2.431>.
- Burnett, Harvey J. Jr., and Kathleen Wahl. 2015. "The Compassion Fatigue and Resilience Connection: A Survey of Resilience, Compassion Fatigue, Burnout, and Compassion Satisfaction among Trauma Responders." *International Journal of Emergency Mental Health and Human Resilience* 17: 318–326.
- Cieslak, Roman, Kotaro Shoji, Allison Douglas, Erin Melville, Aleksandra Luszczynska, and Charles C. Benight. 2014. "A Meta-Analysis of the Relationship between Job Burnout and Secondary Traumatic Stress among Workers with Indirect Exposure to Trauma." *Psychological Services* 11 (1): 75. <https://doi.org/10.1037/a0033798>.
- David, Daniel P. 2012. "Resilience as a Protective Factor against Compassion Fatigue in Trauma Therapists." PhD dissertation, Walden University.
- De Vos, Anna Susanna, Herman Strydom, Christa B. Fouché, and Cameron S. L. Delport. 2005. *Research at Grass Roots: For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.
- Dill, Katherine. 2007. "Impact of Stressors on Front-Line Child Welfare Supervisors." *Clinical Supervisor* 26 (1–2): 177–93. [https://doi.org/10.1300/J001v26n01\\_12](https://doi.org/10.1300/J001v26n01_12).
- Earle, Nicci. 2008. *Social Work as a Scarce and Critical Profession*. Pretoria: Department of Labour.

- Edwards, S. D., D. J. Edwards, and J. A. Highley. 2015. "Evaluation of HeartMath Training Programme for Improving Personal Resilience and Psychophysiological Coherence." *African Journal for Physical Activity and Health Sciences* 21 (3): 996–1008.
- Field, Andy. 2009. *Discovering Statistics Using SPSS*. London: Sage.
- Figley, Charles R. 2007. *The Art and Science of Caring for Others without Forgetting Self-Care*. Tallahassee: Florida State University Traumatology Institute.
- Gough, Michael. 2011. "The Other Side of Child Protection: The Lived Experiences of Front Line Child Protection Workers." PhD dissertation, University of Victoria.
- Greene, Roberta R., Ann P. Conrad, N. C. Livingstone, William H. Barton, M. L. Watkins, Robert Blundo, and J. G. Riley. 2012. *An Integrated Approach to Practice, Policy, and Research*. Washington: NASW Press.
- Hurley, Dermot J., Lisa Martin, and Rhonda Hallberg. 2013. "Resilience in Child Welfare: A Social Work Perspective." *International Journal of Child, Youth and Family Studies* 4 (2): 259–73. <https://doi.org/10.18357/ijcyfs42201312211>.
- Jia, Yi Yi. 2014. "Vicarious Traumatization: Survey of Front Line Workers at a Child Welfare Agency." PhD dissertation, McGill University.
- Killian, Kyle D. 2008. "Helping till it Hurts? A Multimethod Study of Compassion Fatigue, Burnout, and Self-Care in Clinicians Working with Trauma Survivors." *Traumatology* 14 (2): 32–44. <https://doi.org/10.1177/1534765608319083>.
- Manolis, Liza Marie. 2013. "Compassion Fatigue and Compassion Satisfaction: A Study of Yukon Child Protection Social Workers." Master's thesis, University of Nordland.
- Marcus, Susan, and Michael Dubi. 2009. "The Relationship between Resilience and Compassion Fatigue in Counselors." *Vistas Online* 50: 223–225.
- Masten, Ann S. 2015. "Pathways to Integrated Resilience Science." *Psychological Inquiry* 26 (2): 187–196. <https://doi.org/10.1080/1047840X.2015.1012041>.
- McFadden, Paula, Anne Campbell, and Brian Taylor. 2014. "Resilience and Burnout in Child Protection Social Work: Individual and Organisational Themes from a Systematic." *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bct210>.
- Meintjes, Anel, and Karl Hofmeyr. 2018. "The Impact of Resilience and Perceived Organisational Support on Employee Engagement in a Competitive Sales Environment." *SA Journal of Human Resource Management* 16. <https://doi.org/10.4102/sajhrm.v16i0.953>.



- Newsom, Rosalina. 2010. "Compassion Fatigue: Nothing left to Give." *Nursing Management* 41 (4): 42–45. <https://doi.org/10.1097/01.NUMA.0000370878.55842.e7>.
- Pearlman, Laurie Anne, and Karen W. Saakvitne. 1995. *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: WW Norton and Co.
- Shean, Mandie. 2015. *Current Theories Relating to Resilience and Young People*. Melbourne: Victorian Health Promotion Foundation.
- Sibanda, Siphon, and Antoinette Lombard. 2015. "Challenges Faced by Social Workers Working in Child Protection Services in Implementing the Children's Act 38 of 2005." *Social Work* 51 (3): 332–353. <https://doi.org/10.15270/51-3-452>.
- Smith, Bruce W., Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher, and Jennifer Bernard. 2008. "The Brief Resilience Scale: Assessing the Ability to Bounce Back." *International Journal of Behavioral Medicine* 15 (3): 194–200. <https://doi.org/10.1080/10705500802222972>.
- Sprang, Ginny, Carlton Craig, and James Clark. 2014. "Secondary Traumatic Stress and Burnout in Child Welfare Workers: A Comparative Analysis of Occupational Distress across Professional Groups." *Child Welfare* 90 (6).
- Stamm, Beth. 2010. "The Concise ProQOL Manual." Accessed 20 March 2020. <https://proqol.org/uploads/ProQOLManual.pdf>.
- Teffo, Mantshi E., Jonathan Levin, and Laetitia C. Rispel. 2018. "Compassion Satisfaction, Burnout and Secondary Traumatic Stress among Termination of Pregnancy Providers in two South African Provinces." *Journal of Obstetrics and Gynaecology Research*. <https://doi.org/10.1111/jog.13665>.
- Theron, Linda C., and Adam Theron. 2010. "A Critical Review of Studies of South African Youth Resilience, 1990–2008." *South African Journal of Science*. <https://doi.org/10.4102/sajs.v106i7/8.252>.
- Truter, Elmiën. 2014. "South African Social Workers at Risk: Exploring Pathways to Their Resilience." PhD dissertation, North-West University.
- Truter, Elmiën, Ansie Fouché, and Linda Theron. 2016. "The Resilience of Child Protection Social Workers: Are they at Risk and if so, how do they Adjust? A Systematic Meta-Synthesis." *British Journal of Social Work* 47 (3): 846–63. <https://doi.org/10.1093/bjsw/bcw048>.
- Ungar, Michael. 2013. *The Social Ecology of Resilience: A Handbook of Theory and Practice*. Springer Science and Business Media.

- Van Breda, Adrian D. 2018. "A Critical Review of Resilience Theory and its Relevance for Social Work." *Social Work* 54 (1): 1–18. <https://doi.org/10.15270/54-1-611>.
- Van Hook, Mary P., and Michael Rothenberg. 2009. "Quality of Life and Compassion Satisfaction/Fatigue and Burnout in Child Welfare Workers: A Study of the Child Welfare Workers in Community Based Care Organizations in Central Florida." *Social Work and Christianity* 36 (1).
- Wentzel, Dorien, Anthony Collins, and Petra Brysiewicz. 2018. "Describing Compassion Fatigue from the Perspective of Oncology Nurses in Durban, South Africa." *Health SA Gesondheid (Online)* 24: 1–7. <https://doi.org/10.4102/hsag.v24i0.1279>.
- Windle, Gill, Kate M. Bennett, and Jane Noyes. 2011. "A Methodological Review of Resilience Measurement Scales." *Health and Quality of Life Outcomes* 9 (1). <https://doi.org/10.1186/1477-7525-9-8>.
- Yates, Tuppert M., Fanita A. Tyrell, and Ann S. Masten. 2015. "Resilience Theory and the Practice of Positive Psychology from Individuals to Societies." *Positive Psychology in Practice: Promoting Human Flourishing in Work, Health, Education, and Everyday Life* 773–788. <https://doi.org/10.1002/9781118996874.ch44>.