HM Inspectorate of Probation

The cost of caring: compassion fatigue in probation practice

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HM Inspectorate of Probation

Academic Insights 2026/07

AUGUST 2026

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Foreword

HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth justice services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth justice services.

This report was kindly produced by Dr Anton Roberts, highlighting the relevance of compassion fatigue as one of the vicarious harms faced by probation practitioners. Many of the skills and attributes associated with effective practice, such as high levels of empathy and a strong desire to support those in need, can also make practitioners vulnerable to compassion fatigue. Harm is most likely to occur when the repeated demands of caring and exercising emotional labour are combined with organisational and operational pressures, many of which can be found within the Probation Service, including resource constraints and high caseloads.

Compassion fatigue can affect practitioners both professionally and personally, contributing to reduced wellbeing, diminished work performance and commitment, and a range of physical and emotional consequences. It is therefore vital that the service takes the concept seriously, prioritising staff wellbeing and creating the conditions for high-quality delivery, including through reduced sickness absence and improved staff retention. The focus should be on developing a system that promotes psychological safety and resilience, and the paper sets out a range of recommendations, including raising awareness of compassion fatigue, drawing on learning from other sectors, strengthening protective factors, adopting strength-based approaches, and maximising reflexivity.

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Dr Anton Roberts is a research evaluator and criminology lecturer at Manchester Metropolitan University, based in the Policy Evaluation and Research Unit (PERU). He specialises in qualitative methods in a range of settings, such as ethnography, social network analysis, case study to co-production, and the incorporation of lived experience. His work within PERU primarily focuses on process/realist and system change evaluations within the criminal justice system. He is a champion of inter-disciplinary practice, with an academic background in philosophy, mental health, homelessness, sociology and social policy. His main areas of interest and expertise centre around violence and masculinity – working with a range of marginalised groups. As such Anton has worked closely with third sector organisations, government bodies such as HMPPS, and Greater Manchester's Violence Reduction Unit (VRU), in areas of probation and youth diversion. His most recent research has begun to explore the host of secondary traumas experienced by frontline researchers and practitioners in challenging working environments.

1. Introduction

Despite the explosion of trauma-informed approaches within frontline services that work with society's most excluded and vulnerable individuals, researchers have been slower to recognise the related harms that may befall staff or practitioners (in this case probation workers). There is a growing understanding of a list of secondary or 'vicarious' traumas (see Figure 1), but often with little to no recognition from wider organisations and a limited evidence base regarding the full effects of these occupational risks and the true extent of their prevalence in our working lives (Powell, Walton and Scott, 2024). Many professionals within these roles, e.g. nurses, police officers or even researchers in challenging spaces, experience cumulative and multiple distressing events over time. Although not included in any job description, they are routinely implied within the roles and sense of professional identity, where exposure to secondary trauma is simply 'part and parcel' of the job, a form of occupational duty. Furthermore, staff in such frontline fields often report a series of barriers to help-seeking, for example a high degree of stigma when coming forward, with roles routinely being tied to notions and expectations of endurance and stoic toughness (Cogan, 2026).

Fortunately, discourses have begun to shift away from a framing of individual pathology, i.e. of seeing professionals as being in some way deficient or 'vulnerable' for their apparent inability to work effectively in such challenging and emotionally complex environments. As the author has argued elsewhere (Roberts and Waugh, 2026), there are considerable psychological and emotional labours that are associated with this kind of work, and as such a host of foreseeable and preventable harms which can be anticipated and managed by wider institutions. Research is now increasingly recognising the importance of the working cultures and the system pressures that professionals are located within, as a potential source of distress and secondary harms. The purpose of this paper is to focus on one of these secondary harms, the harm known as compassion fatigue.

Figure 1: Common frontline harms

2. Compassion fatigue

2.1 The history of compassion fatigue

Compassion fatigue (CF), often discussed alongside professional burnout, is a form of secondary or vicarious trauma. Originally coined by Charles Figley, the term CF was intended to be a less stigmatising and non-clinical term. It first entered our common understanding through the health and therapeutic fields in the 1990s. Over time, the concept has broadened beyond this original context and is now applied across an increasingly wide range of disciplines and challenging work environments.

Much of the insight around CF stems from the field of nursing. Occurring through the intense contact between medical professionals and patients, nurses would routinely experience a 'blurring of boundaries' and report high levels of stress at not being able to enact the desired positive changes in their patients' lives (Ledoux, 2015). Individuals experiencing CF suffer a reduced capacity to empathise with their clients or patients, and report a deadening or numbing of their emotions. Although it is distinct from staff burnout which is a form of work-related exhaustion, presentations of CF tend to run in parallel.

CF occurs through a combination of relationally and emotionally placing yourself in the position of another – demonstrating considerable compassion and empathy. The literature consistently identifies the following features of CF:

- assisting often complex individuals with trauma-filled histories
- chronic overuse of empathy in the relief of suffering
- a requirement to provide a high level of care with relational closeness
- responsibilities for assisting clients with physical, emotional, and psychological growth (Alshammari and Alboliteeh, 2023).

Harm can occur when the repeated act of caring is combined with organisational and structural constraints, e.g. having unmanageable workloads and low levels of institutional support. CF typically occurs in 'helping professions' where staff work in close and personal proximity to clients or patients, often with a range of complex needs. This work thus reduces the emotional distance when compared to other forms of work. Through their sense of moral responsibility, these professionals can come to share and feel responsible not just for the client's successes, but more crucially, their failures. As such professionals can come to experience and take on the sufferings of their clients.

In summary, CF lies at the intersection of frequent work-related stress, at individual and organisational levels, and the psychological and relational risks of assisting high numbers of clients with complex needs.

2.2 Consequences and challenges in combatting compassion fatigue

Although not recorded within an explicit framework of CF, social workers provide a useful comparative to probation practitioners, working closely with cohorts whereby trauma, violence, risk and offending are commonplace. Bride's (2007) survey (n=294) of social workers makes for sobering reading, with a quarter of the sample experiencing detachment from others, reduced activity and emotional numbing, and 15 per cent of the sample meeting the criteria for post-traumatic stress.

CF has the ability to negatively impact practitioners' professional and personal lives, often both. Working professionals often report reductions in motivation and tolerance, with increases in their levels of cynicism and perceived apathy. In a recent review of CF specifically, in frontline medical professionals, Garnett et al. (2023) found it caused reductions in professional performance and commitment to their respective roles. Within the context of probation, it is likely that unmet needs around CF could increase the likelihood of assessment errors, as has been observed in the literature in medical professions.

At a more personal level, CF can have a range of physical/emotional disturbances, e.g. sleep disturbance and feelings of anxiety and low mood. It can create social disruptions outside the world of work, i.e. produce tensions within the professional's own network of family and friends. There is some evidence to suggest that not addressing these experiences can eventually lead to more serious problems, such as clinical depression (Noor et al., 2025).

CF remains difficult to adequately combat, and for a variety of reasons. For one, its impact can vary hugely at the individual level, due to the natural differences in the degrees of resilience or existing psychological vulnerabilities present within practitioners. In turn, this may mean individuals present differently in their behaviour or signs of distress, which can create ambiguity when attempting to create a system robust enough to capture all individual variations. Additionally, at a systems level, there are common factors, i.e. upstream determinants, that are beyond an individual's control that nonetheless contribute to CF. These include high caseloads, strained resources, and assessment structures that can engender feelings of judgement and reduced professional efficacy.

However, one of the greatest barriers to reducing the risk of CF is the lack of awareness of its existence and related risks. For example, frontline staff experiencing CF are often unaware of alternative more positive coping strategies, instead falling on less helpful responses, such as avoidance or denial of difficulties. Relatedly, it can be difficult to detect both individually and institutionally, with little evidence on the long-term outcomes of CF (Mariya et al., 2025).

2.3 The state of play in probation

As is widely known, the Probation Service has, and continues to be, under considerable strain. There has been the destabilising Transforming Rehabilitation era (2014-2021) followed by the difficult unification of probation services during the Covid-19 pandemic, sitting alongside a history of underinvestment. At the staffing level, the challenge is just as acute. The service has experienced consistent shortfalls in staffing numbers (Orakci, 2025) and significantly higher levels of absence than the national average, with 'mental health' being the most commonly reported reason (ONS, 2026). Not enough is known about the exact state of the mental health of probation practitioners, other than using the simplistic labels of 'stress' and 'depression', which tell us little about the complex mental lives or the struggles that they face. Practitioners often feel disillusionment and frustration at not being able to make the kind of difference to their clients' lives that they intended when joining the service, recorded in experiences of practitioner burnout, and the psychological costs of emotionally 'taking the work home' (HM Inspectorate of Probation, 2025).

It would be difficult to overstate the considerable challenges faced by probation practitioners in their everyday working lives. They must manage high-pressured, emotionally and intellectually demanding cases, and balance the goals of rehabilitation and public safety. Not only does probation have one of the highest rates of staff attrition in the public sector, but often cited reasons for staff leaving the profession are highly relevant to any discussion on CF. Although probation does not assess for the presence or prevalence of CF, there is strong evidence to

suggest that the features and duties of probation staff place them at higher risk of developing CF than in many other professions. The Probation Service also experiences far higher levels of public criticism and scrutiny than in many other professions (see Martin, 2025). Whilst this is perhaps unsurprising, given the risks to public safety, this can lead to negative and stigmatised appraisals of probation practitioners' work, adding an additional risk factor in developing CF.

2.4 Compassion fatigue and probation practitioners

Joinson (1992), who first popularised the term, defined CF as the 'loss of the ability to nurture', which is of relevance in the space of probation. If the focus of probation work rests too strongly on risk management, at the expense of rehabilitation, the loss of the ability to nurture can create feelings of powerlessness, anger and guilt. Many of the essential skills and traits that make a great probation practitioner also make them vulnerable to experiences of CF, i.e. a strong desire to facilitate positive changes in the people they are supporting and displaying high levels of empathy. Like other highly demanding professions, probation practitioners regularly encounter:

- moral challenges and ethical dilemmas (see Academic Insights paper 2023/03 by Reamer)
- experiences of powerlessness associated with not being able to enact desired changes due to unmanageable targets/workloads
- emotional labour and strain (see Academic Insights paper 2020/03 by Phillips, Westaby and Fowler)
- high-risk/stressful situations and exposure to secondary traumas through working with people on probation.
- 'dirty work', i.e. working with people who have committed heinous, morally repugnant crimes.

Barrett and Cartwright (2025) classify some of these difficulties into two forms – organisational and individual/operational level stressors. Organisational stressors encompass the extended working hours, unmanageable workloads, complex tasks (e.g. managing risk assessments and sentence plans in ever-changing contexts), and additional aspects like inadequate or infrequent supervision. These can be a large predictor of CF. However, probation practitioners also encounter 'operational' level stressors such as the distressing content they encounter from their clients' lives, who already present with higher incidence of mental illnesses. Practitioners may also have their own traumas which can be triggered by such psychologically intense work. As Orakci (2025) suggests, in a review of probation officers' experiences of such difficulties, '*POs must maintain professionalism while discussing sensitive topics with offenders and managing their responses, often using strategies like empathy, humour or suppressing anger*' (p.5).

There are also distinct factors within probation which make it more susceptible. For instance, women tend to be disproportionately impacted by CF, which is highly relevant in the demographic makeup of the service (Garnett et al., 2023). Additionally, practitioners' levels of experience can be a key mediating factor in resilience to CF; again, this is highly salient considering the current and historic loss of experienced probation practitioners and their replacement with less experienced staff undertaking more condensed training programmes.

2.5 Recommendations

The question naturally presents itself as to what can be done to reduce the burden of CF on probation practitioners. It no doubt requires improvements at multiple levels. With this in mind,

Figure 2 presents a host of pragmatic recommendations at the levels already discussed, i.e. the organisational, operational, and individual.

Figure 2: Approaches for reducing compassion fatigue

Increase sensitivity	There are countless signs and symptoms beyond frequent staff absence that suggest the presence of CF. Opportunities should be explored to add knowledge of CF to existing psychological monitoring of staff wellbeing within the Probation Service. There are a range of tools available, e.g. the compassion fatigue self-test and the compassion fatigue assessment scale.
Adopt wider best practices	Training should be augmented with examples of best practice outside of the field of probation. Homelessness provision, for example, offers considerable expertise in boundary management, trauma-informed leadership, goal alignment, fostering peer support networks (e.g. shared problem solving), and advice on safe spaces that allow for decompression and open dialogue (see FEANTSA, 2025).
Promote reflexivity	Elements of reflective supervision have already been implemented within the Probation Service. CF-related questions could be incorporated into existing practices, thus creating professional space to decompress and voice any potential concerns/risks. (See also Petrillo and Bradley, 2022, for the potential value of internal and clinical supervision.)
Foster protective factors	The literature reveals many factors that can generate staff resilience to CF. These include greater importance placed on support networks (both formal and informal), promoting positive work cultures that reduce fear of performance-related judgement, and cultivating procedures that increase professional competence.
Adopt positive and strength-based approaches	Strength-based approaches should be promoted to counter staff discourses of apathy/cynicism and examples of positive staff conduct should be highlighted where practitioners have acted ethically, professionally and courageously, despite an array of system pressures.
Target interventions	Interventions should be specific and targeted, recognising that individuals are impacted differently – CF can be more severe with less experienced professionals and female practitioners, who report increased levels of emotional exhaustion.

Beyond this initial paper and the recommendations included above, further work is needed to understand the interaction of the various work-related harms, as CF often occurs alongside other harms such as burnout and moral injury. Recognising the newly emerging evidence base, the Probation Service has the opportunity to drive positive change, acknowledging the range of practitioner harms, for example through the creation of an occupational model of trauma, as has already been suggested by Powell, Walton and Scott (2024).

3. Conclusion

This paper has introduced the concept and risk of CF for probation practitioners. While it is only one of many potential vicarious harms experienced by probation staff, an increased focus on the complex reasons for practitioners leaving the profession would no doubt reveal dimensions of the phenomenon, while providing an opportunity to reduce the burden on those undertaking this most essential role in our society. Otherwise, CF is likely to continue contributing to practitioners moving away from the service.

Any future discussion must start with the recognition that human needs are inherently infinite, whereas practitioners' time, resources and their level of emotional resiliency are not. The fundamental and relational challenge of probation work is regular exposure to human suffering and traumas from people on probation, alongside a combination of complex decision-making, routine system instabilities, and high degrees of responsibility. Taking CF seriously validates these challenging lived experiences of probation staff. It acknowledges the everyday struggles, including the emotional labour involved in the work, and the inherent moral and social justice element to compassion itself.

The quality of care provided by frontline staff in any helping profession should be a primary concern of any employer or organisation. Investing in a model of psychological safety for probation staff, prioritising staff wellbeing, would be beneficial both to the practitioners themselves and in terms of wider public safety by increasing staff effectiveness and the likelihood of their long-term retention in the service. In the same way that a firefighter would wear protective equipment before entering a property engulfed in flames, we too must provide probation practitioners with appropriate psychologically-informed safeguards and supports, working towards a system and culture that promotes psychological resilience and safety.

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This publication is available for download at:
www.justiceinspectorates.gov.uk/hmiprobation

Published by:

HM Inspectorate of Probation
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M3 3FX

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ISBN: 978-1-917531-13-9