DOI:10.47152/PrisonLIFE.D4.5.14
Original Scientific Paper

Women in Helping Professions: Secondary Traumatization and Psychosocial Support for Vulnerable Groups

Hajdana Glomazić[1]
Dejan Živanović[2]
Stanislava Vidović[3]

This research paper analyzes the level of secondary traumatization among women in helping professions who provide psychosocial support to vulnerable groups. The aim of the study was to determine whether women engaged in this work experience higher levels of secondary traumatization compared to the general population, as well as to examine the relationship between socio-demographic and professional characteristics and the degree of traumatization. The methodological approach included the analysis of data collected from 80 respondents, utilizing a questionnaire on secondary traumatization and relevant demographic information. The results indicated that women in helping professions have moderate level of secondary traumatization, with a relationship established between age, marital status, and education and the degree of traumatization. Based on these findings, the development of specific training and support programs for women in this field is recommended to mitigate the negative effects of secondary traumatization.

Keywords: *Secondary traumatization, Secondary stress disorder, Mental Health, Helping professions, Vulnerable groups*

[1] PhD, Research associate at the Institute for Criminological and Sociological Research of the University of Belgrade, *E-mail*: hajdana.ng@gmail.com, hajdana.glomazic@iksi.ac.rs, https://orcid.org/0000-0002-5716-1054. This work is the result of the engagement of the author in accordance with the Plan and program of work of the Institute for Criminological and Sociological Research based on contract no. 451-03-66/2024-03/200039 with the Ministry of Science, Technological Development and Innovation of the Republic of Serbia.
[2] PhD, Associate Professor at the College of Human Development and Assistant Research Professor at the Faculty of medicine, University of Novi Sad, *E-mail*: dejan.zivanovic@mf.uns.ac.rs, https://orcid.org/0000-0001-8232-9368
[3] Senior advisor at Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ) GmbH, *E-mail*: stanislava.vidovic@giz.de

Introduction

According to Connorton, Perry, Hemenway & Miller (2012), Canfield, 2005; Figley, 1995, secondary traumatization (ST) is a phenomenon in which people who are deeply involved in providing support and care for people who have experienced trauma start to show symptoms resembling those of post-traumatic stress disorder (PTSD). Despite not having personally experienced a traumatic event, they may suffer serious emotional and psychological consequences from their regular interactions with traumatized clients. Secondary traumatization is particularly pronounced among professionals in helping professions, such as psychotherapists and counselors, social workers, translators, clinicians, and medical workers (Bride, 2024; Glomazić, Mikić, 2022; Lee, Gottfried, & Bride, 2018; Kindermann et al., 2017; Choi, 2011), educators (Van Bergeijk & Sarmiento, 2006), juvenile correctional facility staff (Smith Hatcher, Bride, Oh, Moultrie King, and Franklin Catrett, 2011), humanitarian workers (Connorton et al., 2012), and prison staff (Maslach, Schaufeli & Leiter, 2001; Maslach & Leiter, 2016), who often work with the most vulnerable groups in society.

Baum (2016) notes that even though there is a shortage of studies on this subject, several studies (van der Meer, Bakker, Smit, Buschbach, S., Dekker, Westerveld, Hutter, Gersons, Berthold & Olff, 2017; Baum 2016) point to specific behavioral patterns.

Among clinicians who treat traumatized clients, there is evidence of gender distinctions in sensitivity to secondary traumatic stress (STS), with women demonstrating greater susceptibility to post-traumatic stress disorder (PTSD) (Baum, 2016). Women are more prone than men to secondary traumatization in these professions since they make up a larger percentage of the workforce (Cohn-Schwartz & Schmitz, 2024; Bakhshi, Wesley & Reddy, 2021; Baum, Rahav & Sharon, 2014). They are frequently more susceptible to the detrimental emotional effects of working with traumatized individuals because of their gender role in society and emotional engagement. According to Yücel and Akoğlu (2023), women who work in helping professions including social work and therapy often offer strong emotional support, which raises the possibility of secondary traumatization. Women are more likely than men to internalize the traumas experienced by their clients because of their greater emotional sensitivity and empathy (Bakhshi, Wesley & Reddy, 2021). This might result in emotional weariness. However, in keeping with gender norms, males tend to be less empathetic, which may shield them from becoming deeply involved emotionally in traumatic stories.

There is a lack of psychological research on differences between genders in the context of secondary traumatization. Nonetheless, some research indicates that biological differences, especially those pertaining to oxytocin, might have a role in the emergence of post-traumatic stress disorder (PTSD) in females (Olff, 2017). Research on secondary traumatization among police officers has revealed that women experience greater symptoms of post-traumatic stress disorder (PTSD) than their male counterparts. This difference in PTSD symptoms has been attributed to a combination of psychosocial and biological factors, such as those linked to oxytocin. Some studies on law students have shown that women who work in professions that involve treating traumatic cases are more likely to experience secondary traumatization. These findings have been attributed to high levels of neuroticism and slightly more pronounced extraversion (Bakhshi, Wesley & Reddy, 2021).

Understanding the specific challenges that women face in these roles, as well as identifying protective factors and strategies to reduce the risk of secondary traumatization, is essential for enhancing their professional lives and overall well-being. This paper aims to explore and deepen the understanding of secondary traumatization among women providing psychosocial support services.

Risks and Symptoms of Secondary Traumatization

The term "secondary traumatization" refers to the psychological and emotional strain that those who work with traumatized individuals feel when they start exhibiting symptoms that resemble those of post-traumatic stress disorder (PTSD) (Stamm, 2010; Figley, 1995). Helping someone who has gone through a traumatic event or wanting to help someone who has, results in this indirect exposure to trauma (Stamm, 2010). Although these professionals are not exposed to horrific situations directly, they absorb their experiences through deep and compassionate encounters with survivors (Figley, 1995). Trauma exposure at work can be a major risk factor for workers' mental health (Glomazić, 2020), a phenomenon that is especially noticeable in caring professions.

The Professional Quality of Life Scale (ProQOL), created by Stamm (2010), measures the positive effects and drawbacks of interacting with traumatized persons. Secondary traumatic stress (STS), which results from indirect exposure to another person's trauma through assisting, is included in the scale. STS is characterized by distress, intrusive thoughts, and avoidance of trauma triggers (Stamm, 2010).

Symptoms of secondary traumatization include emotional exhaustion, anxiety, depression, depersonalization, intrusive thoughts, sleep disturbances, changes in behavior, phobic thoughts, mistrust of others' intentions, avoidance of triggers, anger, reduced sense of self-efficacy, changes in memory and perception, fear, guilt, hopelessness, and physical symptoms (Kounenou, Kalamatianos, Nikoltsiou & Kourmousi, 2023; NCTSN, 2011; Cieslak et al., 2014; Bride et al., 2004). These consequences negatively impact both the personal and professional lives of helpers.

Social workers, psychotherapists, interpreters, and other staff members in refuges and camps for migrants are among the people who deal with vulnerable populations on a daily basis and are therefore especially susceptible to secondary trauma (Kindermann et al., 2017). According to a 2017 study by Kindermann et al., 21% of interpreters who deal with refugees have signs of secondary traumatization, 6% of which have a severe case and 9% have PTSD. In addition, compared to the general population, women in this community are more likely to experience stress, anxiety, and depression (Kindermann et al., 2017).

According to Choi's (2011) research, 30% of social workers who assist victims of sexual and domestic abuse experience mild to severe secondary trauma symptoms. These professionals might experience burnout, compassion fatigue, and emotional exhaustion as a result of frequently confronting the horrific experiences of their clients. Secondary trauma affects 15% of clinical social workers, according to research by Lee, Gottfried, and Bride (2018) however, this prevalence is lower in other social worker demographics.

According to a study done with nurses in Ireland, up to 64% of them fit the criteria for determining the prevalence of secondary traumatization (Duffy et al., 2015); in Scotland, Morrison and Joy (2016) report that this figure is 39%.

Workers in refuges and migrant camps, who offer everyday support to those impacted by conflicts and challenging migration experiences, are equally susceptible to secondary trauma (Glomazić, Mikić, 2022; Kindermann et al., 2017). These workers' mental health is impacted by hearing horror and loss stories all the time, which raises the possibility of secondary trauma (Glomazić, Mikić, 2022; Kindermann et al., 2017).

Educators working with at-risk youth are also susceptible to secondary trauma. Research by Van Bergeijk and Sarmiento (2006) identified educators as a high-risk group, while a study by Smith Hatcher, Bride, Oh, Moultrie, King & Franklin Catrett (2011) found that 39% of educators in juvenile justice facilities reported symptoms of secondary trauma, and 81% reported experiencing at least one key symptom. Direct care staff in

residential treatment centers also face a high risk of secondary trauma. Zerah (2013) found that 27% of employees in these centers reported high levels of secondary trauma symptoms, while Beck (2011) and Zerah & Shalev (2015) noted similar results among nurses. Brady (2017) and MacEachern et al. (2011) documented the presence of secondary trauma among police investigators. Women in particular who work as professionals in correctional facilities are particularly vulnerable to secondary trauma. When it comes to providing psychosocial support, working with female prisoners is a difficult subject. Service workers frequently come with intensely personal accounts of abuse and trauma, which can cause further traumatization. The transfer of traumatic events from customers to service providers is a phenomena that can have a major negative effect on the mental health and general wellbeing of everyone involved. According to Ilijić, Pavićević, and Glomazić (2016), among the factors associated with recidivism is mental health.

Secondary traumatic stress, according to Figley (2002), is a range of emotional and psychological reactions to another person's stress that happen in caregivers as an involuntary attempt to comprehend and relate to trauma survivors. This problem has the potential to compromise professionals' mental well-being and productivity. According to Bride et al. (2004) and Figley (2002), employees who have experienced greater secondary trauma are more likely to find it challenging to help clients in need. Many risk factors, such as age, the type of work one does, the frequency and intensity of trauma exposure, low self-efficacy, lack of professional support and supervision, and an unstable work-life balance, can lead to secondary traumatization (Kindermann et al., 2017; Lalonde & Dauphin, 2016). According to Stamm (2010), there can be a cumulative stress effect from ongoing exposure to traumatic experiences, and feelings of emotional overload and loneliness might worsen when there is little supervision. A high level of empathy, which is essential for providing quality psychosocial support, can also act as a risk factor, as providers who are highly empathetic may be more affected by their clients' traumas (Baum, Rahav & Sharon, 2014). Despite the presence of risk factors, there are also protective mechanisms that can help reduce the risk of secondary traumatization. Professional supervision, a strong social network, and regular self-care practices can significantly enhance the resilience of psychosocial support providers (Lalonde & Dauphin, 2016). Additionally, ongoing professional development and education on recognizing and managing stress can help strengthen providers' ability to cope with the challenges of their work (Kindermann et al., 2017).

Method

This quantitative study used an empirical-descriptive methodology. The study examines secondary traumatization among women in helping professions who offer vulnerable populations psychosocial care, as well as an examination of their professional and sociodemographic features. The study's objectives are to ascertain the degree of secondary traumatization in these women in comparison to the overall population and investigate the association between the degree of secondary traumatization and sociodemographic and professional traits.

The general hypothesis holds that, in comparison to the general population, women in helping professions who offer psychosocial support to vulnerable groups have higher levels of secondary traumatization. The first hypothesis states that socio-demographic and professional characteristics are positively related to the degree of secondary traumatization. For the purposes of the research, a standardized instrument was used - *Secondary Traumatic Stress Scale*, as well as an *Online questionnaire* to gather demographic and professional data.

Data was gathered in Serbian territory between April and June of 2024. The sample is made up of female professionals who work in non-governmental organizations, women's shelters, migrant centers, and receiving centers and who offer psychosocial support to traumatized people, migrants, asylum seekers, and victims of abuse. Since it was believed that psychological care providers needed to meet specific requirements, a sample of highly educated respondents was used.

The data are presented through frequencies and percentages, as well as Mean and Std. Deviation. Differences were tested using ANOVA and Independent Samples T-test. Data analysis was conducted using the statistical program IBM SPSS Statistics for Windows, Version 24.0 (IBM Corp., Armonk, NY, USA). Values of $p \leq 0.05$ are considered statistically significant.

Results

Table 1 *General information about the respondents*

	N = 80
Age (years), Mean (Std. Deviation), Min - Max	41.38 (7.16), 27.0 – 54.0
Age categories, n (%)	
23 - 33	14 (17.5%)
34 - 43	39 (48.8%)
44 - 53	18 (22.5%)
54 - 67	9 (11.3%)
Marital status, n (%)	
Single	20 (25.30%)
Married	41 (51.2%)
Divorced	14 (17.5%)
Widowed	0 (0.0%)
Education level, n (%)	
High school	0 (0.0%)
University degree (graduate studies)	56 (70.0%)
Postgraduate studies/doctorate	24 (30.0%)

The study included N = 80 women aged from Min = 27 to Max = 54 years, with an average age of 41.38 (SD = 7.16). The majority (70.0%) have a university degree, while 30% have completed postgraduate studies. Half of the sample consists of married respondents (51.2%), 25.30% are single, and 17.5% are divorced. Table 1 shows the general information about the respondents.

Table 2 *Professional experience in service provision*

	n (%)
Type of work	
Counseling	38 (47.5%)
Psychotherapy	5 (6.3%)
Social Work	38 (47.5%)
Cultural Mediation	5 (6.3%)
Humanitarian Work	29 (36.3%)
Healthcare	0 (0.0%)
Field Work	29 (36.3%)
Age Groups of Service Users	
Children (1 – 12 years of age)	5 (6.3%)
Youth (13 – 17 years of age)	15 (18.8%)
Young Adults(18 – 25 years of age)	24 (30.0%)
Adults (18 – 64 years of age)	32 (40.0%)
Elderly (65 years of age and above)	4 (5.0%)
Therapeutic Training	
Yes	30 (37.5%)
No	50 (62.5%)
Specific Training on Trauma	
Yes	58 (72.5%)
No	22 (27.5%)

Counseling and social work comprise 47.5% of the respondents' work with sensitive groups. 36.3% of the population works in humanitarian aid, and another 36.3% conducts fieldwork. The remaining 6.3% of the population is employed in psychotherapy and cultural mediation. Seventy-odd percent of users are in the 18–64 age range. Of the respondents, 37.5% have completed training to become psychotherapists, 72.5% have completed trauma-specific training, and 60.0% have professional licenses to provide services (Table 2).

Table 3 *Descriptive statistics of Secondary Traumatic Stress Scale*

Items and Total Scores	Min–Max	M	SD	α
1. I felt emotionally numb	1 - 5	2.31	0.91	0.971
2. My heart started pounding when I thought about my work with clients	1 - 5	1.58	1.05	0.969
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)	1 - 5	2.21	1.03	0.971
4. I had trouble sleeping	1 - 5	2.48	1.22	0.972
5. I felt discouraged about the future	1 - 5	2.13	0.92	0.969

6. Reminders of my work with clients upset me	1 - 5	1.84	1.00	0.969
7. I had little interest in being around others	1 - 5	1.95	0.95	0.969
8. I felt jumpy	1 - 5	2.49	1.06	0.969
9. I was less active than usual	1 - 5	2.36	0.96	0.971
10. I thought about my work with clients when I didn't intend to	1 - 5	2.93	1.25	0.976
11. I had trouble concentrating	1 - 5	2.38	1.04	0.969
12. I avoided people, places, or things that reminded me of my work with clients	1 - 5	1.54	1.05	0.969
13. I had disturbing dreams about my work with clients	1 - 5	1.84	1.17	0.969
14. I wanted to avoid working with some clients	1 - 5	2.14	1.16	0.970
15. I was easily annoyed	1 - 5	2.11	1.26	0.970
16. I expected something bad to happen	1 - 5	1.89	1.09	0.969
17. I noticed gaps in my memory about client sessions	1 - 5	1.64	1.05	0.969
Secondary Traumatization Total Score	23-85	35.79	15.15	0.972

Note. M = Mean; SD = Std. Deviation; α = Cronbach's alpha.

The scale as a whole, as well as all items, demonstrate excellent reliability measured by Cronbach's alpha coefficient. The reliability of the items ranges from α = 0.969 to α = 0.976, while the reliability of the scale as a whole on the sample of women from Serbia is α = 0.972. The theoretical range of the scale spans from Min = 17 to Max = 85, with higher scores indicating more pronounced traumatization. The average score achieved by the sample of respondents from Serbia is 35.79 (*SD* = 15.15), indicating moderate secondary traumatization. The highest score and the most significant trauma for respondents were in the area of automatic thoughts: I thought about working with clients without intending to (item 10), 2.93 (*SD* = 1.25). Avoidance was the least frequent reaction: I avoided people, places, and things that remind me of working with clients (item 12), 1.54 (M = 1.05).

Table 4 *Secondary Traumatic Stress Scale Items among respondents with different characteristics*

	Item 1	**Item 2**	**Item 3**	**Item 4**	**Item 5**	**Item 6**	**Item 7**	**Item 8**	**Item 9**
Age categories (p-value)[a]	< 0.001	< 0.002	< 0.003	< 0.004	< 0.005	< 0.006	< 0.007	< 0.008	< 0.009
23 - 33 g.	2.71 (0.47)	1.29 (0.47)	2 (0)	3.36 (0.5)	2 (0)	2 (0)	2 (0)	2.64 (0.5)	3.29 (0.47)
34 - 43 g.	2 (0.51)	1.23 (0.43)	1.72 (0.83)	1.74 (0.85)	1.64 (0.49)	1.38 (0.49)	1.51 (0.51)	2 (0)	2 (0)

44 - 53 g.	2.22 (0.43)	1.72 (0.83)	2.5 (0.51)	2.56 (1.15)	2.5 (0.51)	2 (0.69)	2.22 (0.43)	3.06 (1.3)	2 (0.69)
54 - 67 g.	3.22 (2.11)	3.22 (2.11)	4.11 (1.05)	4.11 (1.05)	3.67 (1.58)	3.22 (2.11)	3.22 (2.11)	3.22 (2.11)	3.22 (2.11)
Marital status (p-value) [a]	0.006	0.005	< 0.001	< 0.001	< 0.001	< 0.001	0.175	0.013	0.128
Single	2.5 (0.51)	1.5 (0.51)	2 (0.73)	3.25 (0.85)	2.25 (0.44)	2 (0)	2 (0)	3 (1.26)	2.5 (0.51)
Married	1.98 (0.47)	1.39 (0.67)	2.07 (0.75)	2.1 (0.89)	1.76 (0.62)	1.54 (0.67)	1.88 (0.56)	2.2 (0.4)	2.2 (0.75)
Divorced	2.79 (1.76)	2.43 (1.99)	3.36 (1.34)	3 (1.75)	3.07 (1.49)	2.79 (1.76)	2.43 (1.99)	2.79 (1.76)	2.79 (1.76)
Education level (p-value) [b]	0.001	< 0.001	0.001	< 0.001	< 0.001	< 0.001	0.001	< 0.001	0.003
University degree (graduated)	2.09 (0.64)	1.21 (0.56)	1.96 (0.71)	2.14 (1.09)	1.89 (0.49)	1.57 (0.63)	1.73 (0.59)	2.16 (0.53)	2.16 (0.76)
Postgraduate studies	2.83 (1.2)	2.42 (1.41)	2.79 (1.38)	3.25 (1.19)	2.67 (1.37)	2.46 (1.38)	2.46 (1.38)	3.25 (1.51)	2.83 (1.2)
Doctorate									
Therapeutic Training (p-value) [b]	0.154	0.089	0.002	0.888	0.117	0.021	0.116	0.001	0.323
Yes	2.5 (1.14)	1.83 (1.49)	2.67 (1.27)	2.5 (1.63)	2.33 (1.4)	2.17 (1.37)	2.17 (1.37)	3 (1.44)	2.5 (1.14)
No	2.2 (0.73)	1.42 (0.64)	1.94 (0.74)	2.46 (0.91)	2 (0.4)	1.64 (0.63)	1.82 (0.56)	2.18 (0.56)	2.28 (0.83)
Specific Train. on Trauma (p-value) [b]	0.392	0.878	0.421	< 0.001	0.736	0.374	0.775	0.685	0.008
Yes	2.26 (0.95)	1.59 (1.14)	2.16 (1.17)	2.19 (1.3)	2.1 (1.05)	1.78 (1.11)	1.93 (1.06)	2.52 (1.14)	2.19 (0.91)
No	2.45 (0.8)	1.55 (0.8)	2.36 (0.49)	3.23 (0.43)	2.18 (0.39)	2 (0.62)	2 (0.62)	2.41 (0.8)	2.82 (0.96)
Type of work_ Counseling[b]	2.42 (1.13)	1.89 (1.31)	2.47 (1.27)	2.37 (1.46)	2.42 (1.13)	2.05 (1.25)	1.92 (1.3)	2.68 (1.44)	2.29 (1.11)
p Value	0.312	0.009	0.030	0.462	0.005	0.067	0.798	0.113	0.520
Type of work_ Social Work[b]	2.11 (0.61)	1.45 (0.69)	1.84 (0.79)	2.08 (0.94)	1.97 (0.49)	1.71 (0.65)	1.84 (0.59)	2.21 (0.41)	2.32 (0.66)
p Value	0.052	0.305	0.002	0.005	0.163	0.283	0.339	0.025	0.681
Type of work_	2.34 (0.48)	1.17 (0.38)	1.48 (0.51)	1.69 (0.76)	1.83 (0.38)	1.52 (0.51)	1.66 (0.48)	2 (0)	2.03 (0.57)

Humanitarian Work[b]									
p Value	0.812	0.009	< 0.001	< 0.001	0.028	0.030	0.036	0.001	0.020
Type of work_ Field Work[b]	2.03 (0.57)	1.34 (0.48)	1.97 (0.82)	1.97 (1.18)	2.17 (0.38)	1.69 (0.47)	1.52 (0.51)	2.38 (1.27)	1.86 (0.35)
p Value	0.038	0.141	0.105	0.004	0.730	0.321	0.002	0.493	< 0.001
Age groups of Users (p-value)[a]	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
Children (1 – 12 years) and youth (13 – 17)	2 (0.85)	1 (0)	1.33 (0.49)	1.67 (0.98)	2 (0)	1.33 (0.49)	1.67 (0.49)	2 (0)	2 (0)
Young adults (18 – 25)	2 (0)	1.58 (0.5)	1.96 (0.91)	2 (1.14)	1.83 (0.76)	1.63 (0.49)	1.42 (0.5)	2.63 (1.24)	2 (0)
Adults (26 – 64) and elderly (65 y. of age and above)	2.19 (0.64)	1.13 (0.34)	2.28 (0.46)	2.75 (0.88)	1.84 (0.37)	1.59 (0.5)	1.88 (0.34)	2.16 (0.63)	2.31 (1)

Item 1 = I felt emotionally numb, Item 2 = My heart started pounding when I thought about my work with clients, Item 3 = It seemed as if I was reliving the trauma(s) experienced by my client(s), Item 4 = I had trouble sleeping, Item 5 = I felt discouraged about the future, Item 6 = Reminders of my work with clients upset me, Item 7 = I had little interest in being around others, Item 8 = I felt jumpy, Item 9 = I was less active than usual.

Note. Mean (Std. Deviation) are showen in table.[a]ANOVA, [b]Independent Samples T-test.

The oldest respondents (ages 54–67) have the highest level of secondary traumatization in all domains, including tension, irritation, and decreased activity, as well as physical stress and emotional numbness when considering dealing with clients.

Respondents of different marital statuses exhibit varying levels of secondary traumatization across nearly all aspects. Divorced individuals report the highest level of emotional exhaustion, with pronounced symptoms such as feelings of emotional numbness and discouragement about the future. More than others, they tend to avoid people, places, and things that remind them of their work with clients. They experience

disturbing dreams, avoid working with clients, become easily irritated, perceive negative future events, and have memory gaps regarding their sessions with clients.

On the other hand, single respondents experienced sleep problems more frequently than others, reported greater difficulties with concentration, and exhibited more pronounced symptoms of tension and distress.

Those with a university degree and those with postgraduate or doctorate degrees exhibit significantly different symptoms, according to data on secondary traumatization analyzed based on their level of education. Compared to people with a university degree, those with postgraduate or doctoral degrees report much higher scores on the majority of items related to emotional weariness.In particular, they report more severe symptoms like emotional numbness, insomnia, hopelessness about the future, anxiety about dealing with clients, and increased levels of stress and impatience. These people also report having more trouble focusing and are more likely to avoid situations that remind them of working with clients. On the other hand, those who have a university degree typically report lower scores across all categories on the questionnaire.

Individuals who have received therapeutic training report higher scores on most items compared to their colleagues who have not received therapeutic training, however participants with specific trauma training do not differ from those without this training. They report higher levels of tension, impatience, and difficulty concentrating. They also feel uncomfortable at the notion of working with clients and more deeply experience the traumas of their clients. In addition, they report having unsettling dreams about their work with clients more frequently and having a stronger inclination to steer clear of particular clients. Furthermore, those who have received therapeutic training are more prone to anticipate negative outcomes.

The counseling profession carries a higher level of traumatization in the following areas: "My heart started racing at the thought of working with clients" (Item 2), "It felt like I was reliving the traumas and experiences of my clients" (Item 3), "I felt discouraged about the future" (Item 5), "I avoided people, places, and things that reminded me of working with clients" (Item 12), "I had disturbing dreams about my work with clients" (Item 13), "I wanted to avoid working with certain clients" (Item 14), "I was easily irritated" (Item 15), and "I expected something bad to happen" (Item 16). Therefore, trauma is greater among these participants who are engaged in counseling.

Those who work with adults (ages 18–25 and 26–64) experience more pronounced traumatization compared to those who work with younger individuals (under 25 years old).

Table 5 *Secondary Traumatic Stress Scale Items among respondents with different characteristics, continuation*

	Item 10	**Item 11**	**Item 12**	**Item 13**	**Item 14**	**Item 15**	**Item 16**	**Item 17**
Age categories (p-value) [a]	0.010	0.011	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
23 - 33 years of age	2 (0.88)	3 (0)	1 (0)	1 (0)	2 (0.88)	1.93 (0.83)	1.93 (0.83)	1.64 (0.5)
34 - 43 years of age	3.05 (1.32)	1.77 (0.43)	1.13 (0.34)	1.38 (0.49)	1.64 (0.71)	1.38 (0.49)	1.51 (0.51)	1.13 (0.34)
44 - 53 years of age	3 (0.77)	2.78 (0.88)	2 (0.69)	2.56 (1.15)	2.78 (0.88)	3.06 (1.3)	2 (1.03)	1.94 (0.73)
54 - 67 years of age	3.67 (1.58)	3.22 (2.11)	3.22 (2.11)	3.67 (1.58)	3.22 (2.11)	3.67 (1.58)	3.22 (2.11)	3.22 (2.11)
Marital status (p-value) [a]	0.012	0.001	0.003	0.005	< 0.001	< 0.001	0.001	0.005
Single	2.5 (1.15)	3 (0.73)	1.5 (0.51)	2 (1.26)	2.75 (1.12)	2.5 (1.54)	2 (0.73)	1.75 (0.44)
Married	2.95 (1.22)	2.1 (0.54)	1.32 (0.65)	1.56 (0.67)	1.76 (0.62)	1.61 (0.8)	1.51 (0.81)	1.39 (0.67)
Divorced	3.79 (1.25)	2.79 (1.76)	2.43 (1.99)	2.71 (1.82)	2.79 (1.76)	3.07 (1.49)	2.79 (1.76)	2.43 (1.99)
Education level (p-value) [b]	0.462	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	0.002	< 0.001
University degree (graduated)	2.86 (1.18)	2.07 (0.63)	1.23 (0.57)	1.48 (0.63)	1.82 (0.69)	1.79 (0.68)	1.64 (0.72)	1.29 (0.59)
Postgraduate studies /Doctorate	3.08 (1.41)	3.08 (1.41)	2.25 (1.51)	2.67 (1.66)	2.88 (1.62)	2.88 (1.87)	2.46 (1.53)	2.46 (1.38)
Therapeutic Training (p-value) [b]	< 0.001	0.002	0.051	0.003	0.001	0.033	0.004	0.197
Yes	3.83 (0.91)	2.83 (1.23)	1.83 (1.49)	2.33 (1.63)	2.67 (1.4)	2.5 (1.83)	2.33 (1.4)	1.83 (1.49)
No	2.38 (1.1)	2.1 (0.79)	1.36 (0.63)	1.54 (0.65)	1.82 (0.85)	1.88 (0.66)	1.62 (0.75)	1.52 (0.65)
Specific Training on Trauma (p-value) [b]	0.001	0.166	0.367	0.172	0.516	0.918	0.737	0.480

Yes	3.21 (1.28)	2.28 (1.1)	1.6 (1.14)	1.95 (1.28)	2.19 (1.23)	2.1 (1.41)	1.86 (1.16)	1.59 (1.14)
No	2.18 (0.8)	2.64 (0.79)	1.36 (0.79)	1.55 (0.8)	2 (0.93)	2.14 (0.77)	1.95 (0.9)	1.77 (0.75)
Type of work Counseling[b]	3.08 (1.32)	2.32 (1.42)	1.79 (1.34)	2.16 (1.5)	2.45 (1.43)	2.55 (1.54)	2.32 (1.21)	1.79 (1.34)
p Value	0.298	0.630	0.041	0.019	0.022	0.002	0.001	0.219
Type of work Social Work[b]	3.29 (1.11)	2.08 (0.59)	1.34 (0.67)	1.61 (0.68)	1.84 (0.79)	1.82 (0.77)	1.95 (0.7)	1.45 (0.69)
p Value	0.012	0.014	0.116	0.093	0.029	0.045	0.643	0.123
Type of work Humanitarian Work[b]	2.31 (0.47)	2 (0.6)	1.34 (0.48)	1.34 (0.48)	1.83 (0.71)	1.66 (0.48)	1.34 (0.48)	1.48 (0.51)
p Value	0.001	0.014	0.220	0.004	0.070	0.014	0.001	0.322
Type of work Field Work [b]	3.03 (1.02)	2.03 (1.02)	1.34 (0.48)	1.83 (1.1)	2.21 (1.08)	2.34 (1.29)	2.03 (0.57)	1.34 (0.48)
p Value	0.558	0.026	0.220	0.955	0.688	0.217	0.367	0.059
Age groups of users(p-value) [a]	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
Children (1 – 12 years) and youth (13 – 17)	3.67 (1.29)	1.67 (0.49)	1 (0)	1.33 (0.49)	1.33 (0.49)	1.33 (0.49)	1.67 (0.49)	1 (0)
Young adults (18 – 25)	2.67 (1.2)	2.25 (0.99)	1.42 (0.5)	1.83 (1.2)	2.46 (1.02)	2.25 (1.51)	1.83 (0.76)	1.42 (0.5)
Adults (26 – 64) and elderly (65 years of age and above)	2.44 (0.95)	2.31 (0.69)	1.16 (0.37)	1.44 (0.5)	1.72 (0.73)	1.81 (0.64)	1.41 (0.71)	1.41 (0.5)

Item 10 = I thought about my work with clients when I didn't intend to, Item 11 = I had trouble concentrating, Item 12 = I avoided people, places, or things that reminded me of my work with clients, Item 13 = I had disturbing dreams about my work with clients, Item 14 = I wanted to avoid working with some clients, Item 15 = I was easily annoyed, Item 16 = I expected something bad to happen, Item 17 = I noticed gaps in my memory about client sessions.

Note. Mean (Std. Deviation) are showen in table. [a]ANOVA, [b]Independent Samples T-test.

Table 6 *Secondary traumatization among respondents with different characteristics*

	Secondary Traumatization Total Score
Age categories (p-value) [a]	0.018
23 - 33 years of age	35.79 (2.49)
34 - 43 years of age	28.23 (3.54)
44 - 53 years of age	40.89 (11.62)
54 - 67 years of age	58.33 (31.62)
Marital status (p-value) [a]	0.001
Single	39 (8.37)
Married	31.29 (7.8)
Divorced	48.21 (28.53)
Education level (p-value) [b]	< 0.001
University degree (graduated)	31.11 (7)
Postgraduate studies/Doctorate	46.71 (22.2)
Therapeutic Training (p-value) [b]	0.005
Yes	41.83 (21.83)
No	32.16 (7.22)
Specific Training on Trauma (p-value) [b]	0.772
Yes	35.48 (17.09)
No	36.59 (8.33)
Type of work_Counseling[b]	38.97 (20.24)
p Value	0.073
Type of work_Social Work[b]	32.89 (7.31)
p Value	0.105
Type of work_Humanitarian Work[b]	29.03 (4.18)
p Value	0.002
Type of work_Field Work [b]	33.1 (9.77)
p Value	0.234
Age groups of users (p-value) [a]	< 0.001
Children (1 – 12 years of age) and youth (13 – 17)	28 (2.24)
Young adults (18 – 25)	33.17 (11.18)
Adults (26 – 64) and elderly (65 years of age and above)	31.81 (4.27)

Note. Mean (Std. Deviation) are showen in table. [a]ANOVA, [b]Independent Samples T-test.

Table 6 presents the average scores on the Secondary Traumatic Stress Scale among women service providers of psychosocial support with different sociodemographic and professional characteristics.

The age group of 54 to 67 years old has the highest scores on the Secondary Traumatic Stress Scale (58.33, *SD* = 31.62), however those in the 44 to 53 age range also record high scores (40.89, *SD* = 11.62). Individuals between the ages of 34 and 43 demonstrated substantially lower scores (28.23, *SD* = 3.54), indicating a higher amount of secondary traumatization among older

individuals (p = 0.018). The consideration of marital status is crucial, since women who have divorced are a vulnerable demographic and have a greater level of secondary traumatization (48.21, *SD* = 28.53, p = 0.001).In comparison to women with university education (bachelor's degree), who score lower (31.11, *SD* = 7), p < 0.001, women with postgraduate or doctorate degrees score significantly higher (46.71, *SD* = 22.2). Furthermore, there is a greater degree of secondary traumatization in women who have had therapeutic training (41.83, *SD* = 21.83, p = 0.005), in women who work with younger adults (18 to 25) (33.17, SD = 11.18), and in older persons (26 and above) (31.81, *SD* = 4.27). On the other hand, secondary trauma is less common in women who work in aid programs (29.03, *SD* = 4.18, p = 0.002).

Discussion

The study's findings show a strong correlation between the level of secondary traumatization (ST) and the professional and personal traits of women who offer psychological support. The results indicated that women in helping professions who work with vulnerable groups had a moderate level of secondary traumatization. This conclusion is partly consistent with other research findings (Lee, Gottfried & Bride, 2018; Kindermann et al., 2017; Zerah, 2013).

The results supported the general hypothesis by demonstrating that women in helping professions who offer psychological support to vulnerable populations do, in fact, show a somewhat heightened sensitivity to secondary traumatization. Furthermore, although the moderate correlation varies depending on specific factors, the results also showed a connection between specific socio-demographic factors (age, marital status) and professional characteristics (job role, training) with secondary traumatization, confirming the first hypothesis. Specifically, the emotional state of these professionals was found to be significantly influenced by age, marital status, level of education, and work experience. These findings offer fresh insights unique to this population, while also aligning with earlier studies (Kindermann et al., 2017; Lalonde & Dauphin, 2016).

Research has historically shown, as we have demonstrated, that men and women in professions that deal with traumatized clients have different rates of secondary traumatization. In numerous studies, women have reported experiencing signs of secondary traumatization and emotional weariness at higher rates than men. The aforementioned findings can be attributed to the distinct responsibilities that genders have historically had in society. Women are typically expected to demonstrate higher levels of

emotional engagement and sensitivity, which can lead to emotional weariness.

It is crucial to remember that men were excluded from this study, which makes it hard to compare gender variations in secondary traumatization directly. However, concentrating on women enables a more profound comprehension of the particular difficulties that they encounter in this line of work, because dealing with trauma is seen as an extremely demanding and prolonged process.

There was a greater prevalence of secondary traumatization among older participants, specifically those between the ages of 54 and 67. The research, in contrast to our findings, indicates that younger women may be more vulnerable to secondary traumatization as a result of a lack of training and insufficient experience in their jobs (Kounenou et al., 2023). The cumulative effect of extended stress exposure helps to explain our results in part. This population's older women are more likely to have worked with emotionally draining cases and trauma for extended periods of time, which raises the risk of burnout and subsequent traumatization. This result is consistent with studies showing that long-term social and counseling professionals are more prone to emotional exhaustion and indications of post-traumatic stress disorder.

Older women may also be less able to recuperate from stress and restore their energy, which leaves them more susceptible to the cumulative effects of being exposed to the traumatic experiences of their clients. More investigation is required to determine how workplace support and coping mechanisms can assist professionals in lessening these consequences (Whitfield & Kanter, 2014).

The results of the study show that whilst single women had more severe sleep issues, divorced women reported the highest degrees of emotional exhaustion. Divorced people may endure a combination of stressors that worsens the consequences of secondary traumatization, as they are probably already under stress from their personal circumstances. Conversely, single people could have less social support than their married coworkers, which makes emotional recovery even more difficult. Lack of solid relationships outside of work can exacerbate feelings of loneliness and worsen sleep patterns, both of which can aggravate secondary traumatization. These results are consistent with the work of authors who have studied emotional burnout and shown that those who grow up in unstable families are more likely to experience burnout (Gama et al., 2014; Cañadas-De la Fuente et al., 2018). That being said, it is crucial to note that these data should be interpreted cautiously because they contradict the findings of previous studies.

Given that one would think that a higher education would provide better coping mechanisms, the results indicating that participants with postgraduate education reported higher degrees of emotional exhaustion and stress symptoms may come as a surprise. Higher degree graduates might, nevertheless, be held to higher standards by their employers and deal with more challenging cases in their line of work, both of which can lead to stress. Emotional exhaustion may also be exacerbated in these people by the fact that they may be excessively conscious of professional standards and experience increased pressure to fulfill the demanding requirements of their professions.

It is noteworthy that individuals who received therapeutic training exhibited elevated levels of Secondary Traumatic Stress (STS). This finding could suggest a deeper level of engagement with the emotionally sensitive elements of trauma work and therapy. These results may be explained by a greater exposure to distressing content in professional settings and during training, which could result in heightened emotional engagement and stress. Studies have indicated that professionals who have undergone specialized training in trauma work tend to form more profound emotional bonds with their clients, thereby raising the possibility of recurrent trauma.

These findings show that in order to avoid excessive emotional engagement and burnout, individuals undergoing intense training require extra assistance and supervision.

Those who work in social work or humanitarian roles reported lower levels of emotional stress than counselors. The emotional load of counseling rises because it necessitates a more intense emotional connection and frank discussion of the traumatic experiences of the client. This result is consistent with other studies that have demonstrated that because of their emotional attachment to their clients, counselors and therapists are more likely to exhibit signs of secondary traumatization (Kounenou et al., 2023). Furthermore, compared to dealing with younger populations, working with adult clients is linked to higher levels of secondary traumatization. Adult clients frequently have longer and more complicated trauma histories, which require more intensive work and can elicit deeper emotional responses from professionals.

Conclusion

This research highlights the significance of demographic and professional factors in understanding secondary traumatization among women providing psychosocial support to vulnerable groups. Age, marital status, educational level, and specific training are moderately associated with the emotional well-being of these professionals. The findings indicate the need for additional support for all professionals working in helping professions. Organizations should develop prevention and intervention strategies to mitigate the effects of secondary traumatization and ensure the long-term emotional stability of these specialists.

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. (2016). Secondary traumatization in mental health professionals: A systematic review of gender findings. *Trauma, Violence, & Abuse, 17*(2), 221-235. doi:10.1177/1524838015584357

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

Brady, P. Q. (2017). Crimes against caring: Exploring the risk of secondary traumatic stress, burnout, and compassion satisfaction among child exploitation investigators. *Journal of Police and Criminal Psychology, 32*(4), 305-318.https://doi.org/1007/s11896-016-9223-8

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52*(1), 63–70. https://doi.org/10.1093/Sw/52.1.63

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on social work practice, 14*(1), 27-35.

Cañadas-De la Fuente, G. A., Ortega, E., Ramirez-Baena, L., De la Fuente-Solana, E. I., Vargas, C. & Gómez-Urquiza, J. L. (2018). Gender, Marital Status, and Children as Risk Factors for Burnout in Nurses: A Meta-Analytic Study. *International Journal of Environmental Research and Public Health, 15*(10), 2102. https://doi.org/10.3390/ijerph15102102

Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work, 75*(2), 81–101. https://doi.org/10.1300/J497v75n02_06

Choi, G. (2011). Secondary traumatic stress of service providers who practice with survivors of family or sexual violence: A national survey of social workers. *Smith College Studies in Social Work, 81*(1), 101-119. doi:10.1080/00377317.2011.543044

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. C. (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services, 11*(1), 75-86. 10.1037/a0033798 Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/23937082

Connorton, E., Perry, M.J., Hemenway, D., & Miller, M. (2012). Humanitarian Relief Workers and Trauma-related Mental Illness. *Epidemiologic Reviews, 34(1),* 145–155, https://doi.org/10.1093/epirev/mxr026

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

Duffy, E., Avalos, G. & Dowling, M. (2015). Secondary traumatic stress among emergency nurses: A cross-sectional study. *International Emergency Nursing, 23*(2), 53–58. https://doi.org/10.1016/j.ienj.2014.05.001

Figley, C. R. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In: C. R. Figley (Eds.), *Compassion fatigue. coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). Routledge.

Gama, G., Barbosa, F. & Vieira, M. (2014). Personal determinants of nurses' burnout in end of life care. *European Journal of Oncology Nursing, 18*(5), 527–533. https://doi.org/10.1016/j.ejon.2014.04.005

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.

Glomazić, H., & Mikić, A. (2022). Profesionalna izloženost stresu: rizik profesije. *Zbornik Instituta za kriminološka i sociološka istraživanja, 41*(2-3), 55-65.

Ilijić, Lj, Pavićević, O., & Glomazić, H. (2016). Potrebe i mogućnosti obrazovanja osuđenika. *Andragoške studije*, (11), 75-93. https://doi.org/10.5937/andstud1602075I

Kindermann, D., Schmid, C., Derreza-Greeven, C., Huhn, D., Kohl, R., Junne, F., Schleyer, M., Daniels, K. J., Ditzen, B., Herzog, W., & Nikendei, C. (2017). Prevalence of and Risk Factors for Secondary Traumatization in Interpreters for Refugees: A Cross-Sectional Study. *Psychopathology*, *50* (4), 262–272. https://doi.org/10.1159/000477670

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

Lalonde, C. & Dauphin, B. (2018). Secondary Traumatic Stress in Mental Health Therapists: Potential Protective Factors. https://doi.org/10.13140/RG.2.1.4476.1843

Lee, J. J., Gottfried, R., & Bride, B. E. (2018). Exposure to client trauma, secondary traumatic stress, and the health of clinical social workers: A mediation analysis. *Clinical Social Work Journal, 46*(3), 228-235. https://doi.org/10.1007/s10615-017- 0638-1

MacEachern, A. D., Jindal-Snape, D., & Jackson, S. (2011). Child abuse investigation: Police officers and secondary traumatic stress. *International Journal of Occupational Safety and Ergonomics, 17*(4), 329-339. https://doi.org/10.1080/10803548.2011.11076898

Maslach, C. & Leiter, M. P. (2016). Burnout Stress: Concepts, cognition, emotion, and behavior. *Academic Press*, 351–357. https://doi.org/ 10.1016/B978-0-12-800951-2.00044-3.

Maslach, C., Schaufeli, W. B. & Leiter, M. P. (2001). Job Brunout. *Annual Review of Psychology*, 397–422.

Morrison, L. E. & Joy, J. P. (2016). Secondary traumatic stress in the emergency department. *Journal of Advanced Nursing*, *72*(11), 2894–2906. https://doi.org/10.1111/jan.13030

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee – NCTSN (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. Retrieved from: https://www.nctsn.org/sites/default/files/resources/factsheet/secondary_traumatic_stress_child_serving_professionals.pdf

Olff, M. (2017). Sex and gender differences in post-traumatic stress disorder: an update. *European Journal Psychotraumatology, 8,1351204*. https://doi.org/10.1080/20008198.2017.1351204

Smith Hatcher, S., Bride, B. E., Oh, H., Moultrie King, D., & Franklin Catrett, J. (2011). An assessment of secondary traumatic stress in juvenile justice education workers. *Journal of Correctional Health Care, 17*(3), 208-217. https://doi.org/10.1177/1078345811401509

Stamm, B. H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org.

Van Bergeijk, E. O., & Sarmiento, T. L. (2006). The consequences of reporting child maltreatment: Are school personnel at risk for secondary traumatic stress? *Brief Treatment and Crisis Intervention, 6*(1), 79-98. https://doi.org/10.1093/brieftreatment/mhj003

van der Meer, C., Bakker, A., Smit, A.S., van Buschbach, S., den Dekker, M., Westerveld, G. J., Hutter, R., C., Gersons, Berthold P.R. & Olff, M. (2017). Gender and Age Differences in Trauma and PTSD Among Dutch Treatment-Seeking Police Officers. *The Journal of Nervous and Mental Disease, 205(2),* 87-92, https://doi.org/10.1097/NMD.0000000000000562

Zerach, G., & Shalev, T. B. (2015). The relations between violence exposure, posttraumatic stress symptoms, secondary traumatization, vicarious post traumatic growth and illness attribution among psychiatric nurses. *Archives of Psychiatric Nursing, 29*(3), 135-142. https://doi.org/10.1016/j.apnu.2015.01.002

Zerach, G. (2013). Compassion fatigue and compassion satisfaction among residential child care workers: The role of personality resources. *Residential Treatment for Children & Youth, 30*(1), 72-91. https://doi.org/10.1080/0886571X.2012.761515

Yücel B., Akoğlu, B. (2023). Secondary Traumatization in Mental Health Workers. *Psikiyatride Güncel Yaklaşımlar - Current Approaches in Psychiatry, 15*(1), 383-393. https://doi.org/10.18863/pgy.1327170

Whitfield, N. & Kanter, D. (2014). *Helpers in distress: Preventing secondary trauma. Reclaiming Children and Youth, 22*(4), 59–61.