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Crimes Against Caring: Compassion Fatigue, Burnout and Self-Care Practices Among Professionals Working with Crimes Against Children

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Crimes Against Caring: Compassion Fatigue, Burnout and Self-Care Practices Among Professionals Working with Crimes Against Children

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Abstract

Working with cases involving crimes against children requires individuals to be directly and indirectly exposed to graphic material including images, videos, and statements made by child victims. Exposure to traumatic events can have a profound and lasting effect on everyone who is directly and indirectly involved. Because of this, helping professionals who have extended exposure to traumatized populations are more susceptible to psychological distress. Through an exhaustive review of the literature, this paper identifies the prevalence of compassion fatigue, burnout, compassion satisfaction among forensic interviewers and professionals working with cases involving crimes against children. The utilization of self-care methods from each population was also examined. This paper adds to the dearth of information regarding these subgroups of law enforcement officials and mental health professionals. In addition, suggestions for future studies along with recommendations for current practices are identified.

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Introduction

Despite the challenging nature of working with cases involving crimes against children, only a few studies have examined its impact on professionals' emotional and psychological well-being. To address the absence of this material in the literature, the current project examines the prevalence of compassion fatigue, burnout, and compassion satisfaction among professionals working with cases involving crimes against children. While specifically focusing on mental health professionals who conduct forensic interviews of children and law enforcement personnel who investigate Internet crimes against children (ICAC), this paper also identifies common stressors and self-care practices among these two populations.

Professionals who work with cases involving crimes against children encounter traumatic information on a daily basis, whether it is through viewing graphic conversations, provocative photos of innocent children or listening to young children describe events that are astonishingly emotional (Perez, Jones, Englert, & Sachau, 2010). The level of emotional and mental stress that arise from consistently being exposed to horrific events can have detrimental effects when it comes to a person's mental and physical health.

According to Van Patten and Burke (2001), crimes involving children are the most difficult for investigators to work with while maintaining a healthy state of psychological and emotional well-being. Professionals in the helping fields who experience traumatic information through interactions with their clients can be at-risk for developing negative emotions and symptoms such as compassion fatigue, vicarious trauma, and post-traumatic stress disorder (PTSD), and in some cases burnout (Figley, 1995a; Follette, Polusny, & Milbeck, 1994; Tehrani, 2007).

Compassion fatigue, or secondary traumatic stress as it is also known, is a term developed by traumatologist, Charles Figley, to describe "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995a, p.7). Compassion fatigue implies that by helping others who have experienced some type of traumatic event, the information elicited from the survivor and the trauma they have endured can be vicariously transferred to another person, inflicting a profound level of stress on the helping individual (Dekel & Baum, 2010).

Burnout is "the syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (Maslach, 1982, p.3). Burnout has been used to describe the continuous repercussions therapists and other working individuals endure as a result of interactions with their clients and/or demands of their workplace (Grosch, Olsen, & Derbyshire, 1995; Hage, Ramano, Conyne, Kenny, Matthews, Schwartz, & Waldo, 2007). Burnout can been seen as a common factor in any job that not only has a high stress demand, but includes other factors that can ultimately lead to agencies undergoing high employee turnover rates.

Compassion satisfaction, a term developed by Stamm (1993)**,** is described as the fulfillment an individual receives from helping others and acquiring positive collegial relationships. Compassion satisfaction is the feeling one experiences from helping others and witnessing the positive results of their help with trauma survivors. Included in compassion satisfaction is the level of support and recognition one receives from their colleagues (Conrad & Kellar-Guenther, 2006). Along with the implementation of self-care practices, compassion satisfaction is considered an essential factor in the reduction and mitigation of compassion fatigue and burnout. Despite the horrific prevalence of child abuse and maltreatment, when

professionals working with cases involving crimes against children internalize the notion that their investigative efforts matter, resiliency can be achieved.

Scope of the problem

Child abuse and maltreatment is an increasing problem in the United States. According to reports from child protective service agencies, 702,000 children were victims of maltreatment in 2009 at the rate of 9.3 per 1,000 children (U.S. Department of Health and Human Services, Administration for Children and Families, 2010). The breakdown of this statistic showed more than 75 percent (78.3%) of victims experienced neglect; more than 15 percent (17.8%) suffered physical abuse; less than 10 percent (9.5%) were sexually abused; and less than 10 percent (7.6%) suffered from psychological maltreatment. In addition, less than 10 percent (9.6%) of victims experienced "other" types of maltreatment such as "abandonment," "threats of harm to the child," or "congenital drug addiction" (U.S. Department of Health and Human Services, Administration for Children and Families, 2010, p. ix). When generalized to the national population for all 52 States, evidence demonstrates an increase from 3.5 million in 2007 to 3.7 million in 2008 of children who were subjects of a screened-in referral (a report) or had a child protective service response in the form of an investigation or assessment (Center for Disease Control & Prevention [CDC], 2010). As of 2008, the national rate of children who required an investigation or assessment is the highest it has been in the previous five years (CDC, 2010).

Past research has demonstrated that there is no imminent or socially constructed agreement on the causes of maltreatment (Wekerle, 2011). Because of the diverse, complex, and dynamic factors leading to the occurrence of child maltreatment, there are more areas and strategies in which prevention and remediation can be implemented. Prevention and investigative efforts regarding child abuse are neither simple nor singular in task and must occur

through valid and reliable methods. Although primary prevention is excruciatingly important, unfortunately, instances of child abuse and maltreatment still occur and need to be investigated. As daunting as it appears, instances of child abuse and maltreatment used to generally occur in the privacy of a perpetrator's home, but with advances in technology, these situations are now being filmed and spread virally world-wide.

Internet Crimes Against Children Task Force

On face value, the Internet can be thought of as a harmless tool that allows billions of viewers' quick access to information and new ways of communication. However, the creation of the Internet in the 1990s actually helped facilitate an increase in the accessibility of child pornography (Krause, 2009). With readily accessible information now available to anyone with an Internet connection, the advances in technology also generated an entirely unexpected growth in the creation, distribution, and possession of child pornography (Johnson, 2006). In concurrence with the growth of technology and the Internet, predators of children and others who take part in crimes against children now have access to millions of new victims. As a result, child predators gain access to more graphic images of children in the privacy of their own home, spending their time in chat rooms and on social networking sites looking for potential victims (Johnson, 2006).

According to Wortley and Smallbone (2006), some child pornography sites were receiving up to one million hits per month. In the 1990s, there was a growing awareness among investigators of crimes against children that the Internet was being used to exploit children. Because child pornography is now more readily available via online resources, the number of law enforcement officers and the amount of time spent investigating these cases has increased (Krause, 2009). In order to help prevent the distribution and collection of child pornography, the

Missing Children's Program in the Office of Juvenile Justice Delinquency and Prevention (OJJDP) initiated a nationwide Internet Crimes Against Children (ICAC) Task Force program in 1998 (OJJDP, 2008).

The ICAC task force program allows for state and local law enforcement agencies to attain the skills, equipment, and personnel resources that are necessary to respond to Internet crimes against children more effectively and efficiently. The task forces were created as a resource to educate law enforcement personnel, parents, educators and others who work on child victimization issues. According to the OJJDP website (2010, para. 2), the task forces, composed of federal, state, and local law enforcement personnel, "facilitate the educated law enforcement agencies in developing specialized multijurisdictional, multiagency responses to prevent, interdict, investigate, and prosecute Internet crimes against children".

Since the initiation of the ICAC Task Force program in 1998, the number of ICAC task forces has increased from 10 to 61 and represents 3,000 other affiliated agencies. This expansion has allowed for nearly 300 national police personnel to maintain full time work investigating a wide variety of child exploitation cases (OJJDP, 2008). According to the OJJDP (2008), this breadth of involvement has resulted in 2,400 arrests and more than 10,500 forensic examinations of seized computers. Mason (2007) reported that the Innocent Images National Initiative has approximately 240 FBI agents who participate in investigations. The Innocent Images National Initiative is a program that addresses cases involving the sexual exploitation of children through pornographic websites and has resulted in over 15,000 investigations and 4,800 convictions since its inception in 1996 (Mason, 2007).

Internet Crimes Against Children Task Forces perform a number of investigative roles, including identifying victims, analyzing graphic images and videos of young children being

sexually assaulted and/or tortured, and apprehending and prosecuting individuals who use the Internet to criminally exploit children (Burns, Morley, Bradshaw, & Domene, 2008). The content that the task force members are exposed to can range from still photos of young children to explicit video of infants being tortured and raped. The investigators must view and document this material in a systematic and thorough way, which can require individuals to view the graphic material numerous times on a daily basis. While the amount of time spent viewing these images varies depending on the particular investigation, this experience can have a significant impact on investigators (Burns et al., 2008). Because of the routine exposure to graphic images and sounds of horrific crimes being perpetrated against children, individuals involved in this line of work are highly susceptible to compassion fatigue (Burns et al., 2008).

When considering the innocent nature of children and their level of vulnerability, law enforcement officials have an engrained moral and legal obligation to protect children from being victimized. Law enforcement officials working cases involving crimes against children may have children of their own, making it increasingly difficult to expose themselves to this level of trauma. The mission and duties of law enforcement officers are to protect and serve, so when incidents occur involving the exploitation and maltreatment of children, it is almost like a dual derision (Van Patten & Burke, 2001).

When investigating cases of child pornography and maltreatment, investigators encounter a public and professional failure (to protect) and a personal lack of success in their tendency to identify with the victim (Van Patten & Burke, 2001). The high volume of images and videos that are passed around the Internet daily create large caseloads for task force members to work. Individuals working in smaller and/or more rural agencies may not always have the man power or recent advancements in technology to tackle these large caseloads. This can place a harsh

burden on task force members by increasing individuals' and agency stress levels to do everything they can to investigate cases. Because of the emotional exhaustion and expressed frustrations associated with never-ending cases involving horrific events, mental health professionals who investigate cases involving crimes against children may experience increased levels of stress and burnout.

Forensic Interviewers

In the past, research on traumatic experiences has focused on the individuals who have actually encountered and survived a traumatic event (Figley, 1995a, b; McCann & Pearlman, 1990). Within the past two decades, there has been a growing recognition with research that is more related towards individuals who have been indirectly exposed to traumatic events and the psychological damages that can vicariously ensue. Another specialization of helping professionals that have an increased exposure to traumatic information involving children are individuals who conduct forensic interviews.

When children are required to testify in court or recall information about an experienced event for forensic purposes, it is extremely important that the most accurate information be obtained from the child witness. The need for professionals to conduct forensic interviews of children came to light after the national attention of highly publicized criminal trials of daycare staff in the 1980's (Ceci & Bruck, 1995). Forensic interviewers are professionals who conduct interviews with children regarding allegations of abuse of neglect that need to be investigated for legal purposes. Forensic interviewers are oftentimes trained in various interview techniques that are designed to illicit the most accurate information from a child witness/survivor (Ceci & Bruck, 1995).

According to the American Professional Society on the Abuse of Children (APSAC, 2002), the purpose of the forensic interview is to, "elicit as complete and accurate a report from the alleged child or adolescent victim as possible in order to determine whether the child or adolescent has been abused (or in the imminent risk of abuse) and, if so, by whom" (p.2). Individuals who conduct forensic interviews of children and their caregivers engage in conversations of private and traumatic information, which leads the worker to being highly vulnerable to compassion fatigue and vicarious trauma. Forensic interviews are often conducted by trained professionals such as social workers, police officers, child protective services personnel, and sometimes mental health professionals (Cronch, Viljoen, & Hansen, 2006; APSAC, 2002).

Individuals who conduct forensic interviews or work on ICAC task forces fall into the category of helping professionals. Because of the helping nature of the profession, it is expected that most individuals working cases involving crimes against children will at times experience symptoms of compassion fatigue, as these are normal reactions to trauma work (Figley, 1995a, b). However, for some individuals, the experience of compassion fatigue may become so severe that it can eventually interfere with their professional effectiveness and their personal mental health and eventually lead to burnout. It is for this reason that ongoing supervision from administration, supervisors, co-workers, families and friends is necessary and training and education for professionals regarding the awareness of this phenomenon should be addressed.

Studies to date have focused on the impact of stress and trauma with police officers and social workers with little research on the physiological and psychological implications it has on mental health professionals who primarily conduct forensic interviews or members and/or affiliates of ICAC teams. The present project explores the prevalence of compassion fatigue,

burnout, and the potential for compassion satisfaction among individuals whose employment requires exposure to traumatic material and events, particularly towards children on a daily basis. Specifically, this literature review will cover the prevalence of compassion fatigue, burnout and compassion satisfaction in individuals who work with cases involving crimes against children on a regular basis, while examining the self-care practices used by these professionals. Because of the dearth of information regarding the prevalence of this phenomenon specifically with forensic interviewers and investigators of Internet crimes against children, the project will provide an overview of compassion fatigue, burnout, compassion satisfaction, and self-care with law-enforcement officials and mental health professionals

The discussion section will allow for an elaboration of the discovered research regarding compassion fatigue, burnout, compassion satisfaction, and the use of self-care practices among professionals working with cases involving crimes against children. Specifically, this section will focus on common and uncommon characteristics (e.g., prevalence of burnout, compassion fatigue, compassion satisfaction, and methods of self-care) between mental health professionals conducting forensic interviewers and investigators of Internet crimes against child. Furthermore, much needed areas of study regarding this phenomenon across the current available research will also be addressed. In addition, suggestions for future studies along with recommendations for current practices are identified.

LITERATURE REVIEW

Individuals begin careers in the helping profession for various reasons, but frequently the underlying reason is their internal desire to help others in need. People who work in the helping profession can encounter a wide variety of crises at an individual, community, national, and sometimes international level. The idea that helping professionals can facilitate a positive

change in populations of vulnerable individuals is just one of the many positive aspects of working in this field. Helping other people is altruistic in nature and can leave professionals with a hearty sense of accomplishment for the work that they do (Stamm, 2010).

The helping profession can be rewarding as well as challenging at the same time. Many positions within the helping professions require numerous hours of schooling and education, along with a strong encouragement for potential candidates to have a continuing interest with other people's problems. Although careers within the helping professions can be remunerating, there are negative aspects that can have physiological and psychological effects on the workers (Stamm, 2010). One of the many negative aspects of helping professions derives from the continuous exposure to traumatic information and materials involving children. Other negative outcomes of the helping professions are burnout, depression, posttraumatic stress disorder, and substance abuse (Stamm, 2010).

Difficulties can certainly arise when helping professionals work with clients who fail or sometimes refuse to change. Other frustrations can revolve around the professional feeling that there is nothing else they can do or say to help a particular client. Problems like these can cause the professional to constantly worry about how to address situations and can ultimately lead to higher levels of occupational stress.

Compassion Fatigue

Whether an individual is a police officer or social worker, aspects of their fields revolve around helping others. Past research has shown that individuals may react differently to occupational stressors depending on their responsibilities (e.g., interviewing child victims) and experiences (e.g., investigating child pornography) (Burns et al., 2008; Perez et al., 2010). Professionals in this line of work are exposed to high levels of negative emotions from clients

and other members of the public, with the expectation that these individuals will also provide help and support. Because of this, there is an ongoing cost to being exposed to traumatic information.

Through continuous interactions with distressed individuals, helping professionals can actually develop similar symptoms to that of their clients (Pearlman & Saakvitne, 1995). Individuals in the helping professions can encounter traumatic experiences through different types of interactions with their clients. Past research has shown that professionals who help others can also be indirectly traumatized as they empathetically engage with survivors of trauma (Figley, 2002; Pearlman & Saakvitne, 1995). Due to the varying levels of exposure to traumatic situations, these professionals can be at-risk for developing negative emotions and symptoms such as burnout and post-traumatic stress disorder (Figley, 1995a; Follette et al., 1994; Tehrani, 2007; Stamm, 2010). This vicarious transference of emotions and reactions is referred to as compassion fatigue (Figley, 1995a).

Compassion fatigue can be characterized by intense physical and emotional exhaustion along with an evident distortion in the helping professional's ability to feel empathy for their clients, co-workers, friends, and families (Mathieu, 2009). Symptoms of compassion fatigue have been identified as increased cynicism at work, a loss of enjoyment of their profession, and a decreased sense of personal accomplishment (Figley, 2002). If untreated, compassion fatigue can eventually progress into depression, general anxiety, and other stress-related illnesses (Cerney, 1995; Stamm, 2010). Other risk factors include measuring one's self-worth by how much one helps others, having unrealistic expectations of one's self and others, being self-critical, and being unable to give or receive emotional support (Osofsky, 2011). Compassion fatigue is identified as an occupational hazard, in the sense that almost everyone who has

empathy for their clients or patients can eventually develop it to varying degrees (Mathieu, 2009).

Individuals who are experiencing compassion fatigue may have symptoms of depression and general anxiety (Cerney, 1995). Depression is currently the leading cause of disability worldwide and is predicted to become the second leading contributor to the global burden of disease within the next ten years (World Health Organization, 2009). According to Park, Wilson, and Lee (2004), past research has identified depression as a significant health concern among professional, working females. Blackmore, Stansfield, and Weller (2007) examined the relationship between work-place stressors and depression. According to the data collected, lower levels of support, the burden of intense work strain, and increased psychological demands correlated with major depressive episodes among men. Lower levels of administrative support and a lack of decision authority were associated with major depressive episodes among women (Blackmore et al., 2007).

According to Adams, Boscarino, and Figley (2006), compassion fatigue is a state of extreme tension experienced by those helping people in distress. Professionals who are in a position to help others through difficult times can be at-risk for compassion fatigue from simply hearing about another person's experience (Figley, 1995a; Figley, 1995b). Compassion fatigue refers to instances in which a helping professional is directly and/or indirectly exposed to information regarding to a traumatic incident, and as a result, they themselves become indirect victims of the trauma (Figley, 1995a, b; McCann & Pearlman, 1990). Compassion fatigue occurs when the helping professional becomes traumatized themselves and struggle with their own abilities to empathize and be compassionate towards their clients (Adams et al., 2006). This

can often lead to the development of poor self-care practices and extreme self-sacrifice in the process of helping others (Figley, 1995a, 1995b).

Compassion fatigue involves the idea that working with other individuals who have experienced traumatic events can accompany high levels of empathy and stress. The stress that develops from wanting to help other people, but not always being able to, can have a daunting effect on an individual's mental and physical health. In cases involving investigations of particularly gruesome or traumatic information (i.e., homicides involving children, sexual assaults, cases involving sexual assault of children), past studies have shown the development of compassion fatigue to play a potential role towards investigators' involvement in these cases (Brown, Fielding, & Grover, 1999; Follette et al., 1994; Lea, Auburn, & Kibblewhite, 1999; Sewell, 1994).

Working with cases involving crimes against children or sexual assault survivors can be emotionally challenging and impact not only their work performance, but also their personal lives (Baird & Jenkins, 2003). Salston and Figley (2003) described that having compassion is more than just empathizing with someone and actually involves a more appreciative effort to what the victims are experiencing. It is "based on a passionate connection…that moves one beyond feelings and more towards social actions aimed at relieving the pain of others" (p. 317). Compassion fatigue is a "function of bearing witness to the suffering of others" (Figley, 2002, p. 1435).

Another factor that has been considered in the development of compassion fatigue is the presence of prior abuse or trauma history experienced by the worker. Due to the nature of the experiences that professionals working with cases involving crimes against children encounter, these individuals are often called upon to juggle issues relating to the safety of the child and the

privacy of the family (Nelson-Gardell & Harris, 2003). Nelson-Gardell and Harris (2003) hypothesized that a worker's ability to empathize with clients may itself be a risk factor for Secondary Traumatic Stress Disorder (STSD). This study examined childhood abuse history and secondary traumatic stress in child welfare workers. The purpose of this study was to explore whether child welfare workers who had a previous history of trauma correlated to a heightened risk for secondary traumatic stress. According to the findings, having a personal history of exposure to traumatic incidents increased a child welfare workers risk for secondary trauma (Nelson-Gardell & Harris, 2003).

Other symptoms and predictors of compassion fatigue may include sleeplessness, nightmares, and intrusive thoughts that are somewhat similar to experiences of their clients (Cherney, 1995; Baird & Jenkins, 2003). In more crucial cases, individuals can develop severe cases of depression and begin to isolate themselves from others (Cherney, 1995). Individuals may begin to experience episodes of intrusiveness, avoidance, and arousal (Bride, 2007), or in other words, Post Traumatic Stress Disorder (PTSD) (Figley, 1995). Along with the development of these symptoms, compassion fatigue may be a contributing factor to burnout (Figley, 1995; Baird & Jenkins, 2003; Salston & Figley, 2003; Tehrani, 2010).

Compassion Fatigue and Post-Traumatic Stress Disorder

Helping professionals who have extended exposure to traumatized populations may be more susceptible to developing and experiencing PTSD-like symptoms (American Psychiatric Association, 2000; Baird & Jenkins, 2003; Figley, 1995a, b, 2002; Pearlman & Saakvitne, 1995). Figley (1995a, 1995b) addresses the idea that the main difference between PTSD and compassion fatigue is in the relation to the individual’s experience. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychological Association

[APA], 2000, PTSD is defined in terms of "witnessing, experiencing, or being confronted with an event(s) that involves actual or threatened death or serious injury or threat to the physical integrity of one's self or others" (309.81). Post-Traumatic Stress Disorder was first diagnosed in the DSM IV in 1980 (Figley, 2002). This description of the diagnosis stipulated that an individual could be traumatized by firsthand experiences (Figley, 2002). Post-Traumatic Stress Disorder is directly connected to the person experiencing the traumatic stress, while compassion fatigue is in reference to having knowledge of the traumatizing event.

Symptoms of PTSD have a stronger correlation among females rather than males in the helping professions (Galovski, Mott, Young-Xu, & Resick, 2011; Garrett, 2008; Kassam-Adams, 1995). According to Kassam-Adams (1995), female therapists working primarily with sexual trauma victims reported suffering from greater symptoms of PTSD than their male colleagues. Because females are invariably found to be more empathetic than males (Campbell, 2006), they have a higher potential for the development of compassion fatigue (Figley, 1995a). Lane, Lating, Lowry, and Martino (2010) explored the prevalence of compassion fatigue and PTSD in a sample of 47 detectives assigned to investigate sexual offenses against children. The results of the data indicated a correlation between symptoms of compassion fatigue and symptoms of PTSD. Results from the female respondents indicated that more open communication with their spouse or significant other actually reduced their level of satisfaction in their effectiveness as a helping professional (Lane et al., 2010).

It is important to take into consideration that traumatization does not always occur on a primary level (Figley, 1995a, 2002; Stamm, 2010). Throughout the literature, the indirect PTSD symptoms and their effects on helping professionals have been referred to as several different terminologies including secondary traumatic stress (STS) (Figley, 1995b, 2002; Stamm, 1997),

vicarious traumatization (McCann & Pearlman, 1990), and compassion fatigue (Figley, 2002). Although these terms are similar in concept, an analysis of the literature determines that a general consensus of the terms have not yet been reached by researchers in the field of traumatology.

Individuals do possess the ability to become traumatized simply by information that they hear (Stamm, 2010). In other words, they secondarily experience the traumatic stress. The negative effects of the secondary exposure to traumatic events are the same as those of primary exposure including intrusive imagery, avoidance of triggers, hyperarousal, distressing emotions, and functional impairment (Bride & Figley, 2009). Figley (1995b) has also introduced the term, *secondary traumatic stress*, as an alternative term to refer to the phenomenon of compassion fatigue. Secondary traumatic stress disorder (STSD) results from a secondary exposure to people who have experienced trauma on a firsthand basis (Stamm, 2010).

Compassion Fatigue v. Secondary Traumatic Stress

Secondary traumatic stress disorder (STSD) was first conceptualized as the stressful emotional reactions that were experienced by individuals who had contact with information elicited from a trauma survivor (Figley, 1983). Figley (1983) described the secondary experience as the overwhelming stress from wanting to help an individual after coming into contact with the survivor's story. When it comes to the symptoms of STS, they are nearly identical to PTSD; the main difference is that the individual who experiences the trauma first hand may develop PTSD, whereas the one hearing about the trauma may develop STS disorder (Jenkins & Baird, 2002). However, criterion A1 in the diagnostic criteria for PTSD indicates that individuals have the ability to exhibit trauma symptoms through indirect exposures (APA, 2000). Because STS was identified by Charles Figley and is considered to be a recognized

occupational hazard for helping professionals, the appellation was renamed compassion fatigue in order for the term to be considered less stigmatizing (Figley, 2002).

Meadors, Lamson, Swanson, White, and Sira (2010) determined that there was a distinct difference between compassion fatigue and secondary traumatic stress. Meadors et al. (2010) stated that one of the main differences between the two exists in the name itself. Because compassion fatigue involves the word "compassion", it clearly illustrates the need for empathy to be involved. The definition for secondary traumatic stress does not describe empathy anywhere in its conceptualization, nor does it discuss anything about helping a person who has been traumatized (Meadors et al., 2010). White (2006) describes the difference between the two as compassion fatigue having the element of empathy involved with being exposed to a traumatic event, and secondary traumatic stress as having an indirect exposure with the presence of PTSD symptoms. In addition to experiences of a decreased capacity to care for the suffering of others, individuals who begin to develop skewed perspectives of their own realities of others are experiencing what is referred to as vicarious traumatization.

Compassion Fatigue v. Vicarious Traumatization

Compassion fatigue is also related to vicarious traumatization due to similar overlapping characteristics between the two terms (Stamm, 2010). The main difference between vicarious traumatization and compassion fatigue is the notion that vicarious traumatization involves the distortion of how one views the world and their self-image as a result of working with trauma victims over a period of time (Pearlman & Saakvitne, 1995). Although one story or encounter can elicit symptoms of compassion fatigue, professionals who experience vicarious traumatization do so after repeated exposures to traumatic materials across time and across various clients (Pearlman & Saakvitne, 1995). When distinguishing between vicarious

traumatization and compassion fatigue, vicarious traumatization occurs over time and is a cumulative process, while compassion fatigue can occur from a onetime exposure (Figley, 1995a; Pearlman & Saakvitne, 1995).

An example that elaborates on the difference between compassion fatigue and vicarious traumatization can be explained by using the notion that past research has continuously shown that family members, relatives, neighbors, or those known and trusted by the child typically perpetrate abuse. People who are experiencing compassion fatigue would endure stressful thoughts and emotional reactions to the idea that a child, who trusts these individuals, would be taken advantage of and abused. Because of their personal experiences when working with children, helping professionals who experience vicarious traumatization develop skewed realities and begin to become skeptical of their neighbors, friends, and family.

Numerous studies have continuously used compassion fatigue, secondary traumatic stress and vicarious traumatization interchangeably to refer to the helping professional's mental, cognitive, and physiological reactions that have been found to be similar to a client's trauma symptoms (Baird & Jenkins, 2003). All three terms are accepted in the field of traumatology and, although there are slight differences between the three forms of indirect trauma, there is not enough evidence to sufficiently say that all three are truly different (Stamm, 2010).

Because this paper focuses on crimes against children, the term compassion fatigue will be used, due to the level of empathy that is naturally involved when it comes to working with maltreated children (McGrath, Cann, & Konopasky, 1998). Because of the nature of their work, police officers and mental health professionals routinely experience traumatic stressors that are consistent with DSM-IV criteria (Adams et al., 2006; American Psychiatric Association, 2000; Figley, 1995a; Follette et al., 1994; Tehrani, 2007; Stamm, 2010).

When compared to symptoms of PTSD, compassion fatigue results in similar manifestations (Adams et al., 2006). One of the effects of compassion fatigue is lack of sleep. Lack of sleep can occur from helping professionals having increased workloads, staying late at work, and not being able to set boundaries by psychologically separating from the work (Cerney, 1995; Baird & Jenkins, 2003). Compassion fatigue can result from unintended consequences involving frustrations with the work and not being able to implement healthy coping skills to deal with the toxic emotional material (Figley, 1995a). Workers who are feeling increased levels of stress and strain at work may try to cope with these frustrations and 'cool off' by drinking alcohol. Individuals who continue to use alcohol as a metaphorical bandage for their frustrations with the job may increase their alcohol consumption over-time, which can lead to undesirable negative consequences (Vujanovic, Bonn-Miller, & Marlatt, 2011). Individuals who choose to smoke as a result of increased stress may also fall into this category. Smoking has been found to diminish an individual's natural ability to regenerate their body. This can be detrimental to a person's wellbeing since increased stress can also have a negative effect on the immune system (Prescott, 2008).

Compassion Fatigue and Law Enforcement

Police officers are a unique population in that they encounter many experiences of stress as part of their daily jobs (Carlier & Gersons, 1992). In order to distinguish between the direct and indirect experiences law enforcement officers encounter, Carlier and Gersons (1992) used factor analysis to identify a two-variable solution identified as 'confrontation' and 'participation'. 'Confrontation' refers to incidents in which police officers did not have an active role but were confronted with the tragic aftermath (e.g., viewing still images of the injuries from

child sexual abuse). 'Participation' involves experiences in which police officers actually play an active role in the incident (e.g., being a first responder to a badly injured child).

Traumatic incidents experienced by law enforcement officers not only involve secondary encounters of others' suffering, but also direct threats of harm to themselves or other fellow officers as well (Patterson, 2001; Violanti & Aron, 1995). It is not uncommon for officers to experience symptoms of PTSD as a result of directly experiencing traumatic and life-threatening situations (Osofsky, Putnam, & Lederman, 2008). Police work can be a daunting task and, because of their routine exposures to trauma related incidences, law enforcement officials are at a heightened risk for developing characteristics of compassion fatigue and PTSD (Davidson & Moss, 2008; Figley, 1995b). As a result of the secondary traumatization, police officers can show signs of decreased functionality, which can ultimately undermine the working environment within their organization (Osofsky et al., 2008).

Studies on law enforcement have reported PTSD rates ranging from 5 to 50 percent of study participants (Brown, Fielding, & Grover, 1999; McCafferty, McCafferty, & McCafferty, 1992). Although there is a lack of research in relation to compassion fatigue and its effects on law enforcement officers, past research has focused on the aftermath of PTSD and secondary traumatization. According to Adams et al. (2006), symptoms of compassion fatigue are similar in manifestation to PTSD. That being said, this section will begin with a review of studies of law enforcement officials and their experiences with PTSD.

According to a study involving 715 police officers conducted by Marmar, McCaslin, Metzler, Best, Weiss, Fagan, Liberman, Pole, Otte, Yehuda, Mohr & Neylan (2006), 7-19 percent of frontline police officers had duty-related PTSD. Dowling, Moynihan, Genet, and Lewis (2006) found that 68 percent of officers who responded to the September 11th attacks

reported at least one disaster-related stress symptom. Twenty percent of the sample also exhibited such severe difficulties that they were advised to seek further help from a mental health professional (Dowling et al., 2006).

In a study of 132 Canadian police officers conducted by Martin, Marchand, Boyer, & Martin (2009), 7.6 percent of their participants developed full PTSD, whereas 6.8 percent had partial PTSD following an incident at work. Out of 47 correctional officers, Wright, Borrill, Teers, and Cassidy (2006) reported that 37 percent met specific criteria for PTSD three to seven months after a death in custody had taken place. In a random stratified sample of 100 police officers from an urban police department, Violanti, Andrew, Burchfiel, Dorn, Hartley, and Miller, (2006) found that almost 30 percent showed moderate to severe PTSD symptoms. In a sample of 76 sworn police officers, 10.5 percent met the diagnostic criteria for secondary trauma (Brady, 2008).

Not every police officer who is involved in a traumatic event will experience symptoms of secondary traumatic stress or PTSD (Davidson & Moss, 2008). Other officers may develop substance use disorders, depression, and other anxiety disorders which have been shown to also correlate with PTSD (Creamer, Burgess, & McFarlane, 2001). Many of these disorders can affect the personal lives of police officers along with their professional performance as well.

In an early study, Martin, McKean and Veltkamp (1986) were among the first researchers to demonstrate that police officers were susceptible to developing PTSD as a result of the professional demands of working with sexual assault victims. Reese (1995) identified that investigators who handled cases involving sexual assault had the potential to develop symptoms of PTSD vicariously through their work. When comparing child sexual assault investigators to homicide detectives, Hallet (1996) found that investigators of child sexual assault identified their

cases as more difficult, due to their intensity, involvement, and responsibility for the victim. Unlike homicide detectives who investigate individuals already deceased, investigators of child sexual assault encounter victims who are alive and potentially seriously physically and/or emotionally injured (Hallet, 1996). Because the interactions between the investigator and the child victim are often long-term and extensive, this places the detective at an increased risk for prolonged detrimental effects to their wellbeing (Hallet, 1996; Pearlman & Saakvitne, 1995).

In a sample of 124 female and 266 male sexual assault and general crime investigators, sexual assault investigators were found to have more symptoms of psychological distress than general crime investigators (Gaddy, 2004). Specifically, investigators with caseloads consisting exclusively of sexual assault victims displayed increased symptoms of PTSD and vicarious trauma. Compared to general investigators, investigators of sexual assault cases were more likely to be emotionally exhausted and experienced lower levels of personal accomplishment (Gaddy, 2004).

Compassion Fatigue, Law Enforcement, and Crimes Against Children

Law enforcement officials often become emotionally involved with incidents of crimes against children (Johnson & Wagener, 2011). Many officers have children of their own and can sometimes begin to see and replace images of the abused with faces of their own children. Difficulties can ensue when officers struggle with doing everything to make things right for abused child victims, while battling internal frustrations of never-ending instances of horror (Johnson & Wagener, 2011). This overwhelming stress from helping child victims explains the difficulties of compassion fatigue among professionals working with cases involving crimes against children.

Exposure to traumatic events can have a profound and lasting effect on law enforcement officers' mental health, especially if the crime involves children (Johnson & Wagener, 2011). Empirical research has identified child sexual abuse cases as one of the most emotionally draining investigations for law enforcement officers (Follette et al., 1994). According to Violanti and Gehrke (2004), seeing abused children was ranked number three (68 percent) by 115 police officers as an incident that causes traumatic stress following being involved in a shooting incident and shooting another officer (number one).

Cases involving child sexual abuse may be particularly difficult for investigators to handle due to the likelihood of conducting forensic interviews of primary and secondary victims (Lane et al., 2010). These interviews have the potential to elicit very personal and graphic details that may be extremely burdensome for the interviewee to convey and equally as overwhelming for the investigator to hear and endure (Lane et al., 2010). Child sexual abuse cases can most likely occur over a process of several months or years, which inadvertently exposes investigators to the traumatic information on a continual basis. With this in mind, it is reasonable to consider the potential negative effects that elongated exposure traumatic information and materials have on investigators as they develop not only compassion fatigue, but vicarious traumatization as well.

According to Haisch and Meyers (2004) and Pole, Best, Metzler, and Marmar (2005), symptoms of PTSD can develop among police officers who have a collected exposure to duty related critical incidents and occupational stressors. A study conducted by Perez et al. (2010) explored the potential for secondary traumatic stress disorder (STSD) and burnout of law enforcement investigators who were exposed to disturbing media images. In this mixed methodological study of 28 sworn law enforcement agents and civilian contractors with expertise

in computer science, 36 percent of investigators were experiencing moderate to high levels of STSD (Perez et al., 2010). Higher levels of STSD were correlated with a greater exposure to disturbing media images, videos, and sounds. The investigators who had higher levels of poor psychological health were more likely to have an increase in protectiveness for their families and an increased distrust for others (Perez et al., 2010).

Burns et al., (2008) conducted a study with 14 members (i.e., 10 men, 4 women) of a Royal Canadian Mounted Police integrated Internet child exploitation team on the emotional impact and coping strategies employed by police teams. The results of this study found that many of the findings on compassion fatigue that are experienced by mental health professionals are relevant for those working on Internet crimes against children task forces. Because of the constant and routine exposure to graphic images and sounds of children, the participants noted that viewing the material consistently without breaks was identified to be the most hindering aspect of the job.

In a study conducted by Wolak and Mitchell (2009), out of 511 ICAC task force members and ICAC affiliates, 90 percent of ICAC task force members were somewhat or very concerned about their work exposure to child pornography. As a result of their experiences investigating crimes against children, 35 percent of ICAC Task Force members indicated that they had actually seen problems among fellow investigators who viewed child pornography. Of the 35 percent of ICAC Task Force members and affiliates, problems were referred to as personal (e.g., insomnia, stress, depression, and weight gain); family (e.g., hypervigilence around children, increased distrust of other neighborhood parents, and issues with pregnancy); marital (e.g., affairs, martial stress, personal distancing, and intimacy issues); and work-related (e.g., anger, loss of objectivity, and drops in productivity).

Compassion Fatigue and Mental Health Professionals

Most of the studies on compassion fatigue and burnout have focused on individuals who are considered to be helping professionals (e.g., counselors, social workers, nurses, and police officers) (Eastwood & Ecklund, 2008). Because helping professionals are regularly in contact with trauma survivors for 30 to 40 hours a week, it is no surprise that studies have documented the adverse psychological effects that are present within this population. According to Pooler (2008), about 48 percent of the total social work workforce in the United States experiences high levels of personal and emotional distress as a result of the work that they do. The helping professions can be quite stressful, even when workers are not first responders or experiencing the traumatic event on a firsthand basis (Killian, 2008).

Social workers and other mental health professionals are increasingly being called upon to assist survivors of childhood trauma, domestic violence victims, and other individuals who have suffered a traumatic experience. It is not uncommon that these professionals experience a barrage of symptoms resembling compassion fatigue in their efforts to relate empathetically to their clients. It has become increasingly apparent that the psychological effects that result from their exposures to traumatic events has extended beyond those directly affected (Killian, 2008; Pooler, 2008).

Shah, Garland, and Katz (2007) reported that 100 percent (N = 76) of humanitarian aid workers reported compassion fatigue as a consequence of their work. Studies focusing on child protection and social workers responsible for handling cases with abused children and families have reported high rates of compassion fatigue (Bennett, Plint, & Clifford, 2005). A study conducted by Bride (2007) showed that 70 percent of social workers with master's degrees (MSW) had experiences that led to the development of at least one symptom of secondary

traumatization in the prior week. While over half of the 600 individuals in the study met the criteria for at least one symptom of PTSD, 15 percent met the full criteria (Bride, 2007). Tehrani (2010) discovered that 50 percent of individuals in their study of caring professionals were vulnerable to compassion fatigue.

In a study that examined compassion fatigue and psychological distress among social workers living in New York City, 42 percent of 236 social workers acknowledged that they suffered from secondary traumatic stress (Adams et al., 2006). According to Bride (2007), out of 294 social workers, nine percent reported occasional feelings of hypervigilence, while 22 percent reported occasional feelings of emotional numbness.

Compassion Fatigue and Child Protection

Child protective service (CPS) workers spend their careers investigating allegations of child maltreatment. Throughout their investigations, CPS workers interview victims of child abuse and/or read case files, exposing them to graphic details of violent events involving children (Cornille & Meyers, 1999). Because of their indirect and sometimes direct exposures to crimes against children, this profession places individuals at an increased risk for developing compassion fatigue.

Studies of professionals employed with child protective agencies who work with abused children and families have reported higher rates of secondary traumatization (Conrad & Kellar-Guenther, 2006; Cornille & Meyers, 1999; Craig & Sprang, 2010; Zlotnik, DePanfilis, Daining, & Lane, 2005). Using a national sample (N = 154) of social workers who provided services to survivors of family and/or sexual violence, approximately 65 percent (n = 101) of the social workers had at least one or more STS symptoms that met the DSM-IV diagnostic criteria (Choi, 2011). This study focused on the three core symptoms of STS (i.e., intrusion, avoidance, and arousal) to measure the prevalence of STS among social workers working in this particular area.

Among all other social workers who deal with various trauma issues, more practitioners in the child protection service field reported experiencing all three symptoms of STS than any other respondents (Choi, 2011).

According to a study conducted by Bride (2007), more than one third (34 percent) of child welfare workers reported symptoms that met the PTSD diagnostic criteria, due to their development of secondary traumatic stress. Cornille and Meyers (1999) conducted a study of 250 child protection service workers in the southern part of the United States of America. The results indicated that 37 percent of the respondents were found to be experiencing clinical levels of emotional distress associated with STS. Conrad and Kellar-Guenther (2006) surveyed 365 Colorado child protection workers and found that approximately 50 percent suffered from 'high' to 'very high' levels of compassion fatigue. Despite the lack of information regarding compassion fatigue and mental health professionals who conduct forensic interviews, the potential to infer its prevalence can occur through studies utilizing child protective service workers.

Compassion Fatigue and Forensic Interviewers

When it comes to an analysis on compassion fatigue and forensic interviewers, there is very limited information. In a qualitative study of investigators and forensic interviewers, the results indicated that participants exhibited symptoms of vicarious traumatization due to the nature of their work (Atkinson-Tovar, 2003). Participants in this study also reported that as a result of their profession, the experiences they have encountered changed their lives permanently. This study should be viewed with caution due to the very small sample size (N = 15).

A study conducted by Perron and Hiltz (2006) examined secondary traumatic stress among forensic interviewers of maltreated children. The sample consisted of 66 forensic interviewers who were contacted through advocacy centers across the United States. The subjects completed an online survey in which they responded to questions from the Oldenburg Burnout Inventory and the Secondary Traumatic Stress Scale. Analyses revealed that 34 percent of the 66 female forensic interviewers reported experiencing symptoms of secondary traumatic stress (Perron & Hiltz, 2006).

Burnout

It is quite understandable that professions that are considered both physically and emotionally exhausting, as well as lacking when it comes to being able to have control over situations can be considered stressful. A continuous buildup of numerous stressors can eventually drive individuals to question their involvement in the kind of work they do. When working with children who have endured, or are going through, an extremely traumatic event, it seems that managing the stress may be even more complex for professionals, given the age of the victims (Meadors et al., 2010). When investigating cases involving child victims begins to leave professionals in a constant state of emotional exhaustion and with inadequate feelings of accomplishment, they may be experiencing burnout (Conrad & Kellar-Guenther, 2006; Maslach, 1982).

According to Maslach (1982, p. 3), "burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind." Burnout is a chronic, emotional state of strain that can result from extensively interacting with other human beings, especially if they are in a state of need (Maslach, Schaufeli, & Leiter, 2001). Individuals go into the professional atmosphere of human

services with the intention of helping others who are considered at-risk. In some professions, the deleterious effects of environmental demands within the workplace can have physical and psychological duress on individuals (Maslach & Leiter, 1997; Maslach et al., 2001).

Burnout can result from chronic work stress and is particularly common in jobs where employees have high levels of emotional interaction with their clients or patients (Maslach et al., 2001). When conceptualizing burnout, most research states that it is constructed through a three-tiered approach involving cynicism, emotional exhaustion, a decreased sense of self-worth and feelings of reduced personal accomplishment (Maslach Jackson, & Leiter, 1996; Perez et al., 2010).

According to Perez et al., (2010), the principle components of burnout are emotional exhaustion, cynicism, and reduced personal accomplishment. An important aspect of burnout is increased levels of emotional exhaustion. As emotional resources diminish, individuals in the helping professions can begin to feel that they are no longer able to contribute empathetic responses to their clients (Hawkins, 2001). Cynicism refers to a decreased interest in ones work, which can result in a sense of disengagement (Perez et al., 2010). Reduced self-worth and personal accomplishment refers to the idea that individuals do not feel like they are making a difference and that their efforts result in minimal amounts of fulfillment and contribution (Maslach et al., 2001).

Maslach (1982) noted that professionals who are experiencing burnout “lose all concern, all emotional feelings for the person they work with, and come to treat them in detached or even dehumanized ways” (p. 16). Professionals can sometimes think that their clients are the causes of all of their problems and blame them by treating them in a cynical manner (Maslach, 2001). Burnout can severely affect the working professional not only in their work life, but also in their

personal life. It can cause emotional issues (e.g., stress, lowered self-esteem, and depression), along with to medical issues (e.g., ulcers, headaches, and insomnia), and issues involving family and friends (isolation, disengagement, lack of communication) (Farber, 1983). Symptoms of burnout can vary and affect individuals differently (Maslach, 1978). Burnout is not a sudden issue and is considered to be a process of stressors building up over time (Maslach et al., 2001).

Freudenberger and Richelson (1980) explained how different personalities can be a key factor in the potential for burnout. Individuals who are prone to burnout tend to be empathetic, sensitive, dedicated, and enjoys working with the public. Some personality types have shown to be overly empathetic, which can result in individuals setting unrealistic goals of helping every client (Freudenberger & Richelson, 1980). Over time, professionals develop a sense of helplessness and lose enthusiasm and excitement for the career that they have chosen (Cherniss, 1980). Freudenberger (1977) states that individuals who are suffering from burnout usually do not recognize the predictors commonly associated with it. Because of this unnerving stress, individuals begin to point out the faults in everything and everyone around them. Along with acting cynical towards others, these individuals complain about their work organization and contribute less effort towards their job (Freudenberger, 1977).

Burnout and Law Enforcement

Stress and burnout can have a detrimental effect on police officers and their representative agencies. As a society, we expect police officers to keep us safe and help us in times of need. While doing this, police officers are exposed to a wide variety of internal and external stressors that could potentially impact future job performance. Along with handling stressful situations that arise while patrolling communities, officers are also subjected to controversial organizational policies and procedures that surround bureaucratic red tape. While

officers are allotted greater amounts of discretion when executing job related duties; simultaneously, they are typically afforded minimal input when it comes to departmental policymaking (He, Zhao, & Archbold, 2002). Because policing organizations, along with society, expect and demand much from law enforcement officers, it is not uncommon that these stressors lead to burnout in this profession.

Hawkins (2001) explored the relationship between police officer burnout and their levels of emotional exhaustion, depersonalization, and personal accomplishment on the job. Utilizing a sample of 452 sworn police officers, more than one third of the sample showed high levels of emotional exhaustion and reduced personal accomplishment. In addition, 56.1 percent scored high on the depersonalization scale. Findings indicated length of employment, gender, marital status, and organizational factors all contributed to higher levels of burnout (Hawkins, 2001).

Over the past few decades, there have been numerous studies that have examined police stressors and the consequences they have on law enforcement. The literature has developed taxonomies of identified police stressors that fall under four categories: task-specific, personal, interpersonal, and organizational stressors (Gershon, Xianbin, Barocas, Canton, & Vlahov, 2009; Ferraro & Casey, 2005; Hawkins, 2001; Kroes, Margolis, & Hurrell, 1974; Malach-Pines & Keinan, 2007; Perez et al., 2010; Plaxton-Hennings, 2004; Toch, 2002, and Violanti & Aron, 1995). To name a few, organizational stressors refer to issues concerning the dissatisfaction of bureaucratic activities, lack of cooperation among co-workers, lack of technological resources that are necessary to properly search and seize evidence, numerous and overwhelming caseloads, below average administrative support, and matters involving the judicial system (Gershon et al., 2009; Ferraro & Casey, 2005; Kroes et al., 1974; Violanti & Aron, 1995). Hart & Cotton (2003) state that organizational stressors, specifically those related to the overall satisfaction of the

policing organization, are the most influential when it comes to determining the occupational well-being among police officers.

Gershon et al., (2009) found that organizational stressors, as opposed to critical incidents, are more strongly associated with perceived police stress. This could be explained by the idea that unfair treatment within the department may not always occur. Critical incidents, however, are going to occur and are considered part of the job when it comes to police work (Gershon et al., 2009). According to Ferraro and Casey (2005), investigators of Internet crimes against children often work with heavy caseloads. Working with a large caseload has been correlated with increased stress and decreased job satisfaction among law enforcement officers (Noblet, Rodwell & Allisey, 2009). Frustrations resulting from difficulties concerning the judicial system can revolve around a wide variety of issues.

Task specific stressors involving police work refer to burdens that are specific to the job such as shift work, the risk of violence, unpredictability, and exposure to traumatic experiences and materials (Figley, 1995; Gershon et al., 2009; Malach-Pines & Keinan, 2007; Perez et al., 2010; Plaxton-Hennings, 2004). O'Neill and Cushing (1991) found that officers working the later shifts endured more job related stress than any other shift. This is likely due to the unpredictability of hazards on the later shifts, along with conflicts that occur with the body's natural circadian rhythm which can lead to fatigue and poor sleep quality (Garcia, Nesbary, & Gu, 2004). Other stressors that have been more central towards policing involve the threat of physical danger and potential exposure to disturbing and horrific events (Gershon, Lin, & Li, 2002). Personal stressors that can eventually lead to burnout are referred to as an individual's experiences, gender, marital status, external issues outside of work, shift work, physical fitness,

and their health (Toch, 2002). Interpersonal stressors can refer to issues with cooperation among co-workers and partnering agencies (Toch, 2002).

Martinussen, Richardsen, and Burke (2007) examined the relationship between predictors of burnout involving job demands and job resources and their effects on work and health-related outcomes among 223 Norwegian police officers. A comparison group was utilized in order to emphasize the overall burnout level of the officers in this study. When it came to both job demands and job resources, both were predictors of burnout, especially when personal life issues, such as work and family pressures were involved. The overall level of burnout was low among police officers compared to the comparison group. The study also found that burnout was a predictor of individual outcomes such as job satisfaction, organizational commitment, and intentions to quit (Martinussen et al., 2007).

The negative effects of built up stress cannot only be detrimental to the suffering individuals themselves, but also to their families and policing organization. The stress experienced by police officers may result in the use of excessive force (Eisner & Manzoni, 2006); family problems and divorce (Miller, 2007); physical illness and disease (Violanti, 2005); alcohol and substance abuse (Lindsay, 2008); depression and/or suicide (Violanti, 2007); high turnover (Orrick, 2003); and eventually, burnout (Perez et al., 2010).

Jackson and Maslach (1982) conducted a study on the effects of burnout on 142 police officers and their wives. Police officers who were experiencing burnout were more likely to report aggressive behaviors towards their families. Officers who were shown to have higher levels of emotional exhaustion were reported to be frequently absent from family celebrations, and also stated that they preferred to be alone rather than spend time with their families. In addition, these officers also noticed a change in their behaviors towards their children in that they

were more emotionally distant towards them and were experiencing feelings of depersonalization. The wives of the responding officers were also included in this study. Individuals who scored high on emotional exhaustion were rated by their wives as having more frequent problems with insomnia (Jackson & Maslach, 1982).

Burnout, Law Enforcement, and Crimes Against Children

According to Figley (1995), exposure to traumatic events is the most researched task stressor involving law enforcement. Although the death or injury of a fellow officer has been reported as the primary stressor in numerous studies, child exploitation and exposure to child pornography has routinely ranked among the top four police stressors (Gershon et al., 2002; Krause, 2009; Violanti & Aron, 1995). Investigators working on child pornography cases have reported stress related physical and emotional difficulties as a result of their work (Burns et al., 2008; Perez et al., 2010). Professionals working on Internet Crimes Against Children Task Forces potentially face unique challenges such as inadequate preparation for the job, workplace isolation, and lack of understanding by administration about the mental health challenges of the job (The Innocent Justice Foundation, 2011).

With Gershon et al. (2009) finding that organizational stressors, as opposed to critical incidents, are more strongly associated with perceived police stress, adequate workplace environments are extremely crucial to the retaining of professionals investigating Internet crimes against children. According to the Innocent Justice Foundation (2011), very few agencies prepare their employees for the potential physiological and psychological distress that comes from exposure to traumatic materials involving children. In addition, investigators or analysts may find themselves in a state of physical and social isolation. Due to the sensitive nature of the materials, the viewing and investigating of child pornography does not occur in the milieu and

usually occurs in an isolated/private area (Innocent Justice Foundation (2011). Without proper supervision, task force members can potentially become complacent with isolation and stray away from developing strong bonds between other task force members (Innocent Justice Foundation, 2011).

Issues pertaining to cases of Internet crimes against children can involve complex technology and require detailed explanations when it comes to a court of law, which can sometimes result in unsuccessful prosecutions (Hinduja, 2004; Holt, Bossler, & Fitzgerald, 2010). Holt, Blevins, and Burrus (2012) conducted a study of 246 law enforcement officials who have experience with digital evidence handling and had also just recently completed a computer training through the National White Collar Crime Center. The findings suggest that computer crime examiners experience moderate to high levels of stress that is consistent with those of traditional police roles (He et al., 2002; Holt & Blevins, 2011; Holt et al., 2012).

Past research has shown that investigators of crimes against children experience a significant degree of burnout, along with physical and emotional stress that affect their lives outside of the workplace (Burns et al., 2008; Holt & Blevins, 2011; Krause, 2009, Perez et al., 2010; Perron & Hiltz, 2006). In addition to an already exhaustive list of acute and chronic stressors such as organizational, task specific, personal, and interpersonal stressors, constant exposure to traumatic material involving children can place individuals at an accelerated risk for burnout (Burns et al., 2008; Holt & Blevins, 2011; Jewkes & Andrews, 2005; Krause, 2009; Perez et al., 2010).

There is increasing evidence that digital forensic examiners experience high levels of stress and burnout, particularly due to the investigation of child pornography cases (Burns et al., 2008; Jewkes & Andrews, 2005; Krause, 2009; Perez et al., 2010; Stevenson, 2007). A study

conducted by Perez et al. (2010) explored the potential for secondary traumatic stress disorder (STSD) and burnout of law enforcement investigators who were exposed to disturbing media images. The results of this study indicated that 54 percent of the sample scored high with emotional exhaustion, 43 percent were in the high cynicism category, and 18 percent were in the low professional efficacy category (Perez et al., 2010).

As a response to handling traumatic cases, some police officers have reported coping mechanisms involving the cutting off of emotional ties to the victim and dissociation (Henry, 1995; Van Patten & Burke, 2001). According to Ursano and McCarroll (1990), the degree in which an investigator is able to slip into a state of dissociation is relative to the degree in which they identify with a victim. Gersons (1989) determined that the effects of exposure to traumatic events are related to the degree in which the investigator identifies with the victim and the violence that is evident. Cases involving children who are victims of heinous crimes can make it increasingly more difficult for investigators to create any type of emotional distance that would be necessary to complete the investigation (Van Patten & Burke, 2001). The level of stress can become elevated when the investigator is required to follow through with their professional position and are unable to suppress and dissociate from natural emotions (Henry, 1995).

A study conducted by Francis, Arth-Pendley, Rielly, Feller, and Shehan (2006) utilized a sample of 12 analysts working in the Child Exploitation Unit (CEU) at the National Center for Missing and Exploited Children (NCMEC). Analysts working in the (CEU) are continuously exposed to highly graphic and disturbing images, along with detailed reports of child exploitation. Results of this study indicated that analysts who have worked in the field of child exploitation prevention for more than four years reported increased levels of compassion fatigue and burnout, along with decreased levels of compassion satisfaction. In addition, newer

employees who have worked in the field for less than one year were shown to have increased and regular occurrences of negative emotions and experienced less satisfaction in their effectiveness of helping others (Francis et al., 2006).

Issues resulting from police burnout may include impaired performance, decreased efficiency, issues with public relations, absenteeism or lateness, and increased turnover (Farber, 1983; Hawkins, 2001; Malach-Pines & Keinan, 2007; Martinussen et al., 2007; Perez et al., 2010). Difficulties arise when determining the main cause of burnout among law enforcement officials. Although burnout is not restricted to the police occupation alone, development and foundation for employee stressors are specific to each career and should be studied thoroughly in each individual work environment (Schmidt, 2007).

Burnout in Mental Health Professionals

Due to the nature of the work in mental health professions, this population is at an increased risk of experiencing burnout (Salyers, Rollins, Hudson, Morse, Monroe-DeVita, Wilson, & Freeland, 2011; Slattery & Goodman, 2009). Quality of service is imperative when it comes to responding to maltreated individuals and can be significantly affected by an organization's ability to recruit and retain efficient, dexterous staff (Alwon & Reitz, 2000).

According to Oddie and Ousley (2007), burnout is a frequent issue when it comes to mental health professionals. Numerous studies have reported a range of 21 - 67 percent of mental health professionals experiencing high levels of burnout (Oddie & Ousley, 2007). More now than ever, burnout may possibly be on the rise due to governmental budget cuts, which can lead to increased workloads and lack of adequate resources (Salyers et al., 2011). Jobs that have high demands for their employees and expect them to fulfill these requirements with a limited amount of resources can drive professionals to stages of mental and physical exhaustion

(Bemiller & William, 2011). With the lack of resources accustomed to certain professions, individuals can start to develop a 'why bother' mentality and become more discouraging towards their employers and clients (Bemiller & William, 2011).

When it comes to developing symptoms of burnout, the process is progressive and accumulates over time (Maslach, 2001). Numerous organizational and individual factors can contribute to burnout in mental health professionals (Perez et al., 2010; Plaxton-Hennings, 2004; Van Patten & Burke, 2001). One of the largest factors contributing to burnout with mental health workers is the demanding nature of the emotional requirements that result from working with the public (Newell & MacNeil, 2011). Professionals involved in human service work often have to express and suppress a wide range of emotions, along with displaying empathy for others (Maslach, 2001; Maslach & Leiter, 1997).

When it comes to a continuous exposure to the lives of traumatized clientele, professionals put themselves at-risk for the potential to experience symptoms similar to those of the people they are helping (McCann & Pearlman, 1990; Tehrani, 2010). The effects of dealing with distressed clients can sometimes be subtle and involve a gradual change in the professional's fundamental beliefs, values, or conjectures at a pre- or unconscious level (Tehrani, 2010). Maslach's three components of burnout (i.e., emotional exhaustion, depersonalization, and reduced personal accomplishment) can apply to the helping profession in many ways. In a study comparing child welfare workers to other registered social workers (N = 408), child welfare workers experienced lower levels of personal accomplishment, higher workloads, greater role conflict, and issues with depersonalization (Kim, 2011).

Professionals who are experiencing emotional exhaustion can feel like they have nothing left to give and struggle with showing empathy towards their clients (Brice, 2001). An

individual who is experiencing a sense of depersonalization feels like everything in their life is unreal and that they are living in a dream-like state (Guralnik & Simeon, 2010). Sufferers tend to feel like their entire mentality has changed and that everything they experience with their clients lacks significance (Guralnik & Simeon, 2010). Depersonalization can also lead to a lack of compassion for their clients and they can sometimes resort to blaming the patient for their problems (Brice, 2001). Mental health professionals who experience a sense of reduced personal accomplishment may feel like their efforts towards helping their clients are minimal (Hill, Atnas, Ryan, Ashby, & Winnington, 2010). Reduced personal accomplishment can lead individuals to feeling a sense of failure, which can result in a decreased work ethic (Hill et al., 2010). With this type of constructed mentality, burnout can lead to higher turnover rates (Conrad & Kellar-Guenther, 2006).

According to Zlotnik, DePanfilis, Daining, and Lane (2005), there are both organizational and personal factors that affect burnout and job turnover with professionals working in the field of child protection. When it comes to organizational factors, Zlotnik et al. (2005) listed issues concerning sufficient salaries, supervisorial and collegial support, opportunities to advance within the agency, and maintaining reasonable workloads. Personal factors relating to burnout involved education, experience, job satisfaction, and professional commitment to children and families (Zlotnik et al., 2005). According to Perez et al. (2010), findings from this study showed that individuals who were experiencing greater levels of compassion fatigue and burnout also indicated that they were thinking about leaving their position to work in another agency.

Hatcher and Noakes (2010) assessed the impact of working with sex offenders in an adult correctional setting. Using a nationwide sample of treatment providers (N=52), the authors found low to moderate levels of compassion fatigue and burnout among the respondents. In

another study, Baird and Jenkins (2003) examined vicarious trauma, compassion fatigue and burnout among 101 trauma counselors. Specifically, their design compared volunteer and paid staff members who worked with sexual assault and/or domestic violence survivors. Results indicated that the age of the counselors was unrelated to any of the symptom scales used with the exception of younger participants showing slightly higher levels of burnout. However, trauma workers who had more experience showed increased levels of both emotional exhaustion and greater feelings of personal accomplishment. This study found that counselors with more experience who had exposure to a larger number of clients were identified as having fewer vicarious traumatization symptoms. Younger counselors and those with less trauma counseling experience reported more emotional exhaustion (Baird & Jenkins, 2003).

Burnout and Child Protection

Over the years, the widespread rate in job turnover for positions working with child welfare has been consistently reported (Yamatani, Engel, & Spjeldnes, 2009). Employee turnover for individuals working in child welfare is estimated to be 30 - 40 percent annually nationwide, with two years on the job being the average length of employment (United States General Accounting Office (GAO), 2003). Although there are some variations in the statistics, the turnover rate among child protective workers rose from 19.9 percent in 2000 to 22.1 percent in 2004 (Child Welfare League of America (CWLA), 2010). Because of these high turnover rates, child welfare agencies have been experiencing multiple barriers when it comes to recruiting and maintaining competent staff (Alwon & Reitz, 2000; Landsman, 2007). This can be considered a huge concern for the development of organizational self-care modules, especially when child welfare agencies are resorting to training newer, less educated, and individuals with limited experience to handle child maltreatment cases (Lietz, 2010).

In a study conducted by Bennet, Plint, & Clifford (2005), one-third of hospital-based child protection workers reported emotional exhaustion, low levels of professionalism, and high levels of cynicism. Almost two-thirds of the sample indicated that they had taken serious consideration when it came to changing departments or their work assignments. Among this sample, three-fourths had thought about changing professions in general. This study also stated that one-third of former child protection employees reported that burnout and high levels of stress were the main reasons as to why they chose to leave this profession, or retire early (Bennett et al., 2005).

Burnout and Forensic Interviewers

Perron and Hiltz (2006) evaluated burnout and secondary trauma among 66 forensic interviewers of abused children. When it came to the personal characteristics or the duties related to forensic interviewing, their results indicated that there was not a statistically significant relationship to either burnout or secondary trauma. There was, however, a significant relationship demonstrating that higher levels of organizational satisfaction slightly inhibited symptoms of secondary traumatic stress and more so with burnout. Of the 66 participants, 43 percent reported experiencing emotional exhaustion while 45 percent reported experiencing disengagement at some point throughout their career (Perron & Hiltz, 2006).

Compassion Fatigue vs. Burnout

According to Conrad and Kellar-Guenther (2006), compassion fatigue and burnout are the same in the sense that both can create feelings of isolation, helplessness, anxiety, and depression. Although there are some similarities between the two concepts, they are diverse in many ways. Unlike compassion fatigue, burnout is considered a process that results from numerous organizational and personal stressors (Cherniss, 1980). Compassion fatigue, however,

can “emerge suddenly with little warning” (Figley, 1995a, p.12). Unlike burnout, compassion fatigue does not always evolve over time and can result from a “single exposure to a traumatic incident” (Conrad & Kellar-Guenther, 2006, p.1073). In a study conducted by Fryer, Miyoshi, and Thomas, (1989), despite showing increased levels of burnout, the primary reason for why child welfare workers remained in the field of child protection was their confidence in knowing that their efforts were making a difference with the children with whom they were working.

Compassion Satisfaction

Although compassion fatigue occurs at various times during specific careers, individuals in the helping profession can possess the ability to cope with stressful and traumatic information, while at other times, be very vulnerable to its harmful effects (Mathieu, 2007). Stamm (1993) developed the term *compassion satisfaction* to describe the enjoyment one receives from his/her profession. Compassion satisfaction refers to the degree to which one feels successful in their job and the magnitude to which they feel supported by their colleagues (Conrad & Kellar-Guenther, 2006).

According to Stamm, Higson-Smith, and Hudnall (2001), compassion satisfaction refers to feelings that result from the satisfaction in one’s ability to offer care to another person, while connecting with them through empathetic engagements. Professionals who experience high levels of compassion satisfaction enjoy their work and feel like it is a pleasure to help others. These professionals also possess positive feelings and interactions with their colleagues. Higher levels of compassion satisfaction allow individuals to feel that the work they do contributes to a positive work setting and has an extensive impact on the well-being of individuals (Stamm et al., 2001).

Stamm (2002) states that compassion satisfaction plays a crucial role in reducing compassion fatigue and mitigating symptoms of burnout. Higher levels of compassion satisfaction can result from considering one's position as a 'calling' and having an internal belief that they are meant to work in a particular profession (Friedman, 2002). When considering samples of child protection workers, past research has found that support from fellow co-workers (Friedman, 2002) and having confidence in one's ability to serve clients (Fryer, Miyoshi, & Thomas, 1989) influence a professional's decision to stay in their current position. Recent research involving trauma therapists showed that specialized trainings in trauma exposure significantly increased compassion satisfaction and decreased compassion fatigue and burnout (Sprang, Whitt-Woosley, & Clark, 2007).

Compassion Satisfaction and Job Satisfaction

Compassion satisfaction within a profession can have an effect not only on an individual's motivation to work, but also career decisions, relationships with the community, personal health, and interactions with co-workers (Herzberg, Mausner, & Snyderman, 1959). Professionals who are employed in positions that are extremely demanding and unpredictable at times have the potential to be susceptible to feelings of uncertainty and reduced job satisfaction (Brough & Frame, 2004; Herzberg et al., 1959; Stamm, 2002; Vermeeren, Kuipers, & Steijn, 2011). Job satisfaction can be considered a key component when it comes to one's decision to stay within a profession (Brough & Frame, 2004). Because of this, factors resulting in job satisfaction are important for empirical research. Conducting research on aspects that lead to job satisfaction can be beneficial to policing and mental health professions for a multitude of reasons. One reason in particular involves the idea that increased satisfaction with one's profession is related to increased worker productivity (Vermeeren et al., 2011).

Vermeeren et al. (2011) found that employees who thoroughly enjoyed their job and had a positive work environment exemplified compassion satisfaction through their interactions with their clients. In organizations in which employees were sufficiently satisfied with their job, clients were more satisfied with the empathy of the employees (Vermeeren et al., 2011). In addition, job satisfaction was also found to be related to other positive outcomes in the workplace, such as an overall increase in organizational effectiveness (Organ & Ryan, 1995), increased life satisfaction (Judge, 2000), decreased absenteeism (Hardy, Woods, & Wall, 2003), and a decrease in counterproductive work performances (Dalal, 2005). Each of these factors are considered desirable outcome in terms of organizational success and demonstrates their necessity as evidence-based approaches to improving compassion satisfaction.

When it comes to the fulfillment of needs and desires, every individual is different. Each individual requires a different set of essentials that must be satisfied in order to function at an optimal level. The fulfillment of these different needs can be related to the behaviors a person exhibits (Donnelly, Gibson, & Ivancevich, 2000). Social and cultural influences, along with factors that facilitate job satisfaction, can also be considered predictors of employee behavior (Donnelly et al., 2000).

Herzberg et al. (1959) defined elements that combine to create job satisfaction and dissatisfaction among employees of an organization as either motivating or hygienic factors. To name a few, motivating factors, which promote job satisfaction, include achievement, recognition, responsibility, intrinsic interest in the professional work, and the potential for advancement or promotion. Hygienic factors do not necessarily lead to job satisfaction among employees; however, the absence of them may lead to job dissatisfaction. Hygienic factors consist of policies and procedures, administrative guidance and support, salary and benefits,

environmental and work conditions, and effective and open communication between supervisors and co-workers (Herzberg et al., 1959). According to Herzberg et al. (1959), organizations need to offer an acceptable range of obtainable hygienic factors in order for their employees to even feel a sense of neutrality about their position.

Improving hygienic factors may have an effect on the decrease in employee dissatisfaction and thus, increase motivation and willingness to work efficiently. In order to increase organizational success, hygienic factors need to be taken into consideration first before motivating factors are considered (Sachau, 2007). Secure hygienic factors are important for organizational success and should not be ignored. By allowing for unacceptable hygienic factors, employees will eventually build frustrations which may result in their efforts to seek other employment (Herzberg et al., 1959; Sachau, 2007). Overlooking below average hygienic factors, mediocre employees might remain employed with the company while possessing apathetic engagements towards their work. Having inadequate staff with below average job performance can have a negative impact on the work environment and potentially compromise organizational goals and success (Sachau, 2007).

According to Fishbein & Ajzen (1975), having a positive or negative attitude towards a behavior can actually lead to the enactment of that behavior. In other words, the attitudes and feelings one has towards their profession, specifically job satisfaction, should be related to the behaviors exhibited on the job. There is the potential for professionals to have different attitudes towards their position or job assignments than they do towards the actual behaviors they exhibit while performing the task (Fishbein & Ajzen, 1975). For example, law enforcement officers may be very satisfied with being a part of an organization that benefits our society; however, they may be dissatisfied with specific duties or assignments that are involved with the position.

In a study conducted by Chan and Doran (2009), mid-career officers were highly satisfied with choosing policing as their career, but were dissatisfied with the police organization and their procedures for performance evaluation and promotions.

Compassion Satisfaction and Law Enforcement

A considerable amount of past research has been conducted involving job satisfaction and policing (Brody, DeMarco, & Lovrich, 2002; Dantzker, 1994; Eliason, 2006; Halsted, Bromley, & Cochran, 2000). Much of this research has taken a more specific approach and focused on demographics variables and their relationship to satisfaction (e.g., age, length of employment, race, education, and rank) (Dantzker, 1994; Eliason, 2006). Findings on the educational background of officers in relation to overall job satisfaction have shown mixed results in the literature (Zhao, Thurman & He, 1999). There is, however, prodigious evidence that an officer's rank or years on the force correlate with cynicism and noticeable episodes of isolation (Zhao et al., 1999). Hoath, Schneider, and Starr (1998) demonstrated the importance of police organizations to consider the needs of their employees. Hoath et al. (1998) explain the importance of officer satisfaction in its relationship to the potential impacts employee dissatisfaction can have on workers' stress level and stress-related symptoms (e.g., burnout).

Policing as an occupation has captivated the interests of researchers with its vast array of sporadic anomalies. For example, most individuals join the police force with optimistic intentions and high expectations, but after a few years on the force, they often become disenthralled about police work (Chan, Devery, & Doran, 2003). Because of inconsistencies like this, job satisfaction among police officers has been considered a phenomenon that has required further explanation.

When it comes to the numerous factors that may affect job satisfaction, Zhao et al. (1999) indicated that an officer's work environment was one of the most important influencers. Zhao et al. (1999) state that job satisfaction can vary and do so on a day-to-day basis. Job satisfaction results from a multitude of explanations and can occur from different encounters and situations (Zhao et al., 1999). Among other factors, obtaining positive and constructive feedback from an immediate supervisor was a strong predictor of job satisfaction and a roundabout envision of turnover intentions (Brough & Frame, 2004).

In a longitudinal study focusing on changes in attitude among new police recruits over a time period of 30 months, Van Maanen (1975) discovered that motivational attitudes and organizational commitments had significantly decreased over time. While further investigating the factors contributing towards this decrease, Van Maanen (1975) found that most of the dissatisfactions were related to esteem issues, self-determination, and the threat of the psychological fear involved in the dangerousness of police work.

Fielding and Fielding (1987) examined a class of British police recruits during an initial probation period of 42 months. During the probation period, 28 officers resigned from the training. When interviewing the individuals who resigned, issues relating to frustrations with paper work and the social isolation of police work were the most common factors relating to their decisions. When asked about factors relating to job satisfaction, statements were made regarding the benefits of having positive co-worker relationships (Fielding & Fielding, 1987).

Compassion Satisfaction, Law Enforcement, and Crimes Against Children

Past research has determined that there is a common correlation between job satisfaction and worker productivity (Spector, 1997). It is fair to assume that professionals who are happy with their job should also be more productive at work. Jacobs and Solomon (1977) hypothesized

that employees who receive high recognition for their work tend to increase their work ethic and perform better. According to Bowling (2007), having a positive attitude towards one's job can predict a high degree of job performance. Along with George and Brief (1996), Isen and Baron (1991) both found that employees' attitudes were reflected in their job performance.

A study examining job stress and satisfaction among 56 digital forensic examiners reported high degrees of job satisfaction (Holt & Blevins, 2011). This study discovered that, despite experiencing moderate amounts of work stress, almost 93 percent of respondents were at least somewhat to very satisfied with their jobs. Almost half of the sample reported that they were very satisfied with their position. Three-fourths of the sample stated that, without hesitation, they would take the same job again, while 66.1 percent would keep their jobs, even if they had the option to go into any other type of profession. This study also found that role conflict was one of the main reported factors that contributed to job stress. Results suggest that those who experience less role conflict experience higher levels of job satisfaction (Holt & Blevin, 2011; Holt et al., 2012).

Holt et al. (2012) stated that, despite law enforcement officers experiencing moderate to high levels of stress from investigating computer crimes, respondents indicated that they were simultaneously encountering high levels of compassion satisfaction. Although Perez et al. (2010) found moderate to high levels of STSD and burnout among law enforcement officers investigating child pornography, the results also indicated high levels of compassion satisfaction. Participating investigators felt they were making a positive contribution through their work, had a supportive home life, and a satisfactory collegial atmosphere that mitigated any negative effects of working with cases involving child pornography (Perez et al., 2010).

Compassion Satisfaction and Mental Health Professionals

The work of a mental health professional involves challenging and oftentimes unpredictable working conditions. Some of these conditions, including heavy caseloads, lack of peer, administrative, and agency support, and inadequate training and supervision (Acker, 2004; Cole, Panchanadeswaran, & Daining, 2004; Schroffel, 1999), have been shown to result in decreased work performance and job satisfaction (Cole et al., 2004).

Job satisfaction and the mental health profession has been a vital area of research due to its resiliency and effectiveness in the retention of workers (Cole et al., 2004). By retaining mental health professionals who enjoy the work that they do, the level of satisfaction with their employment can have an impact on a multitude of factors (e.g., concern for client outcome, turnover, absenteeism, and the attraction of competent individuals who benefit the organization and the clients they serve) (Butler, 1990). In addition, employee dissatisfaction can lead to burnout and other negative consequences not only for mental health professionals, but also for their clients (Jayaratne & Chess, 1986). It has been an important responsibility for past researchers to identify predictors of job satisfaction in order for organizations to implement the information. By applying evidence-based practices that can increase job satisfaction, organizations will be able to improve working conditions, reduce absenteeism, mitigate factors associated with burnout, increase employee retention, and improve the treatment of clients (Cole et al. 2004.)

Past studies involving social workers in a wide variety of assignments (i.e., child welfare, child protective services, and psychiatric services) have identified factors that increase and decrease job satisfaction (Barber, 1986; Cole et al., 2004; Kadushin & Kulysis, 1995; Vinokur-Kaplan, 1991). Factors that increase job satisfaction among social workers include sufficient salaries, recognition from co-workers and administration, opportunities for promotion, positive

working conditions, and job autonomy (Barber, 1986; Cole et al., 2004). Factors that lead to employee dissatisfaction include increased workloads, inadequate salaries, lack of administrative support (Kadushin & Kulysis, 1995), unpleasant working conditions, and negative feelings of personal accomplishment (Vinokur-Kaplan, 1991).

Compassion Satisfaction and Child Protection

When it comes to mental health professionals, compassion satisfaction can have an important influence on the clients they serve (Meyers & Cornille, 2002). According to Meadors et al. (2010), child-life specialists were found to have the greatest sense of satisfaction from their work with patients. In a study conducted by Conrad & Kellar-Guenther (2006), a sample of 363 child protection workers showed 75 percent of staff expressed a "high" or "good" potential for compassion satisfaction (p. 1072). In a randomized, national sample of 532 self-identified trauma specialists, 46 percent exhibited higher levels of compassion satisfaction (Craig & Sprang, 2010).

Having high turnover rates among mental health professionals does not only affect the organizations, but also the clients that they serve. Children who are in need of services depend on child welfare workers and other mental health agencies to deliver the essentials that are pertinent to the child's well-being (Meyers & Cornille, 2002). Because of organizational and personal issues related to burnout and fatigue, high turnover rates of professionals working with cases involving crimes against children can lead to a cornucopia of concerns. Past research has documented concerns regarding high turnover rates as not only creating a huge financial burden (GAO, 2003), but also negatively impacting the level of services and outcomes for children and families (U.S. General Accounting Office, 2006). Financial issues derive from the expenses associated with the replacement and training of workers (Mor Barak, Nissly, & Levin, 2001).

Issues that have an effect on client services can result from a lack of case continuity, failure to maintain a secure base within families, and the potential for faulty decision making (McGowan, Auerbach, Conroy, Augsberger, & Schudrich, 2010).

A study conducted by McGowan et al. (2010) examined the issues of job satisfaction and retention of voluntary child welfare workers. Of the 1,624 workers who returned a survey, three-fourths intended to remain within their current positions. Although they intended to stay, 57.3 percent had thought about leaving their current agency within the past year. Issues related to employee dissatisfaction were also relevant to level of pay (McGowan et al., 2010).

Although Hatcher and Noakes (2010) found low to moderate levels of compassion fatigue and burnout in their sample of helping professionals, over 85 percent of the sample reported moderate to high levels of compassion satisfaction, indicating that they derived pleasure from their work. In addition to assessing compassion fatigue levels through the third version of the Professional Quality of Life Scale (Figley, 1995b), this study also assessed the influence of demographics and work-related variables. Hatcher and Noakes (2010) also examined the coping strategies used in facilitating the control of the negative effects of the treatment professional's work. Work-related factors, such as environmental safety and unfamiliar job descriptions, were found to significantly predict the lower rates of compassion satisfaction and higher rates of compassion fatigue variables. This study indicated that specific variables within the organization were considered factors that affected the employee's psychological well-being (Hatcher & Noakes, 2010).

Exploring the effect of job satisfaction on child welfare workers and their desire to stay within their profession, Chen and Scannapieco (2010) found that job satisfaction had a positive impact on workers' reports of high self-efficacy. This study also demonstrated that job

satisfaction had a substantial impact on the desire for workers to remain in their profession. Along with lower levels of reported self-efficacy, job dissatisfaction related to lower levels of supervision and administrative support (Chen & Scannapieco, 2010). A study conducted by Perez et al., (2010) explored the psychological impact of viewing disturbing media on 28 federal law enforcement personnel engaged in computer forensic work. This study showed that individuals who reported higher levels of professional efficacy and successful relationships outside of work had higher rates of job satisfaction (Perez et al., 2010).

Choi (2011) examined characteristics of organizational influence on secondary traumatic stress of social workers who provide direct services to survivors of family violence or sexual assault. In a sample of 154 social workers, individuals who received more support from their co-workers and supervisors, more access to information regarding strategic information involving the organization, and increased levels of professional accomplishment (i.e., feeling that their efforts contributed to helping their clients) exhibited lower levels of secondary traumatic stress (Choi, 2011).

According to Conrad and Kellar-Guenther (2006), having access to a social support system, along with other options (e.g., contracted therapeutic agencies) to process and discuss the traumatic aspects of the day-to-day work, may be an important mitigating factor when it comes to helping workers overcome the stressful aspects of child protection services. Having a wide variety of options and access to optimal hygienic factors can lead to higher levels of compassion satisfaction and a reduction in employee burnout (Conrad & Kellar-Guenther, 2006).

Past research involving the exploration of predictors correlating with compassion and job satisfaction has presented a hefty amount of evidence-based material that should facilitate a change in law enforcement and mental health organizational strategies. Taken together, these

findings suggest the need for managers to create organizational conditions to fulfill employees' physiological and psychological needs, while offering opportunities to process the negative impacts of daily job stressors. Among professionals working with cases involving crimes against children, these processing opportunities should focus specifically on trauma based issues, including symptoms. Particularly, individuals should process issues relating to their symptoms of compassion fatigue, secondary trauma, and feelings of burnout that are associated with their involvement in child maltreatment cases on a regular basis (DePanfilis, 2006).

According to DePanfilis (2006), considering past research concerning compassion fatigue, burnout, and compassion satisfaction, the development of self-care practices for individuals working with traumatic scenarios is extremely important. DePanfilis (2006) illustrates the idea that there is a dire need for upper-level management to create organizational conditions in which professionals are provided the opportunities to implement self-care practices. DePanfilis (2006) explains the importance of the availability of help for employees to process the negative impact of daily job stress and to deal specifically with the secondary trauma associated with involvement in child abuse and neglect cases on a regular basis. Although the research states that improving organizational factors can have an effect on employee retention, it is also important to emphasize the need for individuals to work on mitigating their symptoms of burnout and compassion fatigue.

Self-Care

Because of the empirical research regarding compassion fatigue and its potential for burnout, there is an increasing need for the implementation of self-care practices for professionals who are continuously exposed to traumatic materials involving children. Self-care practices refer to decisions and actions that an individual can take to cope with a health problem

or to improve his or her health (Pearlman & Saakvitne, 1995). Past research has demonstrated the negative effects compassion fatigue can have on an individual's physical and mental health (Burns et al., 2008; Figley, 1995a; Figley, 2005; Follette et al., 1994; Perez et al., 2010; Maltzman, 2011; Tehrani, 2007; Stamm, 2010). Harrison and Westwood (2009) stated that it is an ethical imperative to assist ourselves before we attempt to help others. Helping professionals must strive to provide appropriate and effective care for traumatized clients, as well as those who work for them (Harrison & Westwood, 2009).

Pearlman and Saakvitne (1995) define self-care as the countermeasures therapists and other professionals use to prevent or alleviate the disruptions in frame of reference due to compassion fatigue. Harrison and Westwood (2009) suggest strategies for redirecting skewed perspectives, such as maintaining and setting professional boundaries with client and constantly monitoring their own physical, emotional, and spiritual well-beings. When wellness and stability are enhanced through self-care practices, helping professionals are able to meet their personal needs in a way that hold healthier boundaries with clients (Lederer, 2007). According to Harrison and Westwood (2009), although these suggestions were initially written and set for professionals working in the mental health field, they can be generalized to other helping professionals as well.

For professionals who are exposed to traumatic information and experiences on a regular basis, the implementation of self-care practices is extremely important. McCann and Pearlman (1990) presented the notion that professionals who are experiencing compassion fatigue must work through their painful experiences in a supportive environment – otherwise, the symptoms can become more chronic and interfere with their ongoing empathetic engagement with clients. Furthermore, McCann and Pearlman (1990) recommend that helping professionals receive

regular supervision, maintain a balance between their personal and professional lives, and incorporate customized coping skills on a regular basis.

In some professions, because of the nature and organization of the work, strategies for prevention, intervention, and implementation of coping skills are integrated into policies and procedures in efforts to support and help those who may be impacted (Osofsky, 2011). Effective strategies for handling traumatic information can be as simple as providing opportunities to debrief with other coworkers or colleagues. However, in some work settings, individuals expressing emotions about compassion fatigue is not a common topic of discussion for several reasons.

For some professions, talking about the effects of daily work exposures and how it may have an effect on an individual's personal and professional lives can be considered a sign of weakness (Schaible & Gecas, 2010). Police environments can oftentimes be consistent with closed groups. There is a belief among many police officers that being competent means they must be able to handle all aspects of their position and that any sign of weakness affects their professionalism (Burns et al., 2008). Another problem stems from professionals not being used to talking about emotions or issues that can potentially impact their performance. When examining the field of law enforcement, past studies have shown police officers consider themselves suspicious of people and often times find it difficult to trust and confide in others (Hawkins, 2001; Twersky-Glasner, 2005). Because of this, police officers tend to isolate their feelings which in turn, establishes the expression of emotions as taboo and acknowledged as a sign of weakness (Schaible & Gecas, 2010).

With the expression of the emotions being frowned upon among law enforcement officials, individuals oftentimes find their own ways to cope and adjust (Osofsky, 2011).

Ordinarily, because of the lack of awareness and education regarding effective self-care strategies, many individuals resort to maladaptive coping mechanisms (e.g., substance use, avoidance, and dissociation) (Osofsky, 2011). Although maladaptive coping techniques can reduce symptoms of compassion fatigue and burnout, they often act as a bandage and cover up stressful issues, usually for a short period of time (He et al., 2002). Maladaptive coping skills can eventually result in individuals becoming increasingly irritable, impulsive, and insensitive with others and in their work (Osofsky, 2011). In addition, maladaptive coping skills can lead to higher rates of burnout and job turnover (He et al., 2002; Osofsky, 2011).

The idea of self-care and its effects on burnout have been frequently discussed throughout the literature (Ericson-Lidman & Strandberg, 2010; Fuller, 2006; Lachman, 1996; Leighton & Roye, 1984). Despite its mentioning, research on the relationship between burnout and self-care is very scarce. Theoretically, the notion of attending to ones' personal, physiological, and psychological needs on a regular basis should mitigate symptoms of burnout and compassion fatigue (Ericson-Lidman & Strandberg, 2010). The literature expresses the notion that self-care can have an effect on mitigating symptoms of burnout (Coster & Schwebel, 1997; Osofsky, 2011; Pines & Maslach, 1978). Although the research encourages its implementation, more research is needed on the effectiveness of various methods of self-care in mitigating burnout.

According to Baker (2003), the implementation of self-care consists of having self-awareness, balancing out certain events in the individual's life, and possessing the ability to self-regulate. By having self-awareness, individuals are able to conduct an objective self-observation of both the physical and psychological experiences in one's life, to the extent that one is capable. The idea behind having self-awareness is for a helping professional to recognize and identify

his/her own needs and limitations in order to facilitate better decision making skills in their personal and professional lives. Baker (2003) discussed the relationship between self-awareness and efficacy of treatment. Through a lack of self-awareness, a helping professional puts themselves at-risk for developing a lack of self-efficacy involving their client's needs.

Self-regulation refers to the management of our physical and emotional impulses, drives, and anxieties through a conscious and unconscious manner (Baker, 2003). By possessing the ability to self-regulate and practice the control of these impulses, mental health professionals can closely relate to their own sense of well-being and self-esteem (Baker, 2003). Because the helping professions involve emotionally high risk situations, this line of work can result in higher levels of stress compared to other professions. If these intense and routine emotional situations are not dealt with appropriately, this can lead to potential symptoms of job dissatisfaction and decreased job performance (Fishbein & Ajzen, 1975; Herzberg et al., 1959; Sachau, 2007).

Baker (2003) refers to balance as, "a positive connection and relationship with our self, with others, and with the universe" (p. 15). Having a personal and psychological sense of balance can result in a sense of comprehension, esteem, and self-trust (Baker, 2003; Valente & Marotta, 2005). There needs to be a balance between a work life and a personal life (Cerney, 1995). Professionals also need to maintain a balance between the physical, emotional, and spiritual self in order to be able to continue working with a population that is traumatized. Suggested individuating self-care practices include dream journaling, diet and exercise, participating in continuing education, research on new job-related skills and techniques, relaxation endeavors, and maintaining an active interest in a hobby or activity that brings pleasure (Killian, 2008; Salston & Figley, 2003). One of the main self-care strategies involved

in developing a healthy psychological well-being is maintaining a positive and strong social support network (Cerney, 1995; Salston & Figley, 2003).

Self-Care and Internet Crimes Against Children

Although police officers can be exposed to stress and trauma on a routine basis, research has documented potential protective factors that can facilitate the development of resilience and prevent the development of compassion fatigue (Burns et al., 2008). Paton (2006) states that these factors can be compartmentalized into three categories; personal (e.g., being self-capable, remaining consistent, and having assurance); team (e.g., having strong bonds and having a collective reliance); and environmental (e.g., having effective policies and procedures, understanding self-care, and empowerment). Introducing humor into situations, having peer support networks, attending trainings and continuing education, being proactive, having ample organizational support, and maintaining firm mental and physical fitness have also been found to contribute to a police officer's well-being (Brown, Cooper, & Kirkcaldy, 1996; Burke, 1998; Follette et al., 1994; Violanti, 1999).

In the study conducted by Holt and Blevins (2011), 56 digital forensic examiners were asked about their self-care measures and how they personally cope with the stress of their positions. This study found that the most commonly reported coping mechanism utilized by the respondents related to talking about their stressors with others. More than half of the forensic examiners also mentioned that they sometimes distract themselves outside of their job by working harder than usual around their house or actively engaging in activities in order to take their minds off of their traumatic encounters (Holt & Blevins, 2011).

Perez et al. (2010) mentioned the importance of having hobbies and activities that allowed for an individual to separate themselves from work and have a personal life. The

majority of this sample of law enforcement officers working with disturbing media images stated that they discuss their difficulties with work stressors through positive social support (e.g., spouses, friends, or significant others). Only a few subjects in this sample resorted to drinking, smoking, or using other medications to cope with the traumatic stress. Coping through religion, counseling, or eating was an uncommon resource when it came to the law enforcement officers within this sample (Perez et al., 2010). This study suggests that officers who are exposed to traumatic images of maltreated children respond to their stress in a relatively healthy way, rather than resorting to self-harming behaviors that simply bandage the problem.

According to Anshel (2000), the risk associated with the materials and the frequency of exposure can be alleviated through the use of adaptive, individualized proactive coping strategies. These coping strategies have the potential to enhance an investigator's ability to control their reactions to the materials. Professionals working on an ICAC task force are unique in the sense that they knowingly and repeatedly expose themselves to traumatic information and materials. In order to decrease the frequency of their exposure, investigators have become creative in their procedures by scanning pictures in a way where they do not have to see the face or emotional reactions of the child, allowing them to simply focus on the portion of the picture that is pertinent to evidentiary standards (Krause, 2009).

Efforts like these reduce the chances of compassion fatigue by taking the necessary precautions to emotionally distance and compartmentalize their emotions through techniques that act as a buffer (Krause, 2009). Other investigators reported that they set limits with the amount of time viewing the images or media files in an effort to decrease their exposure. Because of the intense demands placed on these investigators of crimes against children when it comes to court preparations and writing of search warrants, these are the periods of time in which investigators

are more at-risk and may not be able to implement buffers (Krause, 2009; Holt & Blevins, 2011; Perez et al., 2010).

Even with the implementation of individualized coping strategies, ICAC members are still considered a high-risk population when it comes to their vulnerability of experiencing signs and symptoms of compassion fatigue and burnout (Figley, 1999; Krause, 2009). Furthermore, recognizing the positive aspects of a position, having a strong presence of compassion satisfaction, and utilizing positive coping strategies can all serve to strengthen protective barriers and mitigate compassion fatigue and burnout (Figley, 1995a; Hart, Wearing, & Heady, 1995; Salston & Figley, 2003; Stamm, 2010).

Self-Care and Mental Health Professionals

Past research has found that psychological impairment can have an effect on job performances among direct service mental health professionals at some point in their careers (Coster & Schwebel, 1997; Guy, Poelstra & Clark, 1989). By enduring a consistent amount of work-related stress, professionals put themselves at-risk for developing decreased levels of productivity, due to the negative impact on an individual's attention and concentration (Skosnik, Chatterton, & Swisher, 2000).

Because of the duties and expectations of mental health professionals, self-care is extremely important for individuals who work closely with suffering and distressed individuals. When psychological and physiological wellness is enhanced through the continuous implementation of self-care practices, mental health professionals can increase their personal needs in a way that allows them to hold healthier boundaries with their clients (Lederer, 2007). In addition, engaging in continuous self-care endeavors has actually been described as an ethical imperative among mental health professionals (Barnett, Johnston, & Hillard, 2005).

Self-care should be considered an ongoing preventive activity for all mental health professionals. As an ethical imperative, professionals should maintain a continuous awareness of their physical and mental health as they pertain to their abilities to help others (Barnett et al., 2005). As individuals who are trained to address others' who are struggling with various emotional states, mental health professionals are at an increased risk for disregarding or ignoring their own perturbations and needs (Barnett et al., 2005). When professionals develop blind spots for their own mental and physical needs, it can actually lead to impaired performances and/or competencies (Meadors et al., 2010). Because of the emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment that occur when professionals experience burnout, the attitudes and behaviors of the particular individual can significantly affect their interactions with their clients (Lim, Kim, Kim, Yang, & Lee, 2010).

Coster and Schwebel (1997) conducted a content analysis of interviews with six practicing psychologists with 10 years of postdoctoral experience on their well-functioning. The content analysis revealed 10 themes which are considered important contributors to an individual's well-functioning: peer support, stable personal relationships, supervision, a balanced life, affiliation with a graduate department or educational institution, personal psychotherapy, continuing education, family origin as source of personal value, awareness of cost impairment, and coping mechanisms (e.g., vacations, relaxation, rest, exercise, spirituality, and time spent with friends). Their study revealed that self-awareness/monitoring for early signs of potential impairment and personal values rated as the top two reasons for psychologists' well-functioning (Coster & Schwebel, 1997).

Forming and sustaining a strong social network as a method of self-care can be extremely beneficial for mental health professionals (Cherniss, 1980; Coster & Schwebel, 1997; Kramen-

Kahn & Hansen, 1998; Lederer, 2007; Sherman & Thelen, 1998; Maltzman, 2011; Thoits, 2011). According to Cherniss (1980), employees in human service organizations who engage in satisfying or emotionally supportive personal and work-related relationships experience less burnout and stress. In a study of 552 psychologists, 60 percent reported utilizing social support as a preventive measure for distress and impairment (Sherman & Thelen, 1998). Coster and Schwebel (1997) surveyed 339 mental health professionals about their beliefs on self-care techniques. Responses showed social support (e.g., relationships with spouses, partners, family, and/or friends) ranked in the top five essentials for well-functioning. In another study of 228 clinicians, 58 percent reported using interpersonal support as a career-sustaining behavior (Kramen-Kahn & Hansen, 1998).

After working with traumatized clients, helping professionals should reflect on how much time they are actually allowing themselves for self-care practices (Killian, 2008). The importance of having social support has been mentioned throughout the literature as factor that increases compassion satisfaction and decreased symptoms of burnout (Barnett et al., 2005 & Killian, 2008). Through maintaining strong social support networks amongst professional colleagues, the struggling individual is able to reach out, share concerns, and can actually provide another person with encouragement and helpful suggestions. Maintaining contact with individuals who experience similar events provides an opportunity to share frustrations and feelings of satisfaction on how one's work and personal life interact and affect each other (Killian, 2008). Experiences that allow professionals to process feelings related to work stressors can actually test one's reality and assess how much of the work has increased their cynicism or alienation (Barnett et al., 2005).

It is extremely important for professionals who work with traumatized children to establish self-care plans and establish individual and organizational strategies to gain support and reduce the risk of compassion fatigue and burnout (Osofsky, 2011). Self-care practices were examined among a sample of 57 residential childcare workers working with distressed, traumatized, and emotional disturbed children (Eastwood & Ecklund, 2008). Among this sample, the most frequently used positive methods of self-care were socializing with friends and families, taking short breaks at work, getting adequate amounts of sleep, and eating healthy. The most commonly used negative self-care techniques consisted of drinking caffeinated beverages, consuming unhealthy foods, and watching television more than one hour per day.

Other reported practices in the literature to prevent or recover from compassion fatigue and related syndromes have been documented as self-realization and authoritative support (Coster & Schwebel, 1997 & Figley, 1995). When working in a profession that involves increased levels of stress, it is extremely important for individuals to set boundaries through self-regulation (Coster & Schwebel, 1997). Figley (1995) stated that therapists need to self-regulate and deter from developing a savior mentality by setting realistic goals and boundaries with their clients. Figley (1995) suggested that helping professionals make time for pleasure and seek out other mental health options to gain further support. Valente and Marotta (2005) suggests that, by identifying and addressing one's own personal issues, the effects of tunnel vision can be reduced in the helping profession and increase worker efficiency with other clients. When considering authoritative support, Barnett, Johnston, and Hillard (2005) state that there is an increasing need for organizations to promote the implementation of self-care practices for the helping professional, in order to reverse the progression of distress and burnout.

Additional methods such as taking vacations, adding humor into situations, spirituality, cognition altering (e.g., positive affirmations and healthy distancing), and distracting activities (e.g., gardening, writing in a journal, breathing exercises, meditation, and exercise) and establishing a balance between personal and professional lives, have all been mentioned as utilized self-care practices among mental health professionals (Eastwood & Ecklund, 2008; Figley, 1995a, b, 2002; Fuller, 2006; Kassam-Adams, 1995; Killian, 2008; Lachman, 1996; Lederer, 2007; Leighton & Roye, 1984; Maltzman, 2011; Pope & Vasquez, 2005; Stamm, 1997). Another suggested practice revolves around mental health professionals engaging in personal therapy.

The use of personal therapy as a form of self-care has frequently been discussed in the literature (Barnett et al., 2005; Daw & Joseph, 2007; Orlinskey, Norcross, Ronnestad, & Wiseman, 2005). Because of the traumatic information and high level of emotional stress that mental health professionals encounter, research shows that personal therapy may be useful (Barnett et al., 2005; Daw & Joseph, 2007). Daw and Joseph (2007) suggests that mental health professionals who utilize personal therapists may actually improve their own therapeutic techniques, resulting in increased positive outcomes for their clients.

"Much secondary trauma can be avoided or…ameliorated if therapists seek regular supervision of consultation" (Cerney, 1995, p.139). According to McCann and Pearlman (1990), it is extremely important for helping professionals who work with crimes victims or survivors of other traumas to seek regular supervision or consultation. Utilizing another therapeutic professional is important for processing painful client material, as well as any personal emotions or thoughts that may be taking a toll on a person's well-being (Cerney, 1995).

Continuous implementation of self-care techniques can serve as a protective barrier against the physiological and psychological challenges of working with cases involving crimes against children. A review of the literature has demonstrated the vast amount of reliable practices for promoting healthy professional quality of life, over all well-being, and burnout prevention. One of the key factors involved in self-care is the mental recognition needed to acknowledge its importance necessity (Lederer, 2007). When considering self-care practices, methods of implementation should never become burdensome or feel like an obligation. Self-care techniques should take time that allows a person to relax and/or take their mind off of stressful situations. In addition to self-care practices, individuals should be cognizant of understanding and being able to recognize signs of burnout in order to be proactive in increasing levels of compassion satisfaction, and decreasing levels compassion fatigue (Marmar et al., 2006; Meadors et al., 2010; Newell & MacNeil, 2011; Pope & Vazquez, 2005; Salyers et al., 2011).

Summary of the Literature

Past research has identified common stressors and frustrations that have ultimately lead to high levels of burnout in police officers. When specifically focusing on the stressors of law enforcement officers who investigate Internet crimes against children, identified consistencies resulted in increased caseloads, issues with the judicial system, lack of technological resources, preparation for court, length of time working with disturbing images, personal issues (e.g., increased protectiveness among family and friends, escalated distrust of others, family and/or martial issues, loss of sexual desire), lack of support from management and administration, stigmatization by others, role conflict, age, and increased exposures to traumatic materials involving children, specifically child pornography (Burns et al., 2008; Holt & Blevins, 2011;

Holt et al., 2012; Johnson & Wagner, 2011; Jewkes & Andrews, 2005, Krause, 2009; Perez et al., 2010). As shown by past studies, professionals in the mental health field report similar frustrations that lead to instances of burnout.

Mental health professionals experience a wide range of clientele on a daily basis, each with a different story to tell. Not only do mental health professionals encounter traumatic and frustrating instances involving their clients, they also have to follow organizational policies and procedures established by their work environments. The two most common trends among all aspects of burnout (i.e., emotional exhaustion, depersonalization, and reduced personal accomplishment) with mental health professionals were related to age and work setting variables (Baird & Jenkins, 2003; Bemiller & Williams, 2011; Bennet et al., 2005; Conrad & Kellar-Guenther, 2006; Craig & Sprang, 2010; DePanfilis, 2006; Fuller, 2006; Killian, 2008; Kim, 2011; Lederer, 2007; Lim et al., 2010; Perron & Hiltz, 2006; Sprang et al., 2007). Individuals who are younger, and therefore lacking in experience and training, are increasingly more likely to develop burnout (Lederer, 2007).

A wide range of frustrations fall under issues related to work-related variables, such as governmental restrictions, limited resources, increasing caseloads, exposure to traumatic situations involving children, managerial support, sufficient salaries, levels of emotional attachment and requirements, working with the public, role conflict and opportunities to advance within an agency (Bemiller & Williams, 2011; Bennet et al., 2005; DePanfilis, 2006; Fuller, 2006; Kim, 2011; Lederer, 2007; Lim et al., 2010; Perron & Hiltz, 2006).

Although there are oftentimes frustrations that result from disadvantages of a particular job, individuals strive to identify the factors that allow them to enjoy the position. Increased levels of compassion satisfaction can have an effect on not only an individual's motivation to

work, but also career decisions, relationships with co-workers and partnering agencies, and personal health (Stamm, 2002 & Herzberg et al., 1959). When comparing mental health and law enforcement professional who work with cases involving crimes against children, similar trends in the professional quality of life were present. Despite the varying levels of compassion fatigue and burnout between the two professions, there were increased percentages of the populations scoring high levels of compassion satisfaction.

Among professionals working with crimes against children, respondents with higher levels of compassion satisfaction have indicated their enjoyment of helping innocent children, while thoroughly understanding and accepting the importance of their efforts (Burns et al., 2008). Albeit this positive aspect of professional quality of life, individuals are continuously exposed to graphic materials involving children, which has been shown to have a negative effect on that has individual's physical and mental health (Holt & Blevins, 2011; Holt et al., 2012; Krause, 2009). Recognition of the occupational challenges helping professionals continuously encounter has led to the development of self-care techniques.

Although the literature has revealed an ambiguous determination of whether or not methods of self-care ameliorate all symptoms compassion fatigue and burnout, studies have shown that the consistent integration of self-care techniques can have a potential effect mental and physical well-being for mental health and law enforcement officials (Baker, 2002; Burns et al., 2008; Eastwood & Ecklund, 2008; Figley, 1995a, b, 2002; Fuller, 2006; Killian, 2008; Maltzman, 2011).

The literature on burnout has brought specific attention to burnout prevention and has generated strategies for self-care. Implementing a continuous regime of self-care practices not only helps prevent or contend burnout, but can also enhance compassion satisfaction (Maltzman,

2011). An analysis of the studies on burnout and self-care among law enforcement and mental health professionals has provided suggestions for self-care techniques to help mitigate contributing factors.

Law enforcement officials are oftentimes exposed to stress and/or trauma on a routine basis. In order to decrease the use of maladaptive techniques by police officers, recent research has indicated potential protective factors that can facilitate the development of resilience and prevention of compassion fatigue (Burns et al., 2008). Common self-care and resiliency trends among law enforcement officials have included the introduction of humor into situations, peers and family support networks, being productive and proactive outside of work, and maintain physical fitness (Brown et al., 1996; Burke, 1998; Follette et al., 1994; Violanti, 1999).

Common self-care techniques among Internet crimes against children investigators included the incorporation of out-of-work hobbies, working harder around their house, humor, and physical exercise, innovating procedures that are less intrusive (e.g., scanning pictures of children), isolating oneself from others, trying to forget what they see, organizational support (e.g., attending trainings, supervisory support) and setting boundaries. The most common technique mentioned in all articles examining professionals working with Internet crimes against children was the establishment and sustainment of social support networks (Burns et al., 2008; Holt & Blevins, 2011; Perez et al., 2010; Wolak & Mitchell, 2009). Having above average social support, whether it was with family friends or co-workers was shown to be the most effective self-care technique for these professionals (Burns et al., 2008; Holt & Blevins, 2011; Perez et al., 2010; Wolak & Mitchell, 2009). By gaining social support from others allowed these individuals to feel a sense of companionship and motivated them to participate in activities outside of work (Burns et al., 2008; Holt & Blevins, 2011; Perez et al., 2010; Wolak & Mitchell,

2009). Despite previous findings involving the notion of specific taboos within law enforcement environments (Schaible & Gecas, 2010), maintaining social support from colleagues and co-workers was mentioned as an opportunity for the investigators to debrief and share feelings and experiences (Burns et al., 2008; Holt & Blevins, 2011; Perez et al., 2010; Wolak & Mitchell, 2009).

According to Burns et al. (2008), individuals stated that bonding with other task force members allowed them to openly talk about their issues, which in turn, reassured them that they were not alone in their endeavors. Despite encountering traumatic materials on a regular basis, professionals working with Internet crimes against children attempted to decrease their levels of compassion fatigue and burnout, while increasing their levels of compassion satisfaction through maintaining a strong social support network.

Implementing and maintaining continuous strategies for self-care can help in preventing compassion fatigue and burnout among mental health. Because of the roles and responsibilities of working with other distressed individuals, mental health professionals need to help themselves before they can help others (Figley, 1995a, b; Killian, 2008; Osofsky, 2011). Self-care practices can help professionals take their mind off stressful situations in the workplace, while assist in mitigating symptoms of burnout. Common practices among this population included maintaining strong support networks, personal therapy, spirituality, and maintaining a balance between personal and professional lives.

Although there are numerous studies on self-care as it related to burnout, there is still the need for future research. Many studies document general aspects of self-care and burnout, such as techniques used by professionals and suggestions for innovative strategies. However, there is a significant gap in the literature on evidence-based findings on the validity of self-care

techniques mitigating symptoms of burnout. While it can be proposed that self-care practices can help in the execution of burnout, solidified results are need. Burnout can have harmful effects on not only individuals in particular, but organizations as well. Therefore, it is imperative that future research establish the effectiveness of self-care practices. Forthcoming studies should not only examine commonly used methods of self-care from specific professions (i.e., utilized and practical self-care strategies among forensic interviewers and ICAC Task Force members), but also determine their effectiveness as well. This research will allow professionals conducting forensic interviews and investigators of Internet crimes against children a defined sense of which techniques are most effective.

Discussion/Analysis

Despite the challenging nature of working with cases involving crimes against children, only a few studies have examined its impact on professionals' emotional and psychological well-being. To address the absence of this material in the literature, this paper examined the prevalence of compassion fatigue, burnout, and compassion satisfaction among professionals working with cases involving crimes against children. While specifically focusing on mental health and law enforcement professionals, this paper also identified common stressors and self-care practices among these two populations. This paper is novel in the sense that it is one of the first papers to thoroughly investigate empirical studies involving professionals who have direct and indirect exposures to traumatic materials involving children.

By evaluating both mental health and law enforcement professionals, the review process acknowledged the identification of significant findings, implications, and gaps within the literature. Based off of an in-depth investigation into the prevalence of compassion fatigue, burnout, and compassion satisfaction among professionals working with cases involving crimes

against children, along with the identification of methodological implications resulting from ambiguities in the literature, this section will specify several recommendations for investigators of crimes against children, their employers, and for future research.

Although there has been a great deal of clinical research focusing on compassion fatigue, secondary or vicarious traumatization, there is an insufficient amount of empirical research investigating the impact of exposure to traumatic material on professionals working with cases involving crimes against children. The demands of this profession are similar to other high stress positions involving consistent exposure to traumatic information involving children and have the potential to result in increased levels of compassion fatigue and burnout. Exposure to similar high stress situations over time has been found to be associated with burnout (Conrad & Kellar-Guenther, 2006, Morash, Haar, & Kwak, 2006; Perez et al., 2010).

After an examination of the literature on the professional quality of life among individuals working with cases involving crimes against children, several limitations were discovered. Ambiguities in the terms and definitions, along with ambiguities in the burnout, compassion fatigue prevention and self-care literature were found. These ambiguities are important to note since they establish limitations on an exhaustive review of the research. Other issues with the findings such as methodological and content limitations were also discovered.

Ambiguity of Terms and Definitions

Throughout the literature, the term compassion fatigue was rather inconsistent. Some studies had described the symptoms and effects of compassion fatigue, but did not use the same words to characterize the phenomena. For example, in the compassion fatigue literature, while many studies used the term *compassion fatigue*, others used *vicarious traum*a or *secondary traumatic stress*. While each study defined the term, it was difficult to determine the differences

or reasons behind the variety of terms. Figley (2002) notes the use of terms *compassion fatigue* versus *secondary traumatic stress* on the notion that compassion fatigue is considered less stigmatizing. That being said, studies since 2002 have continued to use secondary traumatic stress instead of the suggested term compassion fatigue (Baird & Jenkins, 2003; Brady, 2008; Bride, 2007; Choi, 2011a, b; Meadors et al., 2010; Nelson-Gardell & Harris, 2003; Perez et al., 2010; Perron, & Hiltz, 2006; Salston & Figley, 2003; Shah, Garland, & Katz, 2007; Slattery & Goodman, 2009; Tehrani, 2007). Although these terms are similar in concept, an analysis of the literature determines that a general consensus of the terms have not yet been reached by researchers in the field of traumatology. Suggestions for future research should include adequate reasoning for using one term over the other.

Ambiguity in What Promotes Compassion Fatigue and Burnout

Although past studies have measured levels of compassion fatigue and burnout among mental health and law enforcement professionals, it is not clear as to what exact negative stressors lead an individual to have compassion fatigue and/or experience burnout. Specifically, the literature indicates that there are numerous symptoms of compassion fatigue and burnout, but it is unclear as to whether the conditions are experienced as a result of the profession, worsened by the profession, or are derived from something else completely, such as one's personal life. For example, burnout is a gradual process, whereas compassion fatigue can occur after one incident. If a law enforcement officer is experiencing depression because of personal issues, having exposure to a video of a child experiencing a sexual assault can most likely 'fuel the fire'. When tested for burnout and/or compassion fatigue, this individual may fall high in the compassion fatigue and burnout range. Even though the depressed officer may be experiencing

burnout as a result of work-related issues, this situation indicates the potential for the higher scores stemming from exterior influencers.

Ambiguity in the Self-Care Literature

The frequency and effectiveness of self-care practices in the research on compassion fatigue and burnout prevention for professionals working with cases involving crimes against children has not been evaluated in the literature. Despite its mention regarding the importance of implementing self-care, research on the relationship between burnout and self-care is very scarce. Theoretically, the notion of attending to ones' personal, physiological, and psychological needs on a regular basis should mitigate symptoms of burnout and compassion fatigue (Ericson-Lidman & Strandberg, 2010). Although the literature expresses the notion that self-care can have an effect on mitigating symptoms of compassion fatigue burnout (Coster & Schwebel, 1997; Osofsky, 2011; Pines & Maslach, 1978), ambiguities arise regarding the effectiveness of recommended techniques. Furthermore, addition research is needed on the effectiveness of various methods of self-care in mitigating burnout, along with the frequency of engagement.

Collecting data to further understand the techniques used by these professionals is important to not only contribute the findings to the existing literature but also to distribute and educate others on common strategies. In addition to documenting commonly used self-care tactics, the frequency and effectiveness of the techniques has not been examined. Future research should focus on longitudinal efforts to take already established common practices and measure their effectiveness in relation to mitigating symptoms of compassion fatigue and burnout.

Content Limitations

Although there are increasing amounts of research on the professional quality of life (i.e., compassion fatigue, burnout and compassion satisfaction) among various professions, there are severe insufficiencies in relation to its prevalence among individuals conducting forensic interviews of children and Internet Crimes Against Children Task Force members. To this researcher's knowledge, as of 2012, there were approximately eleven scholarly articles regarding the harmful effects that arise from working cases involving crimes against children that specifically focus on professionals who conduct forensic interviewers of children or ICAC Task Force members (Atkinson-Tovar, 2003; Burns et al., 2008; Francis et al., 2006; Jewkes & Andrews, 2005; Krause 2009; Holt & Blevins, 2011; Holt et al., 2012; Perez et al., 2010; Perron & Hiltz, 2006; Stevenson, 2007; Wolak & Mitchell, 2009.). Of these articles, two specifically focus on professionals conducting forensic interviews (Atkinson-Tovar, 2003; Perron & Hiltz, 2006), while the remaining nine address issues related to Internet crimes against children (Burns et al. 2008; Francis et al., 2006; Jewkes & Andrews, 2005; Krause 2009; Holt & Blevins, 2011; Holt et al., 2012; Perez et al. 2010; Stevenson 2007; Wolak & Mitchell, 2009.

Limitations Regarding Internet Crimes Against Children

In reference to the nine studies focusing on issues related to professionals investigating Internet crimes against children, two are literature reviews (Jewkes & Andrews, 2005; Krause 2009), while the remaining seven (one unpublished) have collected data on various populations of investigators of internet crimes against children (Burns et al. 2008; Francis et al., 2006; Holt & Blevins, 2011; Holt et al., 2012; Perez et al. 2010; Stevenson 2007; Wolak & Mitchell, 2009). Of these articles, there are several limitations that act as a barrier to causal conclusions regarding

the prevalence of compassion fatigue, burnout and compassion satisfaction among Internet Crimes Against Children Task Force members.

The two literature reviews provide an overview of the unique stresses that result from investigations of child exploitation and pornography, the reactions and effects of these stressors, the identification of risk-factors involved, potential encounters, strategies of mitigation, along the difficulties that investigators struggle with when investigating Internet crimes against children (Jewkes & Andrews, 2005; Krause 2009). Despite the somewhat applicable information, Jewkes & Andrews (2005) aggregated their information from non-American based studies, while providing recommendations for investigative practices in foreign countries. Because of the different settings, morals, and legal practices, ecological and external validity issues arise. When considering the seven studies that collected data from professionals working with Internet crimes against children, methodological limitations were eminent.

Despite the research showing evidence of stress and emotional reactions as a result of exposure to traumatic materials involving children, there are very minimal studies examining the prevalence of compassion fatigue among professionals working with cases involving crimes against children. Although burnout is a consistent measurement among these seven studies, only two actually measure levels of compassion fatigue or secondary traumatic stress (Francis et al., 2006; Perez et al., 2010). This finding surmounts the already established recommendation that more research is needed to understand the prevalence of this phenomenon.

Other limitations noted the variety of methods of instrument administration. Of the four studies noting this procedure, three studies administered their measuring instrument via the Internet (Holt & Blevin, 2011; Holt et al., 2012; Wolak & Mitchel, 2009), while one utilized the paper and pencil method (Perez et al., 2010). Numerous debates regarding reliability, validity,

and response rates have occurred over the most effective administration method of survey research. Past research has shown that online surveys that include open-ended questions can generate comparable and sometimes even higher quality responses than paper surveys (Gesell, Drain, Clark, & Sullivan, 2007; Smyth, Dillman, Christian, & Stern, 2006). According to Holland & Christian (2009), people are not only more likely to contribute a response to web-based surveys, the responses that are provided are longer and contain more detailed information compared to paper surveys. Factors contributing to the effectiveness of web-based versus paper surveys include the ability to type responses rather than write them on paper, ability to respond at their own pace, and the advantage of having potentially mitigated distractions when taking a web-based survey (Gesell et al., 2007; Holland & Christian, 2009, Smyth et al., 2006). Because there are ambiguities regarding the most effective methods of surveying, it remains unclear as to whether the difference in administration of instruments contributes to measurement errors. In addition to identifying credible strategies of delivery, techniques to increase response rate should also be explored.

When considering the overall trend of decreasing rates in survey response (Fan & Yan 2010), almost every study involving ICAC task force members and affiliates has a relatively low number of participants. Studies containing small sample sizes limit the generalizability of the findings for the populations of interest (Babbie, 2010). In addition, having a small sample size increases the likelihood of a type I error in lieu of the results establishing a relationship between exposure to traumatic materials involving children and compassion fatigue and burnout (Leong, 2007). Although Holt et al. (2012) conducted a study with 212 participants, the response rate was below average at 17 percent. In addition, the 212 respondents consisted of digital evidence examiners who did not necessarily work with Internet crimes against children (e.g., forensic

accountants and investigators of identity theft). Furthermore, future research should employ larger scale studies with greater numbers of participants in order to enable credibility and confidence in the results.

Future research should consider the use of control groups and longitudinal designs. In reference to the six studies in which data was collected from Internet Crimes Against Children Task Force members, almost every study did not incorporate either a comparison or control group. When considering various demographics such as location (rural versus urban) and sizes of organizations, it is unknown as to their effects on the prevalence of compassion fatigue, burnout, and compassion satisfaction among ICAC task force members. Some organizations in rural communities that employ smaller numbers of investigators do not investigate crimes against children on a regular basis (Burns et al., 2008). Smaller agencies may require an individual to work on other projects, varying their exposure levels to disturbing materials involving children. Future research should consider the use of control groups to determine the prevalence of these phenomena on individuals who have extensive and chronic exposure to these materials, in relation to investigators who has occasional exposures.

Limitations Regarding Forensic Interviewers

As to the knowledge of this researcher, only two studies have empirically examined the effects of traumatic materials involving children on professionals conducting forensic interviews. Forensic interviewers are extremely beneficial when investigating cases involving crimes against children in the sense that they are trained to engage in unbiased conversations with children in hopes of obtaining reliable information for legal purposes. Because of the roles and responsibilities of forensic interviewers, they are exposed to traumatic information stemming from the mouths of innocent children on a regular basis (Perron & Hiltz, 2006). Because of the

dearth of information regarding this specialized field of mental health, future research is imperative.

With the notion that only two studies have examined the effects of vicarious trauma and secondary traumatic stress among forensic interviewers, a simple recommendation insinuating more research is needed is a savage understatement. Adding to the critical need for research among forensic interviewers, the findings from the two studies warrant extreme concern (Atkinson-Tovar, 2003; Perron & Hiltz, 2006). When indicating the generalizability of the findings from each study, the sample sizes alone diminish the credibility of the results. Considering conclusions regarding responses from only four (Atkinson-Tovar, 2003) and 60 (Perron & Hiltz, 2006) forensic interviewers, the findings are not generalizable to this particular population in question. Generalizability is important when it comes to academic research due to the fact that the findings are responsible for representing and establishing credibility for a particular statement (Babbie, 2010). Generalizability allows the results of a study to represent specific information regarding an overall population (Babbie, 2010).

In addition to the lack of generalizability, other methodological limitations are apparent. Atkinson-Tovar (2003) utilized a qualitative method with four forensic interviewers regarding their experiences with the stress that is involved their work with child sexual abuse. Although in-depth interviews were conducted among this population, various validity issues act as an obstacle to the verisimilitude of this study. When considering validity issues, the collected data were coded for common themes by one author only and not cross checked among other researchers. This causes concern for the credibility of the information through interpretive validity issues (Johnson & Onwuegbuzie, 2004). Along with the extraction of common themes, the study also used a “relatively new” (at the time) coding software in which the author described

its difficulties regarding the interpretation of specific terminology (Atkinson-Tovar, 2003, p. 67). The author had also mentioned their previous experience of 20 years as a police officer investigating sexual abuse among children. When considering the reliability of the qualitative, unstructured interviews utilized in this study, previous experience could have an impact on the interpretation and clarifications of the questions asked. Furthermore, there was no mentioning of achieved interview fidelity and, despite what Atkinson-Tovar (2003) state, this particular study has limited external validity as it only incorporates data from one state with larger urban locations and fewer rural/frontier areas than other states.

Utilizing a larger sample than Atkinson-Tovar (2003), Perron and Hiltz (2006) examined burnout and secondary trauma among 60 responding forensic interviewers. In addition to the small sample size which increases the risk of a Type I error (Babbie 2010), the instruments used to measure the prevalence of burnout and secondary trauma were at the time, relatively new (Perron and Hiltz, 2006). Therefore, the utilized instruments could have potentially allowed for measurement errors including reliability and validity. Future research should not only include studies examining this specialized profession, but also implement the use of comparison groups. Through the use of comparison groups, investigators will be able to determine similarities and differences between mental health professionals working with adult victims of trauma compared to forensic interviewers of child victims. Notwithstanding the limitations, these two studies contribute to the literature as empirical stepping stones that further help understand the impact that exposures to traumatic materials involving children have on professionals conducting forensic interviews. Compared to professionals conducting forensic interviews of children, a larger number of studies have been done regarding issues related to individuals who investigate

Internet crimes against children. However, the small number of studies regarding this population still warrants concern regarding identified limitations.

Future studies should utilize longitudinal designs when it comes to investigating the prevalence of compassion fatigue, burnout, compassion satisfaction and self-care practices among professionals working with cases involving crimes against children. Through an analysis of the burnout and self-care literature, there are ambiguous findings in relation to the utilization of self-care methods among helping profession as they cope with the stressful work situations. Numerous studies have investigated the use of these methods, but have ceased to determine their effectiveness. Through the utilization of longitudinal frameworks, future research will be able identify commonly used coping mechanisms and measure their effectiveness on mitigating symptoms of burnout and compassion fatigue. Control groups and longitudinal designs are not only beneficial for studies exploring phenomenon involving law enforcement personnel, but mental health professionals as well.

Recommendations

In addition to the previous propositions for future research, an analysis of the literature on the prevalence of compassion fatigue, burnout, compassion satisfaction, and self-care among professionals working crimes against children has allowed for the creation of several recommendations. Because of the vivid depictions of horrific events experienced by children, the exposure to traumatic information and materials may be a source of stress that is evident from the job requirements of mental health and law enforcement professionals. Despite the content and methodological limitations in each study, it is apparent that the exposure has an effect on an investigator's physiological and psychological well-being. Most participants found aspects of their jobs satisfying, which in turn, can have an effect on mitigating symptoms of

compassion fatigue and burnout. However, in addition to increased compassion satisfaction, other respondents also reported instances of their work negatively impacting their personal and professional lives.

Employers of mental health and law enforcement officials who are in charge of supervising individuals who work with cases involving crimes against children should be aware and cognizant of the notion that exposure to traumatic materials involving children can cause problems for some personnel. These employers should be aware of the harmful effects exposures can cause, and not only be able to recognize, but address issues when they arise. According to Sprang et al. (2007), research involving trauma therapists showed that specialized trainings in trauma exposure significantly increased compassion satisfaction and decreased compassion fatigue and burnout (Sprang, 2007). Furthermore, in order to raise awareness of this issue, education and training should occur.

1. *Continuous education and training regarding the negative effects of exposure to traumatic materials involving children should be provided to all involved personnel.*

The burnout literature has shown that individuals may be experiencing symptoms of burnout without personally being cognizant of the fact (Lederer, 2007). Because of this, among other reasons, education and training are imperative for all supervisors and personnel who work with individuals exposed to child trauma. Past research on specialized populations of Internet crimes against task force members have noted the recommendation to extend trainings and materials to friends and family members of the exposed individual (Krause, 2009; Wolak & Mitchell, 2009). By educating the family members and friends of the struggling individuals, they are allowed the opportunity to be informed of the risks of exposure and can be prepared for the potential reactions that may result from compassion fatigue and burnout. Furthermore, after continuous

implementation of trainings, upper-level management and supervisors should address issues in relation to the negative reactions of exposure to traumatic materials involving children. Supervisors should encourage regular conversations and check-ins among investigating individuals in order to reduce reactive instances such as isolation.

Continuous education and trainings should focus on effective interventions of implementation regarding primary prevention, recognition of potential risk factors/outcomes, and the importance of incorporating ongoing self-care strategies. Education and training should begin with raising awareness of the negative effects that emerge from exposure to traumatic materials involving children. The information provided in the trainings should be presented in a fashion that normalizes the idea that the stress that results from exposure to traumatic materials is a common reaction among human beings. Both mental health and law enforcement professionals should examine their current states of mind and acknowledge the possibility that they could be suffering from symptoms of compassion fatigue.

It is imperative for law enforcement and mental health educators and administrators to collaborate and research effective practices that can engage organizations in the design, development, and implementation of learning programs and training activities within an agency. Findings suggest the need for managers to create organizational conditions to fulfill employees' physiological and psychological needs, while offering opportunities to process the negative impacts of daily job stressors (DePanfilis, 2006). According to recommendations from the Innocent Justice Foundation (2011), supervisors of Internet Crimes Against Children Task Force members should encourage innovative ideas such as no child pornography one hour before the individuals leave work. Other suggestions centered on organizational policies and

practices that involve frequent trainings and the availability of effective employee assistance programs.

After a Compassion Satisfaction and Fatigue Test (Figley & Stamm, 1996) was administered showing increased levels of compassion fatigue and burnout among child exploitation analysts, Francis et al. (2006) utilized an experimental design to implement a prevention program titled *The Safeguard Program* at the National Center for Missing and Exploited Children.

This prevention program initiates the creation and sustainment of an ongoing support system to help analysts cope with the emotional reactions that steam from exposure to child victims and perpetrations of crimes against children (Francis et al., 2006). Along with the incorporation of current theories, empirical methods, and current findings on self-care methods, *The Safeguard Program* allows for the collection of information from each analyst regarding emotional reactions, responses to exposure, and individual experiences in order to develop a series of training programs for the agency. Because the bulk of the information is volunteered by staff members, the training focuses on real issues that are affecting analysts within the organization. Trainings and presentations can allow for the dissemination and education of the effects of compassion fatigue and burnout, while raising awareness to the importance utilizing self-care techniques (Francis et al., 2006).

After an analysis of the literature, trainings for professionals working with Internet crimes against children should include information on the positive aspects of their position, the awareness and importance of compassion satisfaction, and the utilization of positive coping strategies that can strengthen protective barriers and mitigate compassion fatigue and burnout (Baker, 2002; Burns et al., 2008; Eastwood & Ecklund, 2008; Figley, 1995a, b, 2002; Fuller,

2006; Killian, 2008; Maltzman, 2011). Trainings should include lectures on the importance of self-care while specifically focusing on establishing, maintaining, and sustaining strong social support networks among co-workers, family, and friends, engaging in distractive hobbies that help separate professional from personal lives, and implementing regular physical activity and exercise (Burns et al. 2008; Francis et al., 2006; Holt & Blevins, 2011; Holt et al., 2012; Perez et al. 2010; Stevenson 2007; Wolak & Mitchell, 2009).

Trainings for mental health professionals working with cases involving crimes against children should include information on the positive aspects of their position, the awareness and importance of compassion satisfaction, and the regular implementation of self-care practices. Trainings on self-care should include lectures on the importance of self-care while specifically focusing on establishing, maintaining, and sustaining strong social support networks among co-workers, family, and friends, engaging in personal therapy, spirituality, and maintaining a balance between personal and professional lives. In addition, trainings for both law enforcement and mental health professionals should provide information regarding available national and local resources for law enforcement and mental health professionals working with cases involving crimes against children.

2. *Individuals who work with cases involving crimes against children should continuously implement positive self-care strategies in order to maintain a healthy physiological and psychological state of mind.*

Individuals who work in the helping professions may have attended numerous presentations and trainings on self-care practices that focus on helping individuals cope and deal with stress. Even though there is the potential that individuals absorb some of this information, understanding the importance of these practices simply does not do much for a person unless

they know how to effectively implement self-care. Pope and Vasquez (2005) discuss the importance of helping professionals choosing self-care practices that will best suit them in their personal lives. For professionals who choose to use personal therapy, importance should be placed on a mental health professional who has experience and a clear understanding of the specific issues faced by individuals working in this area (The Innocent Justice Foundation, 2011). Along with opportunities for educational trainings, employees should be allotted flexibility with cases when it comes to investigating crimes against children.

3. *Professionals working with cases involving crimes against children should be allotted flexibility when it comes to investigating cases and allowed the opportunity to turn down assignments.*

Although it may be difficult at times, law enforcement and mental health professionals should never be forced into a position in which they do not feel comfortable. Working with cases involving crimes against children should be a choice among investigators and never a required assignment. In a study of 511 civilian and sworn individuals working with Internet crimes against children, 19 percent of responding agencies assigned unwilling individuals to work cases involving occasional exposure to child pornography (Wolak & Mitchell, 2009).

Allowing professionals working with cases involving crimes against children adequate flexibility is important for mitigating symptoms of compassion fatigue and burnout (The Innocent Justice Foundation, 2011). Forensic interviewers and ICAC Task Force members should take frequent breaks when exposing their selves to traumatic materials. Whenever possible, professionals should not expose themselves to traumatic material involving children for more than four hours at a time (The Innocent Justice Foundation, 2011). According to the Innocent Justice Foundation (2011), upper level management and veterans should implement

introductory programs for individuals beginning assignments that require exposure to traumatic materials involving children. By having veteran co-workers help newer employees gradually encounter the traumatic aspects of the position, the experienced investigators will be able to support the individual by processing feelings and emotions while answering any and all questions.

4. *Employers should consider and acknowledge the frustrations that may result from conducting investigations with limited resources.*

For Internet crimes against children task force members, hindrances and job stress resulted from inadequate access to sufficient technological resources (Holt & Blevins, 2011). According to Wolak & Mitchell (2009), dissatisfaction resulted from below par technical and training resources that were rooted from issues with administration and their lack of understanding and priority of investigations of child exploitation. Funding issues can act as a barrier for agencies to access advanced technological tools that are available to investigate cases of child exploitation (Holt & Blevins, 2011). Although there is no easy solution to address lack of funding, other options may be available through education and awareness. By educating supervisors, administrators, and individuals in charge of fund distribution on the effects exposure to traumatic materials involving children can have on individuals, it may instill a potential impact on future decisions and allocations. Possible additions to consider for this endeavor involve gaining support from the community on the importance of efficiently and effectively investigating crimes against children. This not only adds credibility to the need for more funding, but also builds capacity amongst the public while fostering professional relationships and positive perceptions with the community.

5. *Future research should be conducted on various gaps within the literature in order to create evidence-based policies and procedures.*

In addition to raising awareness, it is important to educate individuals that are exposed to traumatic materials, along with the personnel who work with them. In order to increase knowledge among this phenomenon and allow flexibility among the work environment, supplementary research should be done to create evidence-based policies and procedures. Through the use of large sample sizes, longitudinal designs and control groups, future research should narrow down specific aspects of working with traumatic materials involving children that induce negative reactions. Other studies should also examine 1) personal and work-related factors that increase an individual's risk for developing compassion fatigue and burnout; 2) effective self-care and coping mechanisms to decrease symptoms; and 3) establish evidence-based policies and procedures that increase resiliency and help maintain the sustainability of professionals working with cases involving crimes against children.

Summary

As concerns with crimes against children continue to increase, the need for highly trained officials to investigate these heinous crimes will be pertinent. With the lack of empirical research concerning effective coping mechanisms and organizational policies to assist professionals working with cases involving crimes against children, it is surprising there has not been a drastic turnover rate within this field. The information provided in this paper can be used for training purposes to help individuals and organizations identify risk factors associated with compassion fatigue and burnout and implement effective support strategies that can enhance staff retention and increase levels of compassion satisfaction.

In order to reduce the negative psychological and physiological aspects, along with increase the retention of workers, there is a critical need for organizations to identify and develop evidence-based policies and procedures that provide support to professionals working with cases involving crimes against children. To accomplish this, further research is needed to explore self-care practices that are currently being utilized by forensic interviewers and Internet crimes against children task force members.

Past research has found that psychological impairment can have an effect on job performances among direct service law enforcement and mental health professionals at some point in their careers (Coster & Schwebel, 1997; Guy, Poelstra & Clark, 1989). By enduring a consistent amount of work-related stress, professionals put themselves at-risk for developing decreased levels of productivity, due to the negative impact on an individual's attention and concentration (Skosnik, Chatterton, & Swisher, 2000). This line of work is not for everyone as it requires a significant willingness to be exposed to traumatic materials involving children. Because of this, individuals are placed in a vulnerable position in which they are susceptible to negative physiological and psychological distress. Individuals working with cases involving crimes against children should be educated on the effects of compassion fatigue, burnout and compassion satisfaction. In addition, professionals working in this field should incorporate a consistent regime of enjoyable and personally effective self-care practices.

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