

The impact of caseload and tenure on the development of vicarious trauma in Australian corrective services employees

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Introduction

Emergency services staff such as police, fire-fighters, and paramedics have been shown to be at an increased risk of stress, burnout, and symptoms of post-traumatic stress disorder due to increased levels of exposure to potentially traumatising events in their day-to-day job responsibilities (Armstrong, Shakespeare-Finch, & Shochet, 2014; Hinderer et al., 2014; Klimley, Van Hasselt, & Stripling, 2018; Varker et al., 2018). Depending on the work environment and job duties, emergency services staff may be at risk of direct exposure to trauma, which may include frequent and ongoing attendance to traffic accidents, natural and man-made disasters, homicide/suicide victims, and indirect exposure to disturbing images such as child pornography or crime scenes. As such, whilst first responders are likely to experience multiple episodes of potentially traumatic experiences as part of their duties, and interactions with victims of trauma, their roles may also bring them into contact with perpetrators of violence and other offenders.

Working with offenders can present numerous personal and professional challenges, which can result in emotional, cognitive, and psychological changes to emergency services staff. Most specifically, some employees directly involved with perpetrators have been shown to display elevated burnout, secondary traumatic stress, and compassion fatigue as a direct result of being exposed to the result of human cruelty. For example, parole officers exposed to graphic details of crimes committed by sex offenders (Severson & Pettus-Davis, 2013), probation officers working with offenders with domestic violence backgrounds (Morran, 2008), correctional health nurses working with violent offenders (Munger, Savage, & Panosky, 2015), and specialised police investigating internet child exploitation offences (Brady, 2017; Jankoski, 2010) have shown to exhibit PTSD-like symptoms.

However, individuals working full-time with incarcerated offenders may be at an even higher risk of numerous negative impacts on their physical and mental health (Armstrong & Griffin, 2004; Johnson, 2016; Lambert, Hogan, Griffin, & Kelley, 2015; Munger et al., 2015). Corrective services employees include psychologists, counsellors, sentence

management officers (SMOs), intelligence officers, and prison officers working within prison environments, who are regularly exposed to the ubiquitous risks to personal safety arising from interaction with a volatile and confined population. For this reason, research has found that corrective services staff are at an elevated risk of stress and burnout (Lambert, et al., 2015), and secondary traumatic stress (Johnson, 2016). This direct exposure to trauma has also been shown to contribute to numerous deleterious personal and organisational consequences (Finn, 1998; Johnson, 2016; Thomas, 2012; Malkina-Pykh, 2017).

Indirect exposure to traumatic material is another workplace hazard where corrective services staff can be exposed multiple times each day to graphic accounts of traumatic events committed by incarcerated offenders. This may include reading official documents such as court transcripts, police reports, and victim impact statements, or hosting individual or group therapy sessions in which graphic facts of traumatic events committed or experienced by the incarcerated offender are detailed. As such, professionals vicariously exposed to traumatic material can experience profound alterations in their emotional, physical, psychological, and spiritual domains (McCann & Pearlman, 1990), and the impacts are often cumulative, pervasive, and insidious. Specifically, correctional officers may experience feeling emotionally numb and may become cynical and pessimistic, thus impacting on their ability to do their job effectively or, in extreme cases, resulting in them treating inmates inhumanely, leading to poorer offender outcomes (Thomas, 2012). Additionally, individuals suffering from VT may be at increased risk of family dysfunction, conflict and divorce as well as maladaptive means of coping, which may include alcohol and substance abuse.” (Office for Victims of Crime, 2017).

Counsellors and psychologists working within correctional settings are likely to be more vulnerable to burnout and vicarious trauma due to the conflicting roles that can occur in these positions, and the impact these disparities can have on personal morals and values. Volker and Galbraith (2018) reveal that there is often a conflict that arises between therapeutic values and punitive values within therapists working with offenders. Often, therapists are required to operate from positions of empathy and positive regard, whilst managing conflicting emotions of anger, disgust, and hatred, all while functioning within the socio-cultural context of the correctional institution (Polson & McCullom, 1995; Malkina-Pykh, 2017). Correctional therapists, along with other non-custodial roles, are more regularly required to examine narratives of offenders’ crimes, and this exposure to graphic accounts of human cruelty, along with traumatic depictions in therapy, can produce a unique experience and sequelae than that experienced by other correctional staff working with offender populations (McCann & Pearlman, 1990).

Vicarious Trauma

Vicarious Trauma (VT) has been conceptualised as the enduring and profound alterations of the cognitive schema of a professional following repeated exposure to traumatic events experienced by clients (Cieslak et al., 2014; McCann & Pearlman, 1990; Newell & MacNeil, 2010). Following such repeated vicarious exposure to trauma, professionals may experience PTSD-like symptoms and a negative change to their innate beliefs,

cognitive schemas, and attitudes towards the world, others, and themselves (McCann & Pearlman, 1990; Trippany, White Kress, & Wilcoxon, 2004). VT can also lead to a loss or decrease in the professional's sense of spirituality, life meaning, or purpose, and an inability to set firm boundaries and make ethical decisions (McCann & Pearlman, 1990).

A number of factors, such as excessive traumatic workload (Cunningham, 2003), length of time in one job (Lewis, Lewis, & Garby, 2013), low workplace support, and low job satisfaction (Thomas, 1988) have been theorised to increase the risk of developing traumatic responses in caring professionals. However, the effect of caseload and tenure on the development of VT in the Australian Corrective Services population is yet to be specifically investigated.

The Impact of Caseload on Vicarious Trauma

McCann and Pearlman (1990) suggested that high caseload increases the likelihood of a professional developing VT, however the minimal research conducted in this area is inconsistent. Cunningham (2003) investigated VT in trauma social workers with a caseload consisting of at least 40% victims of sexual abuse, and a second group whose caseload consisted of at least 40% cancer patients. The study found that the higher the caseload a trauma social worker has, the greater their likelihood of developing VT, particularly in the group with a caseload predominantly consisting of sexual abuse clients (Cunningham, 2003). Contrastingly, Baird and Jenkins (2003) found that greater caseload reduces the likelihood of developing VT in trauma counsellors despite employing the same measure of VT and using a similar population as Cunningham. Baird and Jenkins suggested that the contrasting results of their study may be influenced by the amalgamation of paid and volunteer workers within their sample who spend vastly varying amounts of time engaged with traumatised clients. Further, the higher level of education of the participants may have influenced the data as some research suggests that higher education level increases adaptive coping strategies (Holahan & Moos, 1987).

It is important to note that incarcerated offenders are often victims of trauma themselves (Berg, Stewart, Schreck & Simons, 2012; Jennings, Zgoba, Maschi & Reingle, 2014; Pizarro, Zgoba & Jennings, 2011). Therefore, it is plausible for VT to manifest in corrective services officers following exposure to graphic details of the offenders' crimes, as well as the traumatising events experienced by the offender personally.

The Impact of Tenure on Vicarious Trauma

Previous research has found that psychologists with shorter tenure experience higher rates of VT than their longer-tenured and more experienced counterparts (Pearlman & Maclan, 1995). Although Eidelson, D'Alessio, and Eidelson (2003) examined similar constructs to VT, their study found that as years of professional experience increased, psychologists' work stress and feelings of unpreparedness decreased. Similarly, Cunningham (2003) found higher levels of VT in trauma therapists with less experience in the trauma field. Considering the results of these studies, it appears that newly appointed therapists are at greater risk of developing VT than their more experienced counterparts

(Cunningham, 2003; Eidelson et al., 2003). Cunningham suggested that more experienced professionals exhibit lower rates of VT due to the therapist developing helpful coping strategies over their career to manage the stressful responses to their clients' traumatic experiences.

Results on the impact of tenure on corrective services staff have been conflicting and inconsistent (Lambert, et al., 2015; Morgan, Van Haveren, & Pearson, 2002). While some studies have suggested that longer tenured correctional officers have higher levels of stress (Armstrong & Griffin, 2004), others have suggested that newer officers report greater levels of occupational stress and burnout (Lindquist & Whitehead, 1986). Generally, research has shown that longer tenures act as a protective factor because staff working with trauma tend to find coping strategies to deal with stress arising from their work. However, in corrections staff, these coping strategies can be negative, or marked by "gallows humour" which, in and of itself, may be an indication of VT.

The Present Study

While there has been significant research investigating stress, burnout, and secondary trauma amongst corrective services staff internationally, little research has investigated such constructs in corrective services staff within Australia whose roles involve managing, rehabilitating and facilitating reintegration. Some research has considered the effect of job demands on occupational stress in Australian correctional officers (Brough & Williams, 2007) and sex-offender treatment providers within corrective services facilities (Hatcher & Noakes, 2010), however no studies have explored the impact of caseload and tenure. Moreover, there have been no Australian studies exploring whether the impact of VT differs by position between custodial and non-custodial corrective services staff.

The present study aims to examine the extent to which caseload and tenure influence the likelihood of Corrective Services Employees developing VT. Based on previous research, it is first hypothesised that higher caseload predicts greater levels of VT. Second, it is hypothesised that longer tenure will predict decreased levels of VT. Last, given that the role of prison officer is to interact and manage incarcerated offenders on a day-to-day basis, rather than being exposed to traumatic material, it is hypothesised that non-custodial corrective services staff (SMOs, psychologists, counsellors, and intelligence officers) will exhibit greater levels of VT than custodial staff (prison officers).

Methodological Approach, Data Collection, and Analysis

This study used a quantitative approach. Participants comprised 371 corrective services staff aged between 20 and 69 years, of whom 204 were male (with one person identifying as "other gender, unspecified"). In terms of demographics, 61.5% of participants had vocational education, 78.2% were born in Australia, and 63.2% were married or in a de facto relationship. Further demographic statistics are outlined in Table 1 below. Participants were currently employed in corrective services agencies Australia-wide as either prison officers ($n = 318$), community corrections officers ($n = 11$), sentence

management officers ($n = 4$), intelligence officers ($n = 11$), psychologists or Counsellors ($n = 8$), and other ($n = 17$) who are exposed daily to graphic reports of trauma experienced or committed by offenders.

Table 1: Demographic Statistics of Participants

Education level	Vocational qualification	61.5%
	University Degree	12.4%
	Completed Year 12	10.7%
	Did not complete Year 12	10.2%
	Postgraduate Diploma / Certificate	2.5%
	Postgraduate Doctorate / Masters Degree	2.2%
	Other	0.5%
Country of birth	Australia	78.2%
	United Kingdom	6.9%
	New Zealand	7.7%
	Other (Canada, Croatia, Germany, India, Iran, Italy, Malaya, Malta, Poland, Samoa, South Africa, South America, Soviet Union, Sweden, Tonga, United States of America, Yugoslavia)	7.2%
Relationship status	Married / de Facto	63.2%
	In a relationship	12.9%
	Single	8.8%

Divorced	7.7%
Separated	7.1%
Widowed	0.3%

Retired staff were excluded from the data as it was not possible to establish whether the hours they recorded as being exposed to traumatic material were recent and if time, rather than exposure to traumatic material since retirement, mediated the individual's level of VT. Nurses were also excluded as it was expected that nurses may be exposed to direct trauma experienced by another person rather than simply to traumatic material. Child protection and youth Community engagement officers were also excluded as investigating VT amongst children and adolescents was not the aim of the present study.

Measures

VT was measured with the Trauma and Attachment Belief Scale (TABS; Pearlman, 2003). The TABS is considered appropriate for use in the adult population from the age of 17 and above (Pearlman, 2003). The TABS is made up of ten subscales: "self-safety," "other-safety," "self-trust," "other-trust," "self-esteem," "other-esteem," "self-intimacy," "other-intimacy," "self-control," and "other-control". As all 84 questions have six possible responses (i.e., "disagree strongly," "disagree," "disagree somewhat," "agree somewhat," "agree," and "agree strongly"), the range of possible total scores on the TABS is between 84 (all responses being "disagree strongly") and 504 (all responses being "agree strongly"). One question was asked of participants to measure their caseload, which was, "In an average week, how many hours would you be exposed to traumatic material (e.g. hearing accounts of traumatic events, reading distressing documents, such as victim impact statements, court transcripts, police reports, etc.)?". One question was asked of participants to report their tenure, which was "How many years have you been in your current position?"

The survey was disseminated via an online social media platform. Participants were directed, via an anonymous online link provided through online social media such as facebook, to the online questionnaire which specifically measured VT. Participants read an information sheet describing the study, including risks and benefits, and were then required to consent to participating in the study. If participants did not consent, they were not able to complete the questionnaire, as responding "no" to this question directed the participant to the end of the survey without being able to fill in any questions. Participants who consented to completing the questionnaire were then automatically directed to seven demographic questions, one question regarding caseload, one question regarding tenure, and the 84-item TABS (Pearlman, 2003).

Results

Multiple Linear Regression was conducted to investigate to what degree caseload, tenure, and job type predicts VT in corrective services employees. Descriptive statistics are presented in Table 2 below.

Table 2: Means and Standard Deviations for all variables in the Regression Model

	Vicarious Trauma	Caseload	Tenure	Job Type
M	235.78	11.49	0.82	0.87
SD	52.56	11.30	0.47	0.33

The overall regression model including all three predictor variables was significant and explained 6.5% of variance in VT. Caseload, tenure, and job type were all independently significant predictors of VT. Caseload was a significant contributor to the model with a small effect size, explaining 11.7% of variance in VT. Tenure was a significant contributor to the model with a small effect size, explaining 11.8% of the variance in VT. As shown in Table 3, the greatest contributor to VT was job type. Job type significantly contributed to the model with a small to moderate effect size, explaining 20% of the variance in VT. Most alarming is that the level of VT increased by 0.55 points with every additional hour of exposure to traumatic material, where caseload is measured in hours. Further, the level of VT increased by 13.33 points with every additional year within the same job, where tenure is measured in years. Lastly, job type revealed that non-custodial staff were 32.69 points higher on the VT scale than custodial staff.

Table 3: Inferential Statistics for the Constant and Total Model

Variable	B	SE	β	<i>t</i>	95% CI	
Constant	189.938	9.56		19.877	171.15	208.73
Caseload	0.551	0.24	.118	2.272	0.07	1.03

Years	13.326	5.80	.118	2.298	1.92	24.73
Job Type	32.359	8.30	.203	3.901	16.04	48.78

Discussion

This research revealed that, within an Australian sample of corrective services employees, levels of VT increased with every additional hour of exposure to traumatic material. Previous research has yielded mixed results regarding the outcome of caseload on the risk of developing VT, however the present study supports the previous research findings of Cunningham (2003) confirming that higher traumatic caseload increases the risk of developing VT. The second hypothesis predicted that a longer tenure within Corrective Services would act as a protective factor and decrease the risk of VT. This hypothesis was not supported and, conversely, it was noted that VT increased with each year of employment within the job. This suggests that staff were at risk of developing VT throughout their entire career, with greater risk of VT as their tenure lengthens. Finally, this study also predicted that non-custodial staff, who are more regularly required to examine narratives of offenders' crimes, would exhibit higher rates of VT than custodial staff. This hypothesis was supported with these staff presenting with scores almost one-third greater than that of their custodial counterparts.

The results of the present study provide contrasting evidence to the current body of research regarding tenure in that it appears longer tenure does not minimise the risk of developing VT in corrective services staff. These findings indicate that corrective services employees are at risk of developing VT throughout their entire career path regardless of the amount of experience in their job. It could be argued that the ever-present risk to personal safety due to working with such a volatile population acts as an added stressor within the role, and whereas the coping strategies adopted by many corrections staff (such as using black humour) may be deemed to be an effective strategy, the resulting cynicism and pessimism may be indicative of a more insidious trauma response.

This study also found that staff whose role requires them to deal either therapeutically or systematically to reduce offenders' risk of recidivism are almost three times more likely to experience symptoms of VT than custodial officers who operate from a more punitive perspective. This finding may support those of Volker and Galbraith (2018), which suggested that there is a disparity in establishing a therapeutic atmosphere within a penal environment. It may also be worth considering that corrective services staff deal with some individuals who are responsible for inflicting great pain and suffering on their victims, which leaves little space for compassion and empathy for their clients (Nelson, Herhily, & Oescher, 2002).

Research Limitations and Future Research

The present study had several limitations. First, operationalisation of caseload was the number of hours a person spends in their weekly work exposed to trauma, rather than the number of cases. This was because the number of cases in a participants' caseload may differ on a daily basis and be difficult for participants to track. Second, the questions regarding caseload and tenure may have been misinterpreted by participants, as 13 prison officers reported having a 41+ hours per week traumatic caseload, which is the equivalent to a full working week. Prison officers are not expected to have high caseload of traumatic material as their job role is to manage offenders on a day-to-day basis, and does not traditionally involve reading case paperwork such as court transcripts and victim impact statements. Therefore, it is plausible that some participants may have misunderstood the meaning of traumatic caseload (despite examples provided by the researchers) or hold the perception that they are constantly immersed in a traumatic environment within their position. Third, participants may have thought the question regarding tenure pertained to the length of their career in their current organisation, or the number of years' experience they had as, for example, a psychologist, which may have implications for the purity of VT stemming from corrective services duties.

The present study also did not take into consideration any previous exposure to trauma or organisational support which may moderate the likelihood of an employee developing VT. Previous research has indicated that trauma therapists with a personal trauma history (Pearlman & Maclan, 1995; Way, Van Deusen & Cottrell, 2007) and veterans working in corrective services (Rhineberger-Dunn, Mack, Baker, 2016) are more likely to develop VT. Such considerations should be considered in future research.

Methodologically, the use of a cross-sectional design limits the strength of the findings, whereas a longitudinal approach utilising qualitative as well as quantitative methods would strengthen the understanding of the research questions. Moreover, further longitudinal research is needed to determine how organisational factors are contributing to high workplace stress, correctional staff burnout and VT, and more specifically, how these deleterious effects lead to explicit negative outcomes for offenders. For example, it would be important to note if an increase in corrections staff VT is contributing to a commensurate escalation in violent offences.

Similarly, the use of self-report increases the risk of misunderstanding or misinterpretation of items, and/or the over- or under-reporting of the severity or frequency of symptoms. Lack of organisational commitment and inadequate support to vicariously traumatised staff may lead to higher levels of job dissatisfaction, which in turn may result in skewed responses from dissatisfied staff members. Further research needs to consider how organisations and agencies can intervene when signs of secondary stress and trauma first appear, or more importantly, from preventing these symptoms occurring in the first place.

Practical implications

The existence of VT in the Australian corrective services population should be addressed as a matter of urgency, and considered by those providing therapy to affected staff. As detailed in this report, the effects of VT often reach far beyond the workplace and into the sufferer's personal life and interpersonal relationships (McCann & Pearlman, 1990; Meffert et al., 2014). Furthermore, a corrective services employee suffering from VT, most particularly those who work from a therapeutic perspective, can have indirect but dire consequences for the outcomes of their offender clients, including reduced likelihood of rehabilitation and greater likelihood of recidivism. This in turn has financial, economic, and social impacts for governmental authorities and the wider community (Morash, Smith, & Cobbina, 2016; Thomas, 2012).

Correctional counsellors and psychologists, as well as other staff working from a non-punitive framework, are encouraged to examine their personal values and reflect on their attitudes towards offenders and how they can best manage the disparity between therapeutic care and prison ideals. This study also highlights the importance of self-care in therapists working with perpetrators of human cruelty due to the psychological conflict that may arise by holding therapeutic space whilst acknowledging possible feelings of anger, disgust, and hatred towards their client. This examination is not only critical for ethical practice, but also for reducing the risk of burnout and VT.

Future research should investigate the difference in VT between therapeutic and non-therapeutic jobs (e.g., psychologist versus sentence management officer) independently rather than amalgamating all non-custodial jobs which was done in the present study. Future research should also consider participants' personal history of trauma to ensure personal trauma does not contribute to the development of VT in this population, as well as the role that organisational support has in mediating this effect.

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