

Surviving the Trenches: The Personal Impact of the Job on Probation Officers

Kirsten R. Lewis · Ladonna S. Lewis ·
Tina M. Garby

Received: 12 January 2012 / Accepted: 31 March 2012 /
Published online: 21 April 2012
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Abstract The purpose of this study was to assess traumatic stress and burnout in probation officers who work with criminal offenders. Adult probation officers from five departments in three states (Arizona, California, and Texas) participated in this study ($N=309$). Officers completed several survey instruments including the Impact of Events Scale-Revised (Weiss & Marmar, 1997), the Compassion Satisfaction/Fatigue Self-Test for Helpers (Steed & Bicknell, 2001), and the Probation Personal Impact Scale (PPI). The results indicated officers who reported violent and sexual recidivism on their caseloads, offender suicide, and threats and/or assaults in the line of duty scored significantly higher on measures of traumatic stress and burnout than officers who did not experience these caseload events. Assessments, education, training, and stress management programs are discussed as options to mitigate negative impacts, enhance the resiliency of officers, and improve the quality of evidence-based practices.

Keywords Adult probation · Resiliency · Stress management

Probation officers comprise a large and important part of the criminal justice system. According to the Bureau of Justice Statistics, at the end of 2010 over 4.1 million adults in the United States were under probation supervision (Bureau of Justice Statistics, 2011). In the past decade there has been a growing trend within the field of probation towards evidence-based practices (EBP), principles empirically

K. R. Lewis (✉)
Maricopa County Adult Probation Department, 620 W. Jackson St. 2nd floor, Phoenix, AZ 85003,
USA
e-mail: kirsten.lewis@cox.net

L. S. Lewis
Glendale Community College, Glendale, AZ, USA
e-mail: ladonna.lewis@gcmail.maricopa.edu

T. M. Garby
Psychological and Consulting Services, Scottsdale, AZ, USA
e-mail: tmgarby@cox.net

grounded in research which have demonstrated positive results by “increasing public safety and reducing recidivism” (Walters, Clark, Gingerich, & Meltzer, 2007, p. vii.). The use of EBP has dramatically shifted the role of a probation officer from monitoring offender compliance with court orders to an active agent in the behavioral change process (Taxman, 1999). While implementing EBP, probation officers conduct risk assessments, collaborate with offenders to create problem-oriented case plans addressing criminogenic needs, match offenders to appropriate services, model pro-social behavior, and use enhanced communication and motivational techniques to promote cognitive restructuring and behavioral change (Taxman, 1999; Taxman, Shepardson, & Byrne, 2004; Walters et al., 2007). Never before has a greater emphasis been placed on the probation officer’s ability to engage and connect with offenders. In fact, the interactions and style of communication between officer and offender are considered “perhaps the most powerful ingredients in positive offender outcome” (Taxman et al., 2004, p. 40).

While compassion and empathy are believed to be necessary components for building rapport and working with offenders, there are limits to the professionals’ capacity and endurance before they too become impaired (Figley, 1995; Herman, 1992; Lipsky & Burk, 2009; McCann & Pearlman, 1990). From their initial involvement with a case during the pre-sentence investigation stage, probation officers are exposed to varying aspects of trauma as they read police reports, interview victims, and assess offenders’ criminal and social histories. After sentencing, field officers regularly meet with offenders and conduct home visits where they often bear witness to dysfunctional lives. In order to be most effective, probation officers also establish and develop relationships with the spouse, children, friends and collateral individuals involved in the offender’s life. This practice exposes the officers to the global impact of the offenders’ choices when they return to drug use, abscond, are incarcerated, or re-victimize the family or community.

In the past two decades, research has consistently demonstrated that professionals who work in human service occupations are impacted by the traumatic experiences of those they serve (Figley, 2002; Lipsky & Burk, 2009; Pearlman & Mac Ian, 1995). However, to date, very little research has been conducted regarding the personal and professional impact of trauma exposure on probation officers, which has subsequently increased with the use of EBP. While EBP are showing positive results through a recent national increase in probation success rates (Bureau of Justice Statistics, 2010), there is a departmental duty to safeguard and maintain the well-being of its officers (Klein & Alexander, 2011; Teharni, 2011). Therefore, it is essential to not only evaluate the impact that trauma has on the personal well-being of officers but to determine the residual effect it may have on their ability to effectively implement the very practices that have had such an integral role in increasing national probation success rates.

Literature Review

Probation Officer Burnout

One of the first researchers to examine occupational burnout in probation and parole officers was Whitehead (1985). He compared the officers with a group of general

human service workers and found that the officers reported higher levels and frequencies of burnout, which included emotional exhaustion, depersonalization, and low job satisfaction. In addition, Whitehead discovered a curvilinear relationship between seniority and burnout. The officers who had between one and five years on duty reported the highest scores, while officers with less than six months on the job, as well as the most experienced officers, reported the lowest levels of burnout. In contrast, Thomas (1988) reported a linear relationship between seniority and burnout in a sample of federal probation officers, pretrial officers, and supervisors, but did not note a slight curvilinear relationship when analyzing burnout and the age of probation employees.

Workplace Stress

Over the past two decades, numerous studies have investigated varying aspects of workplace stress for probation officers. Thomas (1988) conducted a study examining stress perception among federal probation officers. The most frequently reported stressors included unnecessary paperwork, not enough time to do what was needed, uncertainty about retirement benefits, low mileage reimbursement, family responsibilities, and financial worries. Additional stressors were cited as political pressure at work, making dispositional recommendations, hazardous duty, and lack of union organization. Similar findings were reported by Simmons, Cochran, and Blount (1997) who investigated the effects of job-related stress and job satisfaction on probation officers' inclination to quit. Approximately one half of the probation officers in the Simmons et al. study indicated that they would quit their job as soon as they could find better employment. The major sources of job dissatisfaction and job-related stress reported by officers in this study were infrequent pay raises and promotions, salary not commensurate with the required work, lack of support from management, and a high volume of paperwork. Results of a study conducted by Finn and Kuck (2003) cited high caseloads, excessive paperwork, and meeting deadlines as the top three stressors reported by probation and parole officers. White, Gasperin, Nystrom, Ambrose, and Esarey (2005) conducted interviews with officers who reported major job stressors as role ambiguity (law enforcement versus social worker), role conflict (punishment versus rehabilitation), role overload (system demands versus needs of offender), challenges to personal and professional integrity, and difficulties managing personal and professional boundaries. The compilation of these studies consistently indicates that the job stressors and dissatisfaction perceived by the probation officers were largely internal to the organization and not inherent in the actual supervision of offenders.

Traumatic Workplace Stress

Although the vast majority of studies have focused on varying conceptual forms of organizational stressors, probation work encompasses two forms of occupational stress—systemic workplace stress and traumatic workplace stress (Fisher, 2001). Fisher (2001) defined systemic stress as the various types of organizational factors previously illustrated in the review of workplace stress. Less studied and recognized are the impacts of traumatic workplace stress and the effects of long-term,

cumulative traumatic exposure (Fisher, 2001; Steed & Bicknell, 2001; Teharni, 2011).

Primary traumatic stress involves an individual suffering first hand an extreme or life-threatening event. Types of traumatic stress responses include hyper-vigilance (extreme safety concerns), social or emotional isolation, escape/avoidant behaviors (numbing), intense feelings of anger or depression, and disruptions to an individual's sense of trust, worldview, and personal relationships (McCann & Pearlman, 1990). To date, there are no national statistics regarding the victimization of probation officers, largely due to the lack of uniform practices among agencies and inconsistent reporting of critical incidents (Lindner & Bonn, 1996).

Secondary traumatic stress, also termed as compassion fatigue, occurs when professionals experience trauma symptoms themselves due to their exposure to someone else's pain and suffering (Figley, 2002). Vicarious trauma is a related concept that describes the changes in a professional's beliefs about humanity, safety, and relationships as a result of empathetic engagement with others who have experienced traumatic events (Levin, 2008; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995). Constant exposure to graphic accounts of victimization and human rapacity can challenge one's basic faith, increase cynicism about the motives of others, and contribute to a pessimistic attitude about the overall human condition (Herman, 1992). Common responses to chronic trauma exposure in helping professionals are hyper-vigilance, diminished creativity, difficulty embracing complexity, minimization/ desensitization, chronic exhaustion, an inability to listen to and/or a deliberate avoidance of traumatic content, dissociative moments, and a reduced capacity to empathize with others as a result of being overwhelmed with incoming stimuli (Herman, 1992; Lipsky & Burk, 2009; McCann & Pearlman, 1990).

Although no studies to date have specifically examined the impact of secondary traumatic exposure on probation personnel, there are a handful of studies which examined the phenomenon with related criminal justice professionals. Follette, Polusny, and Milbeck (1994) discovered that in shared criminal cases, the law enforcement officers involved reported significantly higher levels of trauma symptoms, general psychological distress, and symptoms of post-traumatic stress disorder (PTSD) than did the mental health professionals who provided services to the victims. In a study examining judges, Jaffe, Crooks, Dunford-Jackson, and Town (2003) found that 63 % of judges reported experiencing one or more symptoms of vicarious trauma. Female judges reported a greater incidence of internalized trauma symptoms such as sleeplessness, eating disturbances, anxiety, depression, and hyper-vigilance. Judges with seven or more years on the bench reported higher external symptoms of vicarious trauma such as anger or hostility. Levin (2008) examined burnout and secondary traumatic stress among criminal attorneys and found varying degrees of psychological distress. The attorneys were consistently higher on both secondary trauma and burnout scales when compared to mental health professionals and social service workers.

Purpose of Current Study

Previous studies investigating adult probation officer stress have focused on systemic stress factors that were internal to the organizations. We were interested in expanding the

research by measuring traumatic stress responses as a consequence of negative caseload events on probation officers. We hypothesized that officers who experienced challenging events such as violent recidivism or suicides on their caseloads would score higher on measures of traumatic stress and burnout compared to officers who did not. In addition, we hypothesized that officers who were victimized (i.e. assaulted, threatened, stalked, or intimidated) would also report higher scores on measures of traumatic stress and burnout compared to officers who had not been victimized. Finally, we were interested in evaluating the cumulative impact of working with criminal offenders and hypothesized symptoms of traumatic stress and burnout would increase with professional longevity.

Method

Participants

Participants consisted of 309 volunteers from five probation departments in Arizona, California, and Texas. There were 159 women, 127 men, and 23 who did not indicate their gender. See Table 1 for the caseload assignments of the officers who participated in the study. The participants included probation officers, supervisors, and administrators from three large urban departments (cities exceeding populations of 1,000,000), as well as probation personnel from two smaller rural departments (cities with populations of less than 250,000). We did not ask participants identifying demographic information such as race or ethnicity in order to insure anonymity. Given our research protocol involved in-person data collection by one of the three members of the research team, probation departments were initially selected based on diverse locations where research team members could conveniently travel (i.e. coinciding with scheduled travel plans or out-of-state conferences). We contacted 13 probation departments throughout the country and sent them our research proposal for review. Of those 13 departments, five probation agencies agreed to participate in the study.

Materials and Procedure

All participating departments reviewed the research protocol and approved its use prior to their participation. In addition, Institutional Review Board

Table 1 Number and percent of participants in each caseload assignment

Caseload	<i>N</i>	Percent of total
Standard field	89	28.8 %
Sex offenders	56	18.1 %
Supervisors/management	45	14.6 %
Intensive probation/high risk	44	14.3 %
Seriously mentally ill	24	7.8 %
Domestic violence	21	6.8 %
Pre-sentence investigation	13	4.2 %
Substance abuse	10	3.2 %
Court programs	6	1.9 %

(IRB) approval was obtained from the Maricopa County Community College District.

The participants were gathered in large groups, such as unit meetings and/or department-wide meetings. One of the members of our research team attended each meeting in person to explain the purpose of the study. Consent forms and surveys were completed by participants and immediately returned to the researcher on site to avoid any perception of agency involvement. Over 90 % of the dispersed surveys were completed and returned to researchers at each location. Although this form of data collection was time-consuming and costly, it accomplished internal consistency and eliminated the response bias that plagues many survey studies. The survey instruments consisted of the following:

The Probation Personal Impact Scale (PPI)

The PPI is a modified version of the Risk Assessment Management Staff Survey developed by the Colorado Department of Public Safety (see [Appendix A](#) for a description of the fourteen subscales). The original was developed to assess job impact for therapists who treat sex offenders. We adapted and extended the PPI into a 91-item survey to specifically target traumatic stress reactions in probation employees. Because this scale was modified, we conducted an analysis of the internal consistency. Our results indicated that the PPI has an overall Cronbach's alpha of $\alpha=.93$. The Chronbach's alpha values for each of the subscales and a brief description can be found in [Appendix A](#).

Impact of Events Scale-Revised

This 22-item scale was designed to measure avoidant and intrusive symptoms of PTSD (Weiss & Marmar, 1997). We selected this scale to evaluate construct validity of the newly developed PPI scale and because it has been used in previous research to assess trauma survivors and the effects of secondary traumatic stress on treating professionals (Pearlman & Mac Ian, 1995). All subscales of the PPI were significantly correlated with the Impact of Events Scale-Revised indicating concurrent validity. Because of this overlap and in an effort to reduce the overall length of the study survey, the Impact of Events scale was removed from the survey instrument after the first 169 participants.

Compassion Satisfaction/Fatigue Self-Test for Helpers

This is a 66-item scale used to assess compassion satisfaction (the gratification an individual has from demonstrating compassion), compassion fatigue, and burnout. We selected this scale to evaluate construct validity of the newly developed PPI scale and because it has been used in previous research to assess secondary traumatic stress on treating professionals (Bride, Radey, & Figley, 2007). The following reliability scores were reported by Steed and Bicknell (2001), $\alpha=.87$ for the compassion fatigue subscale, $\alpha=.78$ for the burnout subscale, and $\alpha=.91$ for the compassion satisfaction subscale. The wording of this scale was slightly modified so that it would be appropriate to use with probation officers (e.g. the item "I am frightened of things a

person I helped has said or done to me” was changed to “I am frightened of things an offender has said or done to me”). With these modifications, the reliability scores for these scales were $\alpha=.88$ for the compassion fatigue subscale, $\alpha=.85$ for the burnout subscale, and $\alpha=.89$ for the compassion satisfaction subscale. All subscales of the PPI were significantly correlated with the subscales of the Compassion Satisfaction/Fatigue Self-Test of Helpers indicating concurrent validity with the Compassion Satisfaction/Fatigue scale.

Marlowe-Crowne, Short Form-C, Social Desirability Scale

The Marlowe-Crowne is a 13-item scale that has the following reliability score reported by Reynolds (1982), $r_{(KR-20)}=.76$. This scale assesses the participant’s need to respond in a socially desirable manner and was used in previous research with helping professionals in order to assess the extent to which participant’s responses may have been influenced by concerns about the approval of others (Pearlman & Mac Ian, 1995). We added this scale after preliminary data from the first 169 participants was analyzed and the mean scores on all of the survey instruments were much lower than anticipated.

External Events on the Caseload

We were interested in officer victimization and caseload events that might contribute to negative impacts for adult probation officers; therefore, we comprised a list for participants to check if they had ever been victimized in the line of duty. The caseload events were measured by asking participants to check if they had any of the following occur while under their supervision: offender suicide, violent re-offense resulting in death to a victim, violent re-offense using a weapon, violent re-offense resulting in victim hospitalization, crimes involving child victims and sexual recidivism.

Results

An examination of the data consisted of multivariate analyses, regression analyses, and t-tests evaluating differences in perceived impact measured by the survey instruments between participants who reported specified caseload events and victimization compared to those who did not report those events. In addition, relationships between longevity and time on duty/time in current assignment were measured utilizing Pearson correlations, and ANOVA analysis. All of the results reported in this section were statistically significant at the .05 or the .01 level.

Internal Factors

Social Desirability The mean score for probation participants on the short form of the Marlowe-Crowne Social Desirability (SD) Scale (Reynolds, 1982) was $M=7.11$, $SD=2.98$. The mean score for the normative sample in Reynolds was $M=5.67$, $SD=3.2$, $N=608$. The results of a one sample t-test using the Reynolds mean to estimate the population mean yielded a statistically significant result ($t(132)=5.586$,

$p < .01$), indicating significant differences between probation officers and the normative mean. This suggests probation participants were more likely than the normative sample to present themselves in a socially desirable manner.

Time on Duty The average length of time participants reported working in the field of probation was 9.7 years. A Pearson correlation detected a significant positive linear relationship between time in the field of probation and scores on nine PPI subscales (see Table 2).

Time in Assignment Participants were in their current assignments for an average of 3.51 years. A Pearson correlation detected a significant positive linear relationship between time in assignment and scores on the family issues ($r_{(251)} = .228, p = .01$), escape/avoidance behaviors ($r_{(302)} = .171, p = .003$), and identification with offenders ($r_{(300)} = .181, p = .002$) of the PPI.

Because the Pearson correlation is a measure that can mask curvilinear relationships, an ANOVA analysis was performed with time in the field of probation broken into three-year categories (0–3 years, 3–6 years, etc.), in order to replicate the analysis used in a previous study (Whitehead, 1985). A curvilinear relationship between time on duty and scores on four PPI subscales was discovered, with participants between 9 and 12 years on duty scoring significantly higher than other groups (see Fig. 1).

External Factors

Violent Recidivism Involving a Child Thirty-two percent of the participants reported having an offender on their caseload commit a violent re-offense involving a child victim ($N = 97$). Regression analyses indicated that reporting violent recidivism involving a child victim significantly predicted scores on the social/emotional isolation subscale ($b = .25, t(300) = 2.39, p = .02$) and the identification with the offender

Table 2 Correlations between length of time on duty and subscales of the PPI

PPI subscale	Pearson r	Sig.
Safety concerns	$r(249) = .181^{**}$	$p = .004$
Family problems	$r(249) = .264^{**}$	$P = .001$
Anger	$r(289) = .141^*$	$p = .016$
Distorted world-view	$r(257) = .144^*$	$p = .021$
Mistrust	$r(298) = .153^{**}$	$p = .008$
Sex issues	$r(273) = .095$	$p = .116$
Over responsibility	$r(299) = .063$	$p = .280$
Escape/avoidance behaviors	$r(300) = .146^*$	$p = .012$
Identification with offender	$r(300) = .243^{**}$	$p = .004$
Social/emotional isolation	$r(281) = .158^{**}$	$p = .008$
Trauma symptoms	$r(263) = .113$	$p = .067$
Depression symptoms	$r(301) = .120^*$	$p = .037$
Physical symptoms	$r(300) = .070$	$p = .227$

* denotes significance at the .05 level, ** denotes significance at the .01 level

subscale ($b=.15$, $t(300)=2.02$, $p=.04$) of the PPI. An independent samples t-test indicated that these participants scored significantly higher on the compassion fatigue risk and burnout scales, and seven PPI subscales (see Table 3).

Violent Recidivism Resulting in Death to a Victim Twelve percent of participants ($N=36$) reported supervising an offender who committed a violent re-offense that resulted in the death of another person. Regression analyses indicated that violent recidivism resulting in death to a victim significantly predicted scores on the sexual issues subscale of the PPI ($b=.25$, $t(300)=2.39$, $p=.02$) and scores on the safety concerns subscale of the PPI ($b=.30$, $t(300)=2.11$, $p=.04$). An independent samples t-test indicated that these participants scored significantly higher on the Compassion Fatigue Risk scale and three PPI subscales (see Table 3).

Sexual Recidivism Twenty-three percent of the participants reported having a sexual re-offense occur on their caseload ($N=71$). A regression analysis indicated that sexual recidivism by an offender significantly predicted scores on the trust issues subscale of the PPI ($b=-.24$, $t(300)=-2.20$, $p=.03$). Participants reporting sexual recidivism scored significantly higher on the compassion fatigue risk and burnout scales, significantly lower on the compassion satisfaction scale, and significantly higher on nine PPI subscales (see Table 3).

Threat or Assault in the Line of Duty Forty-one percent of participants ($N=127$) reported being personally threatened by an offender or the offender threatening to harm the participant's family. Regression analyses indicated that receiving threats by an offender significantly predicted scores on the sexual issues subscale ($b=-.13$, t

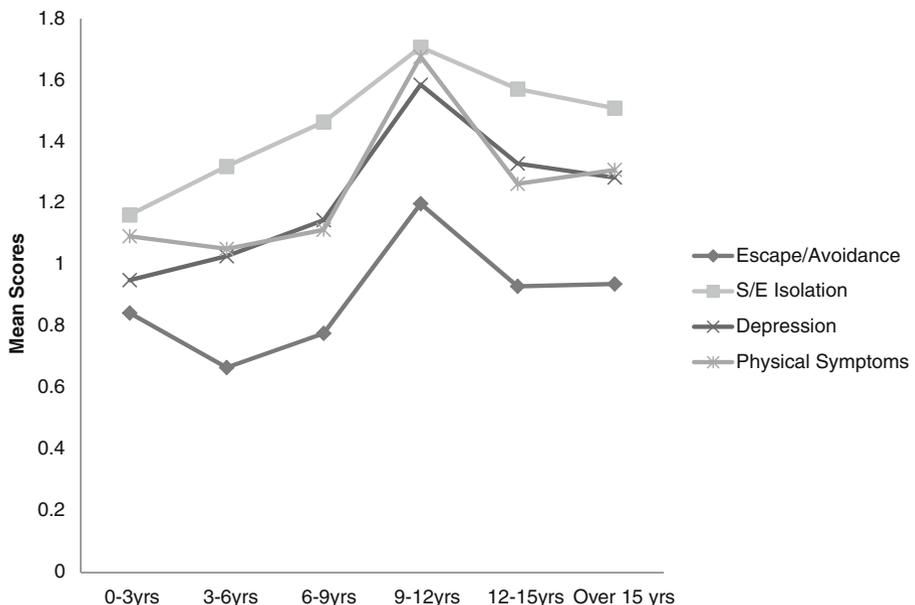


Fig. 1 Mean scores for each PI scales (listed in legend) where significant differences were found based on seniority (time in the field of probation). Seniority is broken into time intervals similar to Whitehead (1985)

Table 3 *t*-test results comparing participants who reported the specified caseload event to those that did not report the event

Subscale	External factor						
	Violent recidivism of child	Recidivism resulting in death	Sexual recidivism	Threatened	Threatened to be killed	Assaulted	Suicide of offender
Compassion fatigue risk	<i>t</i> (295)=2.51, <i>p</i> =.012* <i>d</i> =.29	<i>t</i> (296)=2.37, <i>p</i> =.018* <i>d</i> =.28	<i>t</i> (287)=2.59, <i>p</i> =.010* <i>d</i> =.36	<i>t</i> (285)=2.82, <i>p</i> =.0055** <i>d</i> =.33	<i>t</i> (296)=2.80, <i>p</i> =.005** <i>d</i> =.33	<i>t</i> (296)=3.25, <i>p</i> =.001** <i>d</i> =.38	<i>t</i> (291)=3.49, <i>p</i> =.001** <i>d</i> =.41
Burnout	<i>t</i> (296)=2.42, <i>p</i> =.016* <i>d</i> =.28	<i>t</i> (297)=1.59, <i>p</i> =.112 (<i>ns.</i>)	<i>t</i> (289)=3.32, <i>p</i> =.001** <i>d</i> =.46	<i>t</i> (286)=2.87, <i>p</i> =.004** <i>d</i> =.34	<i>t</i> (297)=2.78, <i>p</i> =.006** <i>d</i> =.32	<i>t</i> (297)=2.09, <i>p</i> =.038* <i>d</i> =.24	<i>t</i> (293)=2.00, <i>p</i> =.046* <i>d</i> =.23
Compassion satisfaction	<i>t</i> (287)=-0.40, <i>p</i> =.687 (<i>ns.</i>)	<i>t</i> (288)=-1.51, <i>p</i> =.133 (<i>ns.</i>)	<i>t</i> (281)=-2.55, <i>p</i> =.011* <i>d</i> =.36	<i>t</i> (278)=-1.00, <i>p</i> =.318 (<i>ns.</i>)	<i>t</i> (288)=-0.13, <i>p</i> =.900 (<i>ns.</i>)	<i>t</i> (288)=1.07, <i>p</i> =.287 (<i>ns.</i>)	<i>t</i> (285)=0.79, <i>p</i> =.428 (<i>ns.</i>)
Safety concerns	<i>t</i> (248)=2.60, <i>p</i> =.010** <i>d</i> =.30	<i>t</i> (249)=3.51, <i>p</i> =.001** <i>d</i> =.45	<i>t</i> (241)=-2.60, <i>p</i> =.01** <i>d</i> =.33	<i>t</i> (240)=2.84, <i>p</i> =.0055** <i>d</i> =.37	<i>t</i> (249)=2.70, <i>p</i> =.007** <i>d</i> =.34	<i>t</i> (249)=3.08, <i>p</i> =.002** <i>d</i> =.39	<i>t</i> (245)=2.20, <i>p</i> =.029** <i>d</i> =.28
Mistrust	<i>t</i> (297)=2.41, <i>p</i> =.016* <i>d</i> =.28	<i>t</i> (298)=2.10, <i>p</i> =.036* <i>d</i> =.24	<i>t</i> (289)=2.90, <i>p</i> =.004** <i>d</i> =.34	<i>t</i> (298)=2.15, <i>p</i> =.032* <i>d</i> =.25	<i>t</i> (289)=1.97, <i>p</i> =.050* <i>d</i> =.23	<i>t</i> (298)=3.09, <i>p</i> =.002** <i>d</i> =.36	<i>t</i> (294)=1.37, <i>p</i> =.172 (<i>ns.</i>)
Sexual issues	<i>t</i> (272)=1.57, <i>p</i> =.117 (<i>ns.</i>)	<i>t</i> (273)=2.89, <i>p</i> =.004** <i>d</i> =.35	<i>t</i> (264)=1.99, <i>p</i> =.047* <i>d</i> =.25	<i>t</i> (262)=2.63, <i>p</i> =.009** <i>d</i> =.33	<i>t</i> (273)=2.22, <i>p</i> =.027* <i>d</i> =.27	<i>t</i> (273)=3.98, <i>p</i> <.001** <i>d</i> =.48	<i>t</i> (269)=1.99, <i>p</i> =.047* <i>d</i> =.24
Family problems	<i>t</i> (248)=2.59, <i>p</i> =.010** <i>d</i> =.33	<i>t</i> (249)=1.45, <i>p</i> =.150 (<i>ns.</i>)	<i>t</i> (240)=1.19, <i>p</i> =.237 (<i>ns.</i>)	<i>t</i> (241)=2.98, <i>p</i> =.003** <i>d</i> =.38	<i>t</i> (249)=3.57, <i>p</i> <.001** <i>d</i> =.45	<i>t</i> (241)=2.97, <i>p</i> =.003** <i>d</i> =.38	<i>t</i> (245)=2.50, <i>p</i> =.013* <i>d</i> =.32
Anger	<i>t</i> (288)=2.72, <i>p</i> =.007** <i>d</i> =.32	<i>t</i> (289)=1.927, <i>p</i> =.055 (<i>ns.</i>)	<i>t</i> (280)=2.84, <i>p</i> =.0055** <i>d</i> =.34	<i>t</i> (279)=2.73, <i>p</i> =.007** <i>d</i> =.33	<i>t</i> (289)=2.48, <i>p</i> =.014* <i>d</i> =.29	<i>t</i> (289)=1.76, <i>p</i> =.079 (<i>ns.</i>)	<i>t</i> (285)=2.50, <i>p</i> =.013* <i>d</i> =.30
Distorted worldview	<i>t</i> (256)=2.56, <i>p</i> =.011* <i>d</i> =.32	<i>t</i> (257)=1.68, <i>p</i> =.093 (<i>ns.</i>)	<i>t</i> (246)=2.27, <i>p</i> =.024* <i>d</i> =.29	<i>t</i> (257)=3.15, <i>p</i> =.002** <i>d</i> =.39	<i>t</i> (257)=3.12, <i>p</i> =.002** <i>d</i> =.39	<i>t</i> (257)=1.94, <i>p</i> =.054 (<i>ns.</i>)	<i>t</i> (253)=2.55, <i>p</i> =.011* <i>d</i> =.32
Social/emotional isolation	<i>t</i> (280)=3.11, <i>p</i> =.002** <i>d</i> =.37	<i>t</i> (281)=0.86, <i>p</i> =.392 (<i>ns.</i>)	<i>t</i> (272)=2.69, <i>p</i> =.008** <i>d</i> =.33	<i>t</i> (272)=1.75, <i>p</i> =.081 (<i>ns.</i>)	<i>t</i> (281)=2.09, <i>p</i> =.037* <i>d</i> =.25	<i>t</i> (299)=2.31, <i>p</i> =.022* <i>d</i> =.27	<i>t</i> (277)=3.71, <i>p</i> <.001** <i>d</i> =.45
Depression	<i>t</i> (300)=2.22, <i>p</i> =.027* <i>d</i> =.26	<i>t</i> (301)=1.27, <i>p</i> =.192 (<i>ns.</i>)	<i>t</i> (292)=2.53, <i>p</i> =.012* <i>d</i> =.30	<i>t</i> (290)=2.14, <i>p</i> =.033* <i>d</i> =.25	<i>t</i> (301)=-1.73, <i>p</i> =.086 (<i>ns.</i>)	<i>t</i> (301)=4.02, <i>p</i> <.001** <i>d</i> =.46	<i>t</i> (297)=1.56, <i>p</i> =.120 (<i>ns.</i>)
Over responsible	<i>t</i> (297)=1.74, <i>p</i> =.082 (<i>ns.</i>)	<i>t</i> (298)=1.876, <i>p</i> =.062 (<i>ns.</i>)	<i>t</i> (289)=2.22, <i>p</i> =.027* <i>d</i> =.26	<i>t</i> (288)=1.99, <i>p</i> =.047* <i>d</i> =.23	<i>t</i> (298)=1.99, <i>p</i> =.047* <i>d</i> =.23	<i>t</i> (298)=2.24, <i>p</i> =.026* <i>d</i> =.26	<i>t</i> (294)=2.45, <i>p</i> =.015* <i>d</i> =.29

Table 3 (continued)

Subscale		External factor						
	Violent recidivism of child	Recidivism resulting in death	Sexual recidivism	Threatened	Threatened to be killed	Assaulted	Suicide of offender	
Trauma symptoms	$t(262)=1.82, p=.069$ (<i>ns.</i>)	$t(263)=1.08, p=.281$ (<i>ns.</i>)	$t(254)=2.10, p=.037^*$ $d=.26$	$t(253)=1.68, p=.094$ (<i>ns.</i>)	$t(263)=2.56, p=.011^*$ $d=.32$	$t(263)=1.55, p=.123$ (<i>ns.</i>)	$t(259)=2.32, p=.021^*$ $d=.29$	
Fear of being accused	$t(299)=0.79, p=.430$ (<i>ns.</i>)	$t(300)=1.45, p=.148$ (<i>ns.</i>)	$t(291)=-0.05, p=.958$ (<i>ns.</i>)	$t(289)=2.81, p=.005^{**}$ $d=.33$	$t(300)=2.95, p=.003^{**}$ $d=.34$	$t(300)=4.14, p<.001^{**}$ $d=.81$	$t(296)=-2.04, p=.042^*$ $d=.24$	
Avoidance	$t(299)=1.89, p=.060$ (<i>ns.</i>)	$t(300)=0.16, p=.876$ (<i>ns.</i>)	$t(291)=1.35, p=.180$ (<i>ns.</i>)	$t(289)=1.61, p=.108$ (<i>ns.</i>)	$t(300)=1.16, p=.248$ (<i>ns.</i>)	$t(300)=4.93, p<.001^{**}$ $d=.57$	$t(296)=0.03, p=.973$ (<i>ns.</i>)	
Physical symptoms	$t(299)=1.50, p=.135$ (<i>ns.</i>)	$t(300)=0.65, p=.514$ (<i>ns.</i>)	$t(291)=1.40, p=.163$ (<i>ns.</i>)	$t(289)=2.13, p=.034^*$ $d=.25$	$t(300)=-1.78, p=.075$ (<i>ns.</i>)	$t(300)=3.89, p<.001^{**}$ $d=.45$	$t(296)=-0.83, p=.409$ (<i>ns.</i>)	

* and bold text denotes tests reaching significance at the .05 level, ** and bold text denotes significance at the .01 level
d = Cohen's d effect size measure

(300)=-2.03, $p=.04$), the anger issues subscale ($b=-.16$, $t(300)=-2.07$, $p=.04$), the family problems subscale ($b=-.17$, $t(300)=-2.34$, $p=.02$), and the safety concerns subscale ($b=-.17$, $t(300)=-2.05$, $p=.04$) of the PPI. Participants who reported any type of threat from an offender scored significantly higher than those who did not on the Compassion Fatigue Risk and Burnout scales, and 10 PPI subscales (see Table 3).

Twenty percent of participants experienced a specific death threat from an offender ($N=60$). These participants reported significantly higher scores on the Compassion Fatigue Risk and Burnout scales, and 10 PPI subscales (see Table 3).

Ten percent of the participants reported being assaulted in the line of duty ($N=30$). Participants who reported assaults scored significantly higher on the Compassion Fatigue Risk and Burnout scales, and 10 PPI subscales (see Table 3).

Suicide of an Offender Thirty-eight percent of the participants reported having an offender commit suicide while on their caseload ($N=117$). Regression analyses indicated that having an offender commit suicide significantly predicted scores on the social/emotional isolation subscale ($b=-.32$, $t(300)=-3.30$, $p<.01$), and the family problems subscale ($b=-.16$, $t(300)=-2.06$, $p=.04$) of the PPI. These participants reported significantly higher scores on the Compassion Fatigue Risk and Burnout scales, and nine PPI subscales (see Table 3).

Multiple regression analyses were used to determine the amount of variability in each of the subscales that could be explained by knowing if the participants had experienced the following caseload events: threatened in the line of duty, assaulted in the line of duty, suicide of an offender, violent re-offense resulting in death to a victim, violent re-offense involving a child victim, and sexual re-offense. In order to ease the readability of this section, those overall regression results are reported in Table 4 for the PPI subscales and Table 5 for the Compassion Satisfaction/Fatigue Self-Test for Helpers.

Discussion

The results of this study support our first two hypotheses that participants who reported challenging caseload events or victimization scored higher on measures of negative job impacts compared to those who did not have these experiences. In addition, officers and managers who were threatened or assaulted in the line of duty reported levels of traumatic stress and burnout that were significantly higher than participants who did not experience such incidents (see Table 3). Of note, all of the measured caseload events and victimizations resulted in significantly higher reports of compassion fatigue and safety concerns. Significantly higher scores in the areas of burnout, mistrust, sexual issues, family problems, anger, distorted world-view, social/emotional isolation, and over-responsibility were also associated with the vast majority of measured caseload events and victimizations.

This study determined there is a correlation between longevity and traumatic stress for both time on duty and length of time in current assignment as purported in the third hypothesis of this study. An analysis was conducted to determine if life changes such as age, marriage, or parental status were extraneous variables that influenced the

Table 4 Summary of multiple regression analyses using the following predictors for each of the PPI subscales: threatened or assaulted, threatened to be killed, suicide of an offender, violent re-offence, violent re-offence involving a child, violent re-offence resulting in death, sexual re-offence. ($N=308$)

Subscale	R^2	F	p
Fear of being accused	.065	1.57	.094
Physical symptoms	.074*	1.81	.041
Depression	.066	1.59	.090
Trauma	.066	1.60	.084
Social/emotional isolation	.104**	2.54	.003
Identify with offenders	.100**	2.50	.003
Escape/avoidance	.117**	3.00	<.001
Over responsibility	.080*	1.94	.026
Sexual issues	.095**	2.38	.005
Mistrust	.102**	2.57	.002
Distorted worldview	.087*	2.16	.011
Anger issues	.077*	1.90	.030
Family problems	.151**	4.01	<.001
Safety concerns	.100**	2.51	.003

*Test reaching significance at the .05 level. ** Test reaching significance at the .01 level

participants' reported stress; however, the data indicated no such relationship existed. Therefore, increases in traumatic stress appear to be directly related to longevity in the field of probation and not influenced by life stages. Similar findings were reported by Thomas (1988) who concluded burnout was a function of seniority rather than age in his probation sample.

Additional analysis indicated a curvilinear relationship between the length of time on duty and scores on 4 PPI subscales (escape/avoidance, social/emotional isolation, depression, and physical symptoms) with peak scores reported by participants with 9 through 12 years of service (see Fig. 1). Similar curvilinear relationships between longevity and job impacts have been consistently reported in studies involving police, correctional officers, forensic therapists, and probation employees (Patterson, 1992; Steed & Bicknell, 2001; Thomas, 1988; Violanti & Aron, 1995; Whitehead, 1985).

Table 5 Summary of multiple regression analyses using the following predictors for the compassion satisfaction, compassion fatigue, and burnout subscales of the Compassion Satisfaction/Fatigue Self-Test for Helpers: threatened or assaulted, threatened to be killed, suicide of an offender, violent re-offence, violent re-offence involving a child, violent re-offence resulting in death, sexual re-offence. ($N=308$)

Subscale	R^2	F	p
Compassion fatigue risk	.111**	3.32	<.001
Burnout	.073*	2.46	.012
Compassion satisfaction	.008	0.85	.567

*Test reaching significance at the .05 level. ** Test reaching significance at the .01 level

Implications

The traumatic stress reactions associated with challenging caseload events could potentially impact several aspects of EBP. The ability of an officer to assess risk and needs is a critical building block to EBP (Fry, 2008). However, trauma exposure has been shown to result in mistrust, dissociative moments, and/or an inability to listen or empathize and could impair an officer's ability to conduct productive interviews. Additionally, if an officer deliberately avoids traumatic material, becomes desensitized or minimizes criminal behavior, this could subsequently impair the officer's ability to receive and process information necessary to accurately assess criminogenic risk and needs. Cynicism, diminished creativity, and an inability to embrace complexity could further prevent officers from collaborating with offenders on constructive case plans and interventions.

As a response to mistrust, hyper-vigilance, or feeling overwhelming responsibility to protect the community, officers may be inclined to over-supervise low-risk offenders and/or deny high-risk offenders pro-social activities in a misguided attempt to prevent further recidivism. However, research indicates that low-risk offenders are more likely to recidivate when over-supervised and failing to allow for pro-social activity in high-risk offenders decreases their motivation to change criminal behavior (Taxman et al., 2004). With regard to field work, if safety concerns, mistrust, and a distorted world-view become problematic for an officer, the quality of field visits, collateral contacts, and surveillance could suffer.

In regard to life outside of work, there are a number of implications for the personal lives of probation officers if traumatic stress goes unaddressed. The results of our study indicate that higher scores in the areas of family problems, social/emotional isolation, and escape/avoidant behaviors were associated with longevity and challenging caseload events. Related research with law enforcement personnel, first responders, and other helping professionals similarly suggests that they are at risk for depression, suicide, substance abuse and addictions, family dysfunction, and social isolation due to the traumatic exposure inherent in their work (Beutler, Nussbaum, & Meredith, 1988; Fisher, 2003; Gilmartin, 2002; Lipsky & Burk, 2009).

Limitations and Future Directions

The results of this study cannot be nationally generalized due to the centralization of data collection from probation departments within Arizona, California, and Texas. In order to broaden the applicability of this study and to better gauge the widespread impact of traumatic stress, future researchers may want to interview probation personnel in diverse regions of the United States. As previously noted, the methodology of in-person data collection in unit or department-wide meetings was time-consuming and costly for the researchers; however, the intention was to achieve internal consistency and eliminate the response bias that plagues many survey studies. Future researchers may want to consider a wider scope in data collection via online instruments while weighing the benefits against the possibility that respondents most impacted by traumatic stress and burnout may be the least likely to volunteer to participate in research.

Also of note, the overall mean scores on all of the survey instruments in this study were relatively low. This trend was also observed in prior probation research (Whitehead,

1985), which is why a social desirability scale was added after the first 169 participants were analyzed. When comparing the social desirability scores of the probation sample to the normative sample, the differences were statistically significant, indicating the probation participants were more likely to present themselves in a socially desirable manner. These results support the possibility of a response style tendency to under-report traumatic stress which actually may be a direct reflection of the impact of the stress as hypothesized (i.e. mistrust and/or fear). Future research may examine this phenomenon in greater detail and make attempts to normalize and de-stigmatize stress reactions.

Prospective research examining caseload events and victimization could also examine changes in the officer's traumatic stress and recovery responses over time. Does traumatic stress have a peak or are there lasting impacts with no recovery period? It would be useful to examine the stress reactions immediately following the incidents and note any patterns that may develop over time.

Research suggests that programs designed to relieve probation officer stress can save money, improve staff performance, and enhance healthy coping (Finn & Kuck, 2005). However, the success of any program is dependent upon a departmental culture which normalizes and encourages officers to utilize psychological support services. A recent study examined the reluctance of law enforcement personnel to participate in support services when faced with trauma exposure for fear of its impact on their reputation and career (Royle, Keenan, & Farrell, 2009). The study suggests that normalizing reactions and treatment, education, and challenging myths were successful in combating the stigma associated with receiving psychological support services. Another option for probation agencies to overcome the stigma of support services would be to routinely deploy a stress management intervention following each challenging caseload event in a uniform manner for all officers. Procedural interventions may catch officers who otherwise would not request services on their own out of fear of appearing weak and/or reach the personnel who might not recognize their own need for support. Probation departments could also develop interventions that target trauma exposure and measure the differences between groups of officers who utilize strategies and services compared to those who decline. Finally, annual stress assessments using validated instruments such as the PPI survey or Compassion Satisfaction/Fatigue Self-Test for Helpers could also provide insight into the gradual increases of job stress and trauma exposure throughout an officer's tenure and allow for proactive interventions.

Conclusion

It is clear from previous research and further supported by the results of this study that probation officers are impacted by their work with offenders. Specifically, challenging caseload events, officer victimization, and longevity were associated with higher reports of traumatic stress and burnout. Educating probation officers regarding possible job impacts would allow for anticipatory coping and normalization of stress reactions. Even more importantly, it may also increase the likelihood that officers will identify early warning signs, seek support to mitigate long-term negative effects, and improve their resilience.

It is anticipated that if officers can decrease job stress and seek support when challenged, there will be a positive impact on their functionality and quality of work,

job satisfaction will improve, and the risks of burnout and traumatic stress will be greatly reduced. Many years of scientific research have provided the ideological foundation of EBP, yet ultimately the crux of implementation rests solely on the shoulders of the individual probation officer. In order to continue the national trend of probation success, it is imperative that departments recognize that prioritizing the health and well-being of the individual officer is paramount for sustaining effective practices.

Appendix A

The PPI contained the following fourteen subscales:

Safety Concerns: Concerns for personal safety and safety of family from offenders; fear for own safety and family due to knowledge of criminal behavior obtained from work (11 items, $\alpha=.87$).

Family Problems: Having difficulty with personal relationships including partner, spouse, family, friends and/or children (15 items, $\alpha=.83$).

Anger: Easily angered, less tolerant, fantasize of harming offenders, and annoyance at co-workers and judicial system (8 items, $\alpha=.58$).

Distorted World-view: Loss of awareness as to what is “normal”, desensitization to violent and/or sexual material, loss of spiritual faith, and suspicious of people as criminals (11 items, $\alpha=.82$).

Mistrust: Less trusting of offenders, colleagues and people in general; fear administration will scapegoat officer (10 items, $\alpha=.79$).

Sexual Issues: Decrease in sex drive/interest; intimacy problems; feeling ashamed of one's gender (4 items, $\alpha=.64$).

Over-Responsibility: Hyper-vigilant when off duty; work takes priority over family; carry the burden of protecting the community (9 items, $\alpha=.76$).

Escape/Avoidance Behavior: Use of alcohol, TV, shopping, computer, eating, and/or sex to cope (8 items, $\alpha=.68$).

Identification with Offender: Blaming victim for offender's behavior; believing judicial system was too hard on offenders; believe offenders' stories over others (6 items, $\alpha=.59$).

Social/Emotional Isolation: Not wanting to talk to spouse/partner, fear of judgment from co-workers, avoid socializing with people, feel emotionally disconnected from loved-ones (8 items, $\alpha=.78$).

Trauma Symptoms: Feeling victimized by offender's hostility, experience nightmares about work, excessive worry, over-emotional about many issues, unwanted visual images about work, distracted about work (7 items, $\alpha=.81$).

Depression Symptoms: Sadness and/or anger that cannot be identified, hopeless, inability to take pleasure in things one used to enjoy (6 items, $\alpha=.75$).

Physical Symptoms: Headaches, muscle tension; weight gain/loss; stress-related illness; loss of energy, persistent fatigue (6 items, $\alpha=.76$).

Fear of Being Accused: Increased awareness of being accused of being overly aggressive, being perceived as a criminal and/or a sex offender (2 items, not possible to calculate α).

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Kirsten R. Lewis is a probation officer with the Maricopa County Adult Probation Department and an adjunct instructor of psychology at Glendale Community College. She received her M.Ed. in 2003 from Northern Arizona University. Her primary interests involve the emotional welfare of probation officers. She has conducted numerous workshops and trainings with probation agencies on the topic of officer welfare and presented her work at various conferences around the United States.

Ladonna S. Lewis is a psychology professor at Glendale Community College in Glendale Arizona. She received her Ph.D. in Experimental Psychology in 1997 from The University of Oklahoma. In addition to research with probation officers, her research interests include socially stigmatizing conditions and diversification of college level psychology classes. Her work has appeared in the *Journal of Social Psychology* and various other journals and professional newsletters.

Tina M. Garby is a clinical psychologist currently in private practice working with individuals who have been accused or convicted of sexual crimes and victims of violent crimes. She received her Psy.D. in 2004 from Argosy University. Her research interests include actuarial risk assessments for sexual offenders and her work has appeared in the *International Journal of Sexual Offenders and Comparative Criminology*.

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