PLENARY PAPER
DOI: 10.47152/PrisonLIFE2024.09
Original Scientific Paper

Gender Differences and Secondary Traumatization in Helping Professions*

Hajdana Glomazić[1] and Stanislava Vidović[2]

This paper explores the phenomenon of secondary traumatization among professionals in helping professions, with a particular focus on gender roles as a factor shaping stress responses. Secondary traumatization, defined as emotional and psychological exhaustion caused by working with trauma-affected clients, can significantly impact the well-being of service providers. The aim of the research is to examine differences in responses to secondary traumatization between men and women, viewed in the context of gender roles. The methodology involves a descriptive-empirical approach and the use of standardized instruments to measure secondary traumatization. The results indicate that women show more symptoms of secondary traumatization compared to men, particularly in the areas of anxiety and dissociation, which can be partly attributed to socially conditioned gender roles and expectations.

KEYWORDS: secondary traumatization / gender roles / mental health / helping professions / psychotherapy

* This paper was presented by Hajdana Glomazić as part of this plenary session at the International Scientific Conference "Life in Prison", organised by the Institute of Criminological and Sociological Research and held in Belgrade, Serbia, from 2 to 3 December 2024.

Recommended citation: Glomazić, H., & Vidović, S. (2024). Gender Differences and Secondary Traumatization in Helping Professions. In M. Milićević, I. Stevanović, & Lj. Ilijić (Eds.), *Proceedings of the International Scientific Conference "Life in Prison: Criminological, Penological, Psychological, Sociological, Legal, Security, and Medical Issues"* (pp. 441–450). Institute of Criminological and Sociological Research. https://doi.org/10.47152/PrisonLIFE2024.09

[1] Institute of Criminological and Sociological Research, Belgrade, Serbia
https://orcid.org/0000-0002-5716-1054

[2] Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ) GmbH

Correspondence: Hajdana Glomazić. Email: hajdana.glomazic@iksi.ac.rs, hajdana.ng@gmail.com

Introduction

Psychosocial support providers in helping professions frequently experience significant levels of stress because of the nature of their work, which entails continuous interaction with people experiencing trauma and challenging life circumstances. It is possible for this exposure to cause subsequent trauma. The situation of those who are in close touch with trauma victims was defined by the introduction of the term secondary traumatization (ST), also known as secondary traumatic stress (STS) (Figley, 1995). The group most at risk of secondary traumatization includes those who work in highly stressful environments, where trauma is indirectly exposed (Figley, 1995). The authors highlight that those who work in professions that focus on helping victims of road accidents or losses, as well as those who have been physically or psychologically abused, are more vulnerable. These are difficulties that emergency personnel, law enforcement officers, firefighters, social workers, and mental health specialists frequently encounter (Grandi et al., 2023).

Their personal and professional life can be profoundly impacted by secondary traumatization, and it is important to recognize these effects in order to provide appropriate support and solutions. Effects like physical symptoms, mental health disorders, emotional exhaustion, depersonalization, decreased professional satisfaction, difficulties maintaining professional boundaries, social and professional isolation, and decreased effectiveness of interventions are the most frequently mentioned effects in the literature (Bock et al., 2020; Greinacher et al., 2019; Figley, 1999).

According to Bock et al. (2020), extended exposure to secondary traumatization raises the chance of mental health issues such anxiety, depression, and post-traumatic stress disorder (PTSD). Furthermore, ailments including headaches, insomnia, gastrointestinal disorders, and chronic fatigue can have a substantial negative impact on quality of life and make it harder for support workers to carry out their jobs as professionals (Ortner, 2024).

Secondary traumatization can also lead to a decreased sense of achievement and job satisfaction (Figley, 1999). Psychosocial support providers could start to question their ability to aid clients or believe that their work is meaningless. The level of support they offer may suffer as a result of this tiredness due to diminished empathy, bad judgment, and even client abuse (Rudolph et al., 1997). It can be challenging to keep professional boundaries when one is constantly exposed to the horrific experiences of others. This might result in either extreme emotional involvement or, on the other hand, extreme emotional separation. Both circumstances have the potential to seriously impair the standard of the assistance rendered.

Furthermore, because of the emotional strain they bear, psychosocial support providers frequently distance themselves from professional and social support systems (Bride et al., 2009; Figley, 1999). This seclusion can lessen the resources available for stress management and intensify the symptoms of secondary traumatization.

Reactions to Secondary Traumatization From a Gender Differences Perspective

Social expectations and traditional gender roles often shape how individuals respond to professional challenges. Research shows that there is inequality in the position of women in the labor market (Baum et al., 2014; Glomazić, 2020; Glomazić & Mikić, 2022; Mihajlov et al., 2021), which is largely a result of socially constructed gender roles.

While research on gender roles and differences in the context of post-traumatic symptomatology in helping professions is scarce, gender characteristics appear to be important in how people perceive and react to the traumatic experiences of others (Baum et al., 2014). Research indicates that women are more likely than males to have secondary traumatization, especially in helping professions. This phenomenon can be explained by the social structure and culture that influence gender roles and stress management techniques (Baum et al., 2014).

It can be stigmatized in some cultures to seek professional assistance for emotional or psychological issues, which makes it much more challenging for women to get the treatment they need. Cultural perceptions of mental health and asking for help, particularly in cultures where expressing one's emotions is viewed as a sign of weakness, can make it more difficult for women to admit they have issues and seek support, which raises the possibility of secondary trauma.

Women are frequently positioned as caregivers by traditional gender roles, which supports societal expectations that they should be emotionally open and sympathetic in both their personal and professional lives. Studies have indicated that female psychotherapists experience more emotional weariness than male counterparts while working with traumatized individuals (Kounenou et al., 2023; Rupert & Morgan, 2005). Research has shown that women are more likely to experience symptoms of post-traumatic stress disorder, especially in terms of reliving trauma and hyperarousal symptoms. These studies have looked at the relationship between gender, professional roles, and post-traumatic stress disorder in emergency healthcare workers (Carmassi et al., 2022).

Women have been observed to exhibit empathy more than men do (Harton & Lyons, 2003), which adds to the emotional strain on women who offer psychosocial support. Burnout, emotional weariness, and secondary

traumatization can become more likely as a result of these demands to uphold emotional stability and empathy in the face of clients' traumatic experiences (Harton & Lyons, 2003).

Particularly in traditional societies, the social context is extremely important in determining how men and women relate to one another (Cohn-Schwartz & Schmitz, 2024). Women frequently lack access to the tools and assistance needed to effectively manage stress and secondary trauma in these communities. Women find it challenging to strike a balance between their personal and professional lives because of these constraints brought about by systemic injustices (Bhatnagar, 2009). Their incapacity to manage stress is further exacerbated by the absence of flexible work schedules and self-care initiatives, which leaves them more vulnerable to detrimental effects including depersonalization and emotional weariness.

The fact that the general public frequently undervalues the job done by service providers adds to the unfavorable attitudes that these workers experience. This is especially true for women who work with victims of abuse, in migrant camps, or in penal facilities. The participants expressed a sense of not being appropriately valued in their communities and occasionally even experienced stigmatization due to their association with their clients. They experience more stress and anxiety as a result of this stigma and lack of recognition (Glomazić & Mikić, 2022).

Studies reveal notable variations between genders when it comes to managing stress. Men typically resort to techniques that entail repressing or avoiding their emotions, whereas women are more inclined to communicate their feelings and look for social support. Studies on law students have revealed that women who work with traumatized clients are more prone to secondary traumatization due to their high levels of neuroticism and slightly higher extraversion (Bakhshi et al., 2021).

Method

The method used in this study was descriptive-empirical. The initial hypothesis is that there are differences between biological gender in the matter of secondary traumatization, and that relationship may be significantly shaped by gender roles.

The subject of the research is the examination of the difference between biological gender in terms of secondary traumatization among professionals in helping professions. Although the focus is on the biological distinctions between men and women, the data will be analyzed in light of gender roles in order to investigate the ways in which socially constructed roles and expectations impact the level and type of secondary traumatization.

The study's goal is to determine whether and to what extent the biological gender differ in the level of secondary traumatization among professionals in helping professions, and to interpret the findings in the context of gender roles. Along with identifying how socially constructed roles of men and women impact secondary traumatization experiences, the study also attempts to offer suggestions for preventative and support techniques that are sensitive to gender differences.

In this study, the level of secondary traumatization is the dependent variable, and gender is the independent variable, taken into account in relation to gender roles. For the research, a standardized tool called the Trauma Checklist was employed.

In the area of Serbia, the primary data collection took place between April and June of 2024. The sample is made up of psychological care providers working in shelters and migrant centers as well as non-governmental organizations that support victims of abuse, migrants, and those on the move. Given the presumption that providers of psychological services needed to meet specific requirements for this employment, respondents with high levels of education and secondary vocational training were included in the sample.

The mean and standard deviation were used to depict numerical data, whereas frequencies and percentages were used to display categorical data. The Independent Samples *t*-test was used to compare the levels of trauma experienced by men and women. The statistical application IBM SPSS Statistics for Windows, Version 24.0 (IBM Corp., Armonk, NY, USA), was used to analyze the data. If a *p*-value was less than .05, it was considered statistically significant

Results

The study's respondents' basic demographic information is shown in Table 1. Out of 103 participants from Serbia, women make up 77.7% of the sample, while males make up 22.3%. When looking at the age distribution of the respondents, the age group of 34 to 43 years old accounts for 60.2% of the total, followed by younger respondents (ages 23 to 33) at 13.6% and older respondents (ages 44 to 53) at 17.5%. 54 to 67 years old is the age group with the lowest representation (8.7%). In terms of education, all respondents have completed postgraduate studies or held a doctorate, with 68.0% having a bachelor's degree and 32.0% holding a doctorate.

Table 1

Demographic data about the participants

Variable		*n* (%)
Gender	Male	23 (22.3%)
	Female	80 (77.7%)
Age categories	23–33	14 (13.6%)
	34–43	62 (60.2%)
	44–53	18 (17.5%)
	54–67	9 (8.7%)
Education level	High school	0 (0.0%)
	University (Graduate studies)	70 (68.0%)
	Postgraduate studies/Doctorate	33 (32.0%)

Note. N = 103.

Table 2 lists the descriptive markers for the several aspects of traumatization that the Trauma Checklist measures. The TSC-40 scale total score is M = 22.72 (SD = 16.27), with average values ranging from M = 3.51 (SD = 4.09) for dissociation to M = 7.01 (SD = 5.93) for depression. The results obtained on the subscales and the total scale point to a comparatively low level of trauma since a higher score denotes a higher degree of traumatization. The minimum and maximum values vary according on the aspect, indicating diversity in traumatization experiences across the range of values for all scales.All factors have extremely high Cronbach's alpha coefficients, ranging from α = .910 for sleep disturbance to α = .970 for dissociation. This suggests that the scale has high internal consistency and reliability when assessing different aspects of traumatization.

Table 2

Descriptive indicators on the Trauma Checklist scale

Items and Total Scores	Min–Max	M	SD	α
Dissociation	0–18	3.51	4.09	.970
Anxiety	0–27	6.07	5.79	.940
Depression	0–27	7.01	5.93	.922
Sleep Disturbance	0–18	6.43	4.95	.910
Sexual Problems	0–24	4.36	5.68	.941
TSC-40 Total score	0–72	22.72	16.27	.951

Note. α – Cronbach's alpha.

The results of comparing the average scores of the subscales and the Trauma Checklist overall for men and women are shown in Table 3. The findings demonstrate a significant gender difference in dissociation from trauma (p = .024), with women (M = 4.00, SD = 4.45) being more likely to experience it than men (M = 1.83, SD = 1.64). With a p-value of 0.011, women exhibit higher levels of anxiety (M = 6.85, SD = 6.24) than men (M = 3.39, SD = 2.54). There is no statistically significant difference in depression between men (M = 5.74, SD =

3.52) and women (M = 7.40, SD = 6.47) (p = .243).Similarly, the differences in sleep disorders between men (M = 5.74, SD = 4.51) and women (M = 6.66, SD = 5.10) are not statistically significant (p = .444). Men (M = 3.96, SD = 3.23) and women (M = 4.49, SD = 6.23) also do not differ significantly regarding sexual problems (p = .695). The overall score on the TSC-40 scale shows that women (M = 23.74, SD = 17.22) have a slightly higher score compared to men (M = 19.87, SD = 13.20), but the difference is not statistically significant (p = .330).

Table 3

Traumatization in Men and Women

	All		Men		Women		
Score	*M*	*SD*	*M*	SD	*M*	*SD*	*p*
Dissociation	3.51	4.09	1.83	1.64	4.00	4.45	.024
Anxiety	6.08	5.80	3.39	2.54	6.85	6.24	.011
Depression	7.01	5.94	5.74	3.52	7.40	6.47	.243
Sleep Disturbance	6.43	4.95	5.74	4.51	6.66	5.10	.444
Sexual Problems	4.37	5.69	3.96	3.23	4.49	6.23	.695
TSC-40 total score	22.73	16.28	19.87	13.20	23.74	17.22	.330

Thus, while the differences in depression, sleep disorders, sexual issues, and the overall score on the TSC-40 scale are not statistically significant, the data demonstrate that women exhibit higher degrees of dissociation and anxiety.

Discussion

Based on specific psychological traits, our research's findings support earlier studies' findings that women are more likely than men to have secondary traumatization (Baum et al., 2014; Bakhshi et al., 2021; Cohn-Schwartz & Schmitz, 2024). The authors of meta-analyses find that gender disparities are considerable even if there are not many studies looking at how different genders respond to secondary traumatization (Baum et al., 2014).

Certain studies explain these variations by pointing to socialization processes, cultural elements, and society norms which establish such gender roles. According to research, males are more likely to conform to established gender roles by sustaining from expressing their emotions and experiences when working with traumatized clients because they are frequently expected to act in a "macho" manner. However, compared to men, women tend to express their feelings more (Gavranidou & Rosner, 2003). Furthermore, women are often assigned to caregiving tasks, offering emotional support in both personal and professional settings. As an insufficient reaction to societal norms and gender roles, these demands for empathy and readiness to offer support can cause dissociation and elevated anxiety.

The results of our study indicate that women may experience higher degrees of anxiety, dissociation, and emotional overwhelm due to this gender-specific dynamics. According to other studies, women are more empathic than men are (Harton & Lyons, 2003). Whether gender norms or other factors are to blame for this enhanced empathy is still up for debate.

Gender differences in sensitivity to and response to secondary traumatization can be attributed to a variety of reasons, including biological factors, personality types, and past experiences, in addition to social and cultural influences. There is evidence in the literature that extraversion, neuroticism, and hormone abnormalities are associated with heightened susceptibility to secondary traumatization (Bakhshi et al., 2021). But in order to come to more definitive findings, more thorough research and consideration of a more complicated range of variables are required.

Conclusion

The complex phenomenon of secondary traumatization among women in helping professions necessitates careful examination, taking into account a wide range of psychological, social, and biological aspects in addition to gender roles. The study's findings unequivocally show that more help is required, as well as targeted coping mechanisms that consider how differently men and women handle stress. Strengthening social support networks, avoiding emotional exhaustion, and equipping professionals to identify signs of secondary traumatization in themselves should be the main goals of interventions. The danger of burnout and secondary traumatization can be considerably decreased by creating gender-sensitive programs and methods, especially for women in emotionally demanding occupations.

Acknowledgment

This work is the result of the engagement of the author in accordance with the Plan and Program of work of the Institute of Criminological and Sociological Research for 2024 (on the basis of contract no. 451-03-66/2024-03/200039) with the Ministry of Science, Technological Development and Innovation of the Republic of Serbia.

References

Bakhshi, J., Wesley, M. S., & Reddy, K. J. (2021). Vicarious Trauma in Law Students: Role of Gender, Personality, and Social Support. *International Journal of Criminal Justice Sciences, 16*(1), 34–50. https://doi.org/10.5281/zenodo.4756491

Baum, N., Rahav, G., & Sharon, M. (2014). Heightened susceptibility to secondary traumatization: A meta-analysis of gender differences. *American Journal of Orthopsychiatry, 84*(2), 111–122. https://doi.org/10.1037/h0099383

Bhatnagar, M. (2009). Gender Politics : In the Context of Social Structure and Development. *The Indian Journal of Political Science, 70*(4), 1035–1045.

Bock C., Heitland I., Zimmermann T., Winter L., & Kahl K.G. (2020). Secondary Traumatic Stress, Mental State, and Work Ability in Nurses—Results of a Psychological Risk Assessment at a University Hospital. *Front Psychiatry*, *11*(298). https://doi.org/10.3389/fpsyt.2020.00298 PMID: 32395109

Bride, B. E., Smith-Hatcher, S., & Humble, M. N. (2009). Trauma training, trauma practices and secondary traumatic stress among substance abuse counselors. *Traumatology, 15*, 96–105. https://doi.org/10.1177/1534765609336362

Carmassi, C., Dell'Oste, V., Bertelloni, C. A., Pedrinelli, V., Barberi, F. M., Malacarne, P., & Dell'Osso, L. (2022). Gender and occupational role differences in work-related post-traumatic stress symptoms, burnout and global functioning in emergency healthcare workers. *Intensive and Critical Care Nursing*, *69*, 103154. https://doi.org/10.1016/j.iccn.2021.103154

Cohn-Schwartz, E., & Schmitz, A. (2024). From attitudes to social networks: National gender-role attitudes and gender differences in late-life social relationships. *Social Networks, 76*, 79–87. https://doi.org/10.1016/j.socnet.2023.08.001

Figley, C. R. (1995). *Compassion fatigue : coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge. https://doi.org/10.4324/9780203777381

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). The Sidran Press.

Gil, S. (2015). Is Secondary Traumatization a Negative Therapeutic Response?. *Journal of Loss & Trauma, 20*(5), 410–416. https://doi.org/10.1080/15325024.2014.921036

Gavranidou, M., & Rosner, R. (2003). The weaker sex? Gender and post-traumatic stress disorder. *Depression and Anxiety*, *17*(3), 130–139. https://doi.org/10.1002/da.10103

Glomazić, H. (2020). Organizacioni pristup prevenciji stresa na radu i očuvanju mentalnog zdravlja zaposlenih. *Zbornik Instituta za kriminološka i sociološka istraživanja*, *39*(2-3), 45–58. https://doi.org/10.47152/ziksi2020233

Glomazić, H., & Mikić, A. (2022). Profesionalna izloženost stresu: rizik profesije. *Zbornik Instituta za kriminološka i sociološka istraživanja*, *41*(2–3), 55–65. https://doi.org/10.47152/ziksi2022034

Grandi, A., Rizzo, M., & Colombo, L. (2023). Secondary traumatic stress and work ability in death care workers: The moderating role of vicarious posttraumatic growth. *PLoS ONE, 18*(7), 1–16. https://doi.org/10.1371/journal.pone.0289180

Greinacher, A., Derezza-Greeven, C., Herzog, W., & Nikendei, C. (2019). Secondary traumatization in first responders: a systematic review. European *Journal of Psychotraumatology, 10*(1). https://doi.org/10.1080/20008198.2018.1562840

Harton, H. C., & Lyons, P. C. (2003). Gender, Empathy, and the Choice of the Psychology Major. *Teaching of Psychology*, *30*(1), 19–24. https://doi.org/10.1207/S15328023TOP3001_03

Kounenou, K., Kalamatianos, A., Nikoltsiou, P., & Kourmousi, N. (2023). The Interplay among Empathy, Vicarious Trauma, and Burnout in Greek Mental Health Practitioners. *International Journal of Environmental Research & Public Health, 20*(4), 3503. https://doi.org/10.3390/ijerph20043503

Mihajlov, S., Mihajlov, N. & Perić, G. (2021). Gender differences in job satisfaction among employees in Serbia. *Ekonomski pogledi 21*(1), 91–111. https://doi.org/10.5937/ekopogl2101091M

Ortner, D. (2024). Creative arts as self-care: vicarious trauma, resilience and the trainee art therapist. *International Journal of Art Therapy, 29*(1), 45–56. https://doi.org/10.1080/17454832.2024.2317941

Rudolph, J.M., Stamm, B.H., & Stamm, H.E. (1997). *Compassion Fatigue: A concern for mental health policy, providers, & administration*. Poster at the 13th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal.

Rupert, P. A., & Morgan, D. J. (2005). Work Setting and Burnout Among Professional Psychologists. *Professional Psychology: Research and Practice, 36*(5), 544–550. https://doi.org/10.1037/0735-7028.36.5.544