Chapter 26
Shared Traumatic Stress and the Impact of COVID-19 on Public Child Welfare Workers

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Introduction

Child welfare authorities like New York City’s Administration for Children’s Services (ACS) were created to provide oversight wherever there are allegations of abuse and neglect of children (Yamatani et al. 2018). Reports are made, screened, and investigated 24/7 (Tavormina and Clossey 2015). Yet the public child welfare (PCW) system is wrought with challenges at the best of times. In the United States, too many families and children are systematically involved in the PCW system, which leads to exposure to the juvenile and criminal courts (Abramovitz 2005). Approximately 442,995 children in 2017 were reported to be placed in out-of-home placements in the PCW system due to allegations of neglect and/or maltreatment. Most of these hundreds of thousands of American children live in an “urban ‘war zone’…the nightmare of neighborhood and family violence” (Webb 2016, p. 183). Witnessing or being party to violence, particularly at an early age, leads to adverse effects for children (Abramovitz 2005). Poor outcomes (i.e., lack of safety, permanency, and well-being of at-risk children) can impact the children’s future capability and cause severe and long-standing physical, emotional, and behavioral risks that continue into adulthood, resulting in long-term challenges with employment, stability, and health (Lieberman et al. 2015).

The current pandemic has brought to the fore the fact that many children are not safe in their homes. The sudden closure of schools left vulnerable children with no outlet from difficult or dangerous home situations and removed them from the view of teachers and other mandated reporters of suspected child abuse. Amid concerns about the capacity of existing child protection policies to rise to this unprecedented
situation, child advocates have called for more direct and proactive oversight (Jolie 2020; Tavormina and Clossey 2015). At the heart of those conversations are the PCW workers, who risk their own safety to fulfill their roles providing adequate protection for children. During large-scale crises (e.g., terrorism, natural disasters, and pandemics), the risk of being unsafe, needing protection, and experiencing trauma is heightened for both children and workers (Tosone et al. 2011).

“The individuals working at human services nonprofits arguably have been the unsung heroes [in]…response to the coronavirus pandemic” (Amandolare et al. 2020, para. 1). Unfortunately, events like 9/11, Hurricane Sandy, and now COVID-19 require “more of the already-stretched child welfare workforce” as “Child welfare…systems have experienced significant disruptions, putting tremendous strain on children, youth and families, as well as the caseworkers…who support the healthy development and wellbeing of the next generation” (Fickler 2020, p. 32). There is a gap in the literature on the effects of large-scale crises on specific human services workforces, including PCW workers. However, given the clear difficulty such crises entail in the sector, leadership needs to be proactive on international, national, local, and interagency levels as the world faces further outbreaks of COVID-19 (Roule 2020). One area that needs further exploration is shared traumatic stress (SdTS), or the dual exposure to trauma PCW workers experience as they encounter secondary trauma from the populations they serve alongside their own reactions from posttraumatic stress (Tosone et al. 2015). Addressing this challenge is important if agencies hope to retain workers and keep them safe. This chapter, therefore, focuses on valuing PCW staff as a highly important resource in the system, in part by directly addressing the effects of SdTS in times of large-scale crisis.

Case Study

Collin1 is a 14-year-old African American male living in Brownsville, Brooklyn, New York. He is represented in a child protective case with his 8-year-old brother and has been involved in juvenile court cases. He has an extensive history of inconsistent and inappropriate relationships with adult figures. Because of his constant displacement, moving between various family members and various levels of child welfare placements, he was vulnerable to gang involvement and began to report such involvement, which was encouraged by his mother as a source of social support. Collin was arrested and has an open delinquency case filed against him for sexual offense against an 11-year-old girl who lives across the hall from his mother. He was at risk of remand or remaining in custody of the Department of Youth and

1All names and other personal identifiers of the case have been changed to protect privacy and confidentiality.
Family Justice at a detention center. His behavior prior to his arrest increased his chances for remand, as he had a high absent without leave (AWOL) history.

Collin gained a sense of stability when he was placed and transitioned well in the care of his uncle following his last arrest. He had the opportunity to start over at a new school for a fresh start, which he verbalized that he wanted. Administrators at his new school were understanding of his circumstances and willing to work with him, albeit knowing little of his background. They reported to his caseworker that they found him to be very honest, helpful, and motivational to his peers. He admitted that he really enjoyed school and was willing to have a fresh start. Collin played sports at school (football, basketball, and track and field) and with the school social worker’s assistance, became involved in clubs and activities. The school administrators directly assisted him in applying to “good” high schools. His uncle told the courts that Collin had become a kind of coach for the other students in school, telling them not to join gangs and not to “do bad.”

Unfortunately, with the arrival of COVID, he was no longer able to seek stability and mentorship at school. He experienced many disruptions at his uncle’s home due to his history and resulting lack of trust. His acting out behaviors led to his uncle becoming increasingly frustrated. Collin was placed in a non-kinship home and was forced to change schools. He returned on AWOL to his mother’s home in an effort to protect his younger brother. He re-entered the gang and re-engaged in several illegal activities that resulted in further arrests.

**Impact of COVID-19 on PCW Workers**

Hearing traumatic stories like Collin’s is common for PCW workers. Children who experience trauma are more likely to have heightened challenges with academic achievement, aggression, inappropriate and unsafe sexual practices, substance misuse, and court involvement. For Collin, a way of coping was through school. For other youth, school may also offer a place of respite, especially for those in whose homes and lives outside school violence, exploitation, and other challenges are commonplace occurrences. As schools offer a form of protection under specific mandates, their closure during the COVID-19 pandemic has left an obvious gap in our public means of safeguarding children. Many have identified a need to change child protection policies in response, so they entail more direct and proactive oversight (Jolie 2020).

An alarming number of American children and adolescents are, like Collin, affected by traumatic events in their families and communities, and their trauma in turn affects the workers who manage their cases. The child’s exposure to these types of events can lead to severe emotional and behavioral distress for the child and the worker (Seti 2007; Smith Hatcher et al. 2011). Child welfare is a particularly daunting profession to work in: The work is highly stressful and demanding because every decision a worker makes could potentially affect their clients’ lives (Daley 1979). Job demands include overtime work, work-home interference, work conflicts,
job insecurity, time demands at work, recipient contact demands (home visits), and heavy workload (Amandolare et al. 2020; Corin and Björk 2016; Scanlan and Still 2019; Sharma et al. 2020). An unreasonable burden of work demands is typical, impeding service delivery and the quality of service for families (Frost et al. 2017; Gibson et al. 2018; Yamatani et al. 2018). In some cases, PCW workers may experience pain and conflict from carrying out agency policies that they perceive as counter to a child’s needs (Casey Foundation 2017; Edwards and Wildeman 2018; Hanna 2018; Rosinsky and Connelly 2016; Yamatani et al. 2018). High caseloads and inadequate use of resources for children in need of permanency can potentially increase harm. The actress Tiffany Haddish, talking to David Letterman in My Next Guest (Letterman 2019), describes how when she was in foster care, she was given garbage bags to move her possessions instead of a suitcase. Haddish eloquently describes how she interpreted this as a child to mean that she, as a person, was no more than trash (Letterman 2019). These experiences can affect a young person’s self-perception that shapes a young person’s image of themselves that can last a lifetime (Abramovitz 2005). Workers will witness more such experiences among the children they serve in a large-scale crisis, like a pandemic, as agencies face additional challenges and work demands increase (Roule 2020; Tavormina and Clossey 2015).

Direct care workers are expected to manage clinical challenges and make life-altering decisions that arise in cases contact like they did with Collin. They also have little to no appropriate clinical training, even though a major function of their job is to provide protection, care, professional advocacy, consistency, and appropriate placement options (Gorman 2018). Ultimately, during a crisis like the pandemic, workers are tasked with completing their already cumbersome job demands with the added factors of obligations to their own families (including children who may be home from school and family members who are high risk medically) and environmental safety concerns for the sake of accountability (Amandolare et al. 2020; Corin and Björk 2016; Scanlan and Still 2019; Sharma et al. 2020).

**Disproportionate Risk**

Workers typically go out in precarious situations, where they could be harmed in the communities they serve (Corin and Björk 2016; Geisler et al. 2019). The community Collin resides in is typical of a predominantly Black and Hispanic, low-income environment, where services are most needed but often not well received. In pre-pandemic times, PCW workers expressed concerns about their own safety and elevated caseloads involving families struggling with drug and alcohol addictions and children with special needs (Daley 1979). Studies have shown that about 70% of direct care case workers have been affected by violence while in the field or have been threatened while on the job (Daley 1979).

During COVID-19, there are concerns that the social service agencies will not be able to sustain operations and survive as worker safety intensified. When agencies
are under stress, not only are the lives of children like Collin affected, but risks also become more significant for those considered essential (Leary 2020). PCW workers and their loved ones are at risk every day during COVID, since workers must go into different homes despite social distancing advisories. The profession is predominantly working-class women who are more likely to have children and require childcare, which also increases their exposure and risk of infection (Sharma et al. 2020). In addition to the gender disparity, a disproportionate number of Black and Latinx Americans make up the essential workforce (The Lancet 2020). This is particularly concerning in New York City which, as one of the early COVID-19 epicenters, included 60% of the deaths in this demographic as of May 2020 (The Lancet 2020).

**Shared Traumatic Stress**

Crisis affects workers’ emotional sense of self, where feelings of powerlessness, anxiety, and shared trauma are present (Tavormina and Clossey 2015). The risk of workers developing shared traumatic stress (SdTS), or shared trauma, increases as interactions with children and families who have experienced trauma increase. Shared trauma is understood to be the experience of trauma by direct care providers, where they become directly traumatized as they create a professional helping relationship with traumatized clients like Collin (McTighe and Tosone 2015; Seti 2007). This affects workers professionally and personally.

Typically, a traumatic event is when a person experiences, witnesses, or is confronted with the actual threat of death, serious injury, or damage to the physical integrity of self or others (i.e., violence, natural disasters, living in a war zone, life-threatening accidents, physical/sexual abuse, and rape) (American Psychiatric Association [APA] 2013). Diagnosing posttraumatic stress disorder (PTSD) is dependent upon a specified series of events associated with a set of symptoms. These trauma-related symptoms can include dissociation, flashbacks, nightmares, numbness, aggression, irritability, anxiety, and difficulty with problem-solving (American Psychiatric Association 2013; Van Riel 2016). PTSD can manifest from collective traumatic experiences as well as individual ones. For workers, the parallel process of experiencing collective trauma as individuals in a society and then being re-exposed to the trauma in their helping capacity, working with clients, is referred to as shared traumatic stress (Tosone et al. 2015). Workers who experience SdTS can become hyper-focused on work and withdrawn or avoidant, experience emotional and physical stress, reduce personal and family time, and make life changes (Tavormina and Clossey 2015). These are all factors that lead to job dissatisfaction, job stress, or job disengagement and are predictive factors affecting employment stability in the PCW system. When a person is disengaged from their work, they are more likely to fail to be effective at their jobs (Edwards and Wildeman 2018; Hanna 2018; Letterman 2019; Rosinsky and Connely 2016).
Additional Stressors on the Sector During the Pandemic

Despite all of the stressors, PCW workers choose to remain in the profession due to an innate, intrinsically motivated, altruistic desire to help people (Geisler et al. 2019). However, their dedication to their clients is not usually enough to sustain them when pressures mount. The average PCW worker leaves the job after an average of 1.8 years, making the turnover rate between 20 and 40% (Casey Family Programs 2017; Frost et al. 2017; Li and Huang 2017; Rao Herman et al. 2018). During COVID-19, that rate is expected to rise. Fiscal constraints only exacerbate the stressed system. Typically, turnover of workers is expensive, morally and financially. Agencies cannot afford increased turnover rates as their mere survival is at risk during COVID-19 (Abel et al. 2020; Amandolare et al. 2020).

PCW agencies have been burdened with added unexpected operational costs, which have catapulted as increased need for safety affects service delivery during COVID-19 (Abel et al. 2020; Amandolare et al. 2020). Agencies were required to purchase items such as personal protective equipment (PPE) and increase services, such as IT support (remote work) and temporary workers to cover for those getting sick (Amandolare et al. 2020). The CARES Act, a federally funded policy, allowed agencies to gain more support from several grant opportunities under the Administration for Children and Families until September 30, 2021, to pay for these additional expenses. This emergency funding was sourced through community services block grants ($1 billion) for various social services and emergency aid, operating supplemental summer programs through noncompetitive grant supplements ($500 million), and family violence prevention and services grants ($45 million; Abel et al. 2020). As agencies prepare to support workers through incentivized/bonus pay, risk workers’ medical safety, and mitigate risks through PPE, the city’s financial state remains fragile (Amandolare et al. 2020).

The system cannot afford to see turnover rates increase. The financial cost of turnover averages about $54,000 (severance packages, overtime of retained staff, worker separation, and hiring and training of new staff) for every PCW worker who leaves the workforce (Casey Family Programs 2017). As fiscal problems affect overall service delivery, outcomes for vulnerable children and families are likely to suffer with higher turnover (Edwards and Wildeman 2018; Hanna 2018; Scanlan and Still 2019).

The already limited resources to help children like Collin and their families are much scarcer during the pandemic, as PCW agencies are concerned with their very survival (Amandolare et al. 2020; Roule 2020). Children need consistent, healthy relationships with adults who model proper behaviors (Abramovitz 2005; Madden and Aguiniga 2017). With funding tight, there is an urgent need for strategies to improve health and safety for vulnerable populations and at-risk PCW workers without incurring additional costs.
Opportunities to Shift Practices and Support Workers

By supporting the worker, we will effectively support youth like Collin. As the world prepares for a prolonged impact from COVID-19, leadership on international, national, and interagency levels needs to be proactive (Roule 2020). Institutionally supportive practices and policies would directly shift organizational culture across the PCW system and mitigate risk of shared traumatic responses for staff (Corin and Björk 2016; Deglau et al. 2018; Spielfogel et al. 2016). The literature conveys that PCW workers are best supported through organizational strategies (Corin and Björk 2016; Lietz 2018; Rao Herman et al. 2018). Implementing organizational strategies and interventions (i.e., increasing transparency) is vital in retaining highly skilled PCW workers (Rao Herman et al. 2018). PCW workers and their supervisors expressed that there are constraints in applying the appropriate skills needed to their cases due to a lack of management support (Corin and Björk 2016; Deglau et al. 2018; Lietz 2018). Without institutional practices and policy put in place to prioritize workers’ needs during this crisis, they will be at increased risk for contracting COVID-19, needing to treat secondary traumatic responses, and leaving the profession altogether.

Supervisors and upper management need to create an environment that actively helps workers to gain perspective, think objectively and critically, and implement a plan of action in which management will support them (Deglau et al. 2018; Lietz 2018). Building and practicing a mandatory staff wellness policy for the workforce could also impact job satisfaction for the better. Evidence supports that increased opportunities for self-care, networking, and staff recognition enhance organizational culture and encourage the worker to remain in the job (Gorman 2018; Scanlan and Still 2019; Spielfogel et al. 2016). Such changes would shift the work culture in PCW organizations from deficit-focused to supportive, directly increasing job satisfaction.

Conclusion

Protecting children like Collin is important, but our practices in managing and supporting our PCW workers do not reflect this value. Children’s best interests can only be served through supporting the workers more effectively and mitigating the risks of SdTS. If we built a foundation that adequately supports the workers, we could improve service delivery outcomes overall. Initiatives to support PCW workers need to be implemented on all levels, from practice to policies, and across child welfare agencies locally, nationally, and internationally (Frost et al. 2017).
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