

Vicarious traumatization and burnout in social service professionals
working with clients who suffer from maltreatment: a systematic
literature review

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Abstract

Social service professionals who work with traumatised individuals often experience adverse psychological effects, such as vicarious traumatization (VT) and burnout. VT and burnout can arise from repeated exposure to clients' traumatic experiences. These conditions not only impact the mental health of these professionals but also compromise their job performance. By investigating the risk and protective factors associated with the development of VT and burnout, strategies can be devised to mitigate these negative occupational outcomes and potentially prevent them in the future. Previous research on VT and burnout has focused on social service professionals working with traumatised clients in general. This study narrows its focus to a more specific population by concentrating on social service professionals working with clients who have experienced maltreatment. Through this focus it aims to provide more targeted insights into the risk and protective factors pertinent to this group. To answer the research question, a systematic literature review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Interdisciplinary databases were searched, including PsycINFO, SmartCat, ERIC, and Google Scholar using well-defined search terms along with specific inclusion and exclusion criteria. Of the 167 articles initially reviewed, eight satisfied all inclusion criteria. Out of these eight studies, multiple studies have identified the same protective factors that serve as buffers against the development of VT and burnout. These protective factors include engagement in religious activities, the presence of social support both within the workplace and in personal life, and the availability of supervision at work. Conversely, the risk factors contributing to the development of VT and burnout are diverse and can be broadly categorised into personal and organisational factors. Based on the results, it can be concluded that both risk and protective factors for the development of VT and burnout among professionals working with abused clients are known. However, more varied research is needed, particularly focusing on the psychological needs, cognitive schemas, and personal experiences of this population to better assist professionals in navigating the negative consequences that their work may bring.

Samenvatting

Sociale dienstverleners die met getraumatiseerde individuen werken, ervaren vaak negatieve psychologische effecten, zoals secundaire traumatisering (VT) en burnout. VT en burnout kunnen ontstaan door herhaalde blootstelling aan de traumatische ervaringen van cliënten. Deze aandoeningen hebben niet alleen invloed op de mentale gezondheid van deze professionals, maar ook op hun werkprestaties. Door het onderzoeken van de risicofactoren en beschermende factoren die geassocieerd zijn met de ontwikkeling van VT en burnout, kunnen strategieën worden ontwikkeld om deze negatieve gevolgen van hun werk te verminderen en mogelijk in de toekomst te voorkomen. Eerder onderzoek naar VT en burnout heeft zich gericht op sociale dienstverleners die met de algemene groep getraumatiseerde cliënten werken. Deze studie richt zich op een specifiekere populatie door zich te concentreren op sociale dienstverleners die werken met cliënten die mishandeling hebben ervaren. Door deze focus beoogt het meer gerichte inzichten te bieden in de risicofactoren en beschermende factoren die relevant zijn voor deze groep. Om de onderzoeksvraag te beantwoorden, is een systematische literatuurstudie uitgevoerd in overeenstemming met de Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) richtlijnen. Interdisciplinaire databases werden doorzocht, waaronder PsycINFO, SmartCat, ERIC en Google Scholar, met behulp van goed gedefinieerde zoektermen en specifieke inclusie- en exclusiecriteria. Van de 167 artikelen die aanvankelijk werden beoordeeld, voldeden acht aan alle inclusiecriteria. Uit deze acht studies hebben meerdere studies dezelfde beschermende factoren geïdentificeerd die als buffer dienen tegen de ontwikkeling van VT en burnout. Deze beschermende factoren omvatten deelname aan religieuze activiteiten, de aanwezigheid van sociale ondersteuning zowel op het werk als in het persoonlijke leven, en de aanwezigheid van supervisie op het werk. Daarentegen zijn de risicofactoren die bijdragen aan de ontwikkeling van VT en burnout divers en kunnen gecategoriseerd worden in persoonlijke en organisatorische factoren. Op basis van de resultaten kan worden geconcludeerd dat zowel risicofactoren als beschermende factoren voor de ontwikkeling van VT en burnout bij professionals die met mishandelde cliënten werken bekend zijn. Echter, er is meer gevarieerd onderzoek nodig, met name gericht op de psychologische behoeften, cognitieve schema's en persoonlijke ervaringen van deze populatie, om professionals beter te ondersteunen bij het omgaan met de negatieve gevolgen die het werk in deze sector met zich mee kan brengen.

1. Introduction

Social workers in protective services play a critical role in society by providing support to vulnerable populations, with the goal of preserving their welfare (Singer, Cummings, Boekankamp, Hisaka, & Benuto, 2020). Due to the nature of their work, which involves frequent interaction with clients who have experienced trauma, these social workers are at an increased risk of experiencing vicarious trauma (VT) and burnout (Singer et al., 2020). The symptoms of these conditions can have a negative impact on service providers themselves, resulting in a wide range of cognitive, emotional, and behavioural changes (Kim, Chesworth, Franchino-Olsen, & Macy, 2022).

VT refers to the adverse changes in professionals' understanding and interpretation of information due to their exposure to second-hand traumatic material (Benuto, Singer, Cummings, & Ahrendt, 2018). The literature on countertransference offers a significant framework for understanding VT (Dunkley & Whelan, 2006). It refers to the emotional reactions and projections that the professionals have toward their clients (McCann & Pearlman, 1990; Freud, 1959). These reactions are frequently based on the therapist's own unconscious feelings, unresolved conflicts, or personal experiences that are triggered by the client's behaviour or circumstances (McCann & Pearlman, 1990; Freud, 1959). Similarly, the concept of burnout can be linked to countertransference and is applicable to those working with trauma clients (Dunkley & Whelan, 2006). Burnout refers to the psychological strain that arises from working with challenging populations, characterised by a progressive state of fatigue and/or apathy (Dunkley & Whelan, 2006). It may be caused by prolonged exposure to unprocessed traumatic material, similar to the numbing and avoidance patterns seen in trauma survivors (McCann & Pearlman, 1990). Furthermore, burnout is defined by emotional exhaustion, the depersonalization of clients, and a lack of personal fulfilment (Seti, 2007). It is widely acknowledged that burnout is very high among social service workers due to the emotional demands of their jobs (Seti, 2007). Although there is no conclusive data on the prevalence of burnout among social workers, it has been observed that burnout affects social workers and healthcare professionals more often than it does the general population (Kimes, 2016). The high levels of burnout and other detrimental outcomes stemming from indirect trauma exposure, are likely to impact not only the well-being of these professionals but also the quality of life of their patients and the overall effectiveness of their care (Cieslak, Shoji, Douglas, Melville, Luszczynska, & Benight, 2014).

In recent years, research has explored both the negative and positive aspects of working with clients who have experienced trauma (Cieslak et al., 2014; Sheehan et al., 2024). Additionally, research has been undertaken to investigate the development of VT among social service professionals (Aparicio, Michalopoulos, & Unick, 2013; Benuto et al., 2018; Hooft & Benuto, 2016), as well as burnout (Kim, 2011; McFadden, Campbell, & Taylor, 2015; Singer et al., 2020). The literature

most frequently cites burnout and vicarious traumatization as the primary consequences of working with traumatised clients. However, the primary focus has been on professionals working with traumatised clients in a broad sense. This study therefore focuses on a specific group of social service professionals: those that work with clients who have been victims of maltreatment. Conducting research on a specific group allows for a deeper understanding of the factors that affect this particular population.

Ensuring the well-being of social service providers is essential. In the Netherlands, financial deficits have led to an increased workload and subsequent absenteeism among these professionals (Jansen et al., 2021). This situation concurrently affects the quality of services and assistance they provide. Based on the findings of this literature review, suitable interventions can be developed to support and protect these professionals from the negative effects of their work. The main goal is to assess the extent of existing knowledge in the literature by asking the question, “What are the protective and risk factors associated with the development of vicarious traumatization and burnout among social service professionals who work with clients suffering from maltreatment, as identified in the existing literature”.

1.1. Vicarious traumatization and secondary traumatic stress

Working with trauma clients poses significant risks for counsellors. According to McCann and Pearlman (1990), some counsellors report having nightmares, intrusive thoughts, and distressing imagery. They may also feel angry, sad, or anxious as a result of their clients' traumatic content (McCann & Pearlman, 1990). This is called Vicarious traumatization (VT). This term originates from constructivist self-development theory (CSDT) and describes the adverse alterations in professionals' cognitive frameworks and interpretive processes resulting from exposure to secondary traumatic material (Benuto et al., 2018). CSDT explains how working with trauma clients can disrupt a therapist's memory imagery system and schemas about self and others (Dunkley & Whelan, 2006). CSDT takes into account the variability in individuals' responses to the same trauma, emphasising the complex interplay between the individual, the traumatic event, and the work context. As a result, each therapist's experiences with vicarious trauma are unique (Dunkley & Whelan, 2006).

VT encompasses both affective and cognitive elements (Benuto et al., 2018) and can lead to decreased motivation, efficacy, and empathy (Baird & Kracen, 2006). Although it differs from posttraumatic stress disorder (PTSD), it has comparable symptoms, including the re-experiencing and avoidance of traumatic material, as well as experiencing a depressed mood (Benuto et al., 2018). A concept mentioned in the literature related to this, is secondary traumatic stress (STS) (Molnar et al.,

2020). This phenomenon is described as “the natural and consequent behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other – the stress resulting from helping or wanting to help a traumatised or suffering person” (Figley, 1995). STS specifically indicates the immediate emergence of traumatic stress linked to encountering a client's trauma or distressing experience via the client's recounting of the event (Singer et al., 2020). Symptoms of STS also align with those of PTSD. The difference between VT and STS lies in the time period (Singer et al., 2020): while VT develops over an extended period of time, STS arises abruptly and unexpectedly (Cusick, 2022). In this thesis, although these concepts are understood to represent two different phenomena, they are approached as if they merge into a single construct for the purposes of the discussion.

1.2. Burnout

The dictionary defines the verb "to burn out" as "to fail, wear out, or become exhausted by making excessive demands on one's energy, strength, or resources." (Freudenberger, 1977) This definition explains a particular type of burnout that is increasingly prevalent among workers in helping professions. As an occupational hazard, burnout is especially critical for child care professionals and those working in direct-service roles within agencies (Freudenberger, 1977). Literature on burnout aligns with the emphasis on stressor characteristics, suggesting that a therapist's distress arises from external factors such as isolation or challenging client populations (McCann & Pearlman, 1990). Conversely, countertransference literature emphasises pre existing personal characteristics, attributing the therapist's responses to unresolved psychological conflicts. Constructivist self-development theory offers an interactive perspective, positing that a therapist's unique reactions to client material are influenced by both situational factors and their individual psychological needs and cognitive schemas (McCann & Pearlman, 1990).

Job burnout is characterised as a prolonged reaction to chronic interpersonal stressors within the workplace (Maslach, 1998). Employees experience both physical and mental exhaustion, which can be attributed to unrealistic and excessive demands, consequently initiating a stress response (Seti, 2007). The three primary characteristics of burnout are severe emotional exhaustion, a sense of cynicism, and feelings of inefficacy in the workplace (Singer et al., 2020). Despite the use of the term burnout in all professions, experts believe that it is specifically applicable to human service providers (Seti, 2007). Human service workers face unique challenges due to the non-reciprocal nature of the professional-client relationship and the emotional demands of dealing with others' problems (Seti, 2007). According to Pines and Aronson (1988), human service providers are at risk of burnout due to three factors: (1) the nature of their work is emotionally exhausting, (2) they must maintain

sensitivity towards the people they assist, and (3) they are required to promote a client-centred approach. Burnout can be viewed as the polar opposite of engagement, meaning it represents a state where instead of experiencing energy, involvement, and a feeling of achievement from offering care, one feels the contrary (Singer et al., 2020).

Experiencing burnout can significantly impair both personal and social functioning (Maslach, 1998). Some affected individuals may choose to leave their positions, while others continue in their roles but perform only the minimum required duties, rather than striving for excellence. This decline in performance quality, coupled with deteriorations in both physical and psychological health, can result in substantial costs not only for the individual but for all parties impacted by their reduced efficacy (Maslach, 1998).

1.3. Social service professionals

What does one mean when using the term social service professional? Western societies show a significant range of educational qualifications for social workers and human service practitioners (Lonne, 2003). This variation can result in notable differences in status, pay, roles, ideologies, and frameworks for practice among these professionals. The foundational qualifications for social workers and human service practitioners, for example, can range from having no formal qualifications to holding a two-year diploma, a three- or four-year university degree, or even a postgraduate Master's degree (Lonne, 2003). This lack of a clear definition does not align with the societal importance of the role of social workers and counsellors, which is particularly crucial during crises such as instances of abuse and neglect, where they are instrumental in sustaining the well-being of individuals (Staff, 2024). In this article, I define 'social service professionals' as individuals employed within the social services sector who utilise their interpersonal skills and clinical expertise to connect clients with essential resources, thus enhancing their quality of life (Staff, 2024). Additionally, I will focus on qualified professionals that possess a minimum of one year of professional experience, as most articles in the research did not specify their level of education.

2. Method

Given the specific research question "What are the protective and risk factors associated with the development of vicarious traumatization and burnout among social service professionals who work with clients suffering from maltreatment, as identified in the existing literature". I conducted a systematic literature review. This qualitative research approach seeks to thoroughly gather, evaluate, and integrate all pertinent studies to address the specific question. A fundamental aspect of conducting a systematic review is the identification and subsequent screening of studies to

determine their suitability for inclusion in the review (Polanin, Pigott, Espelage, & Grotzpetter, 2019). This process ensures that only relevant and valid studies are considered, thereby supporting the integrity and accuracy of the review's findings (Polanin et al., 2019). Adherence to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines has enhanced the reliability of this report (Liberati et al., 2009). Figure 1 illustrates the entire study selection process. Interdisciplinary databases, including PsycINFO, SmartCat, ERIC, and Google Scholar, were searched for articles published between 2002 and April 2024. The specific search terms used were as follows:

(abuse OR neglect OR maltreatment OR mistreatment) AND (vicarious traumatization OR vicarious trauma OR indirect trauma OR secondary traumatic stress) AND (burnout OR burn-out OR burn out OR stress OR occupational stress OR compassion fatigue) AND (child care workers OR social workers OR social services OR social work).

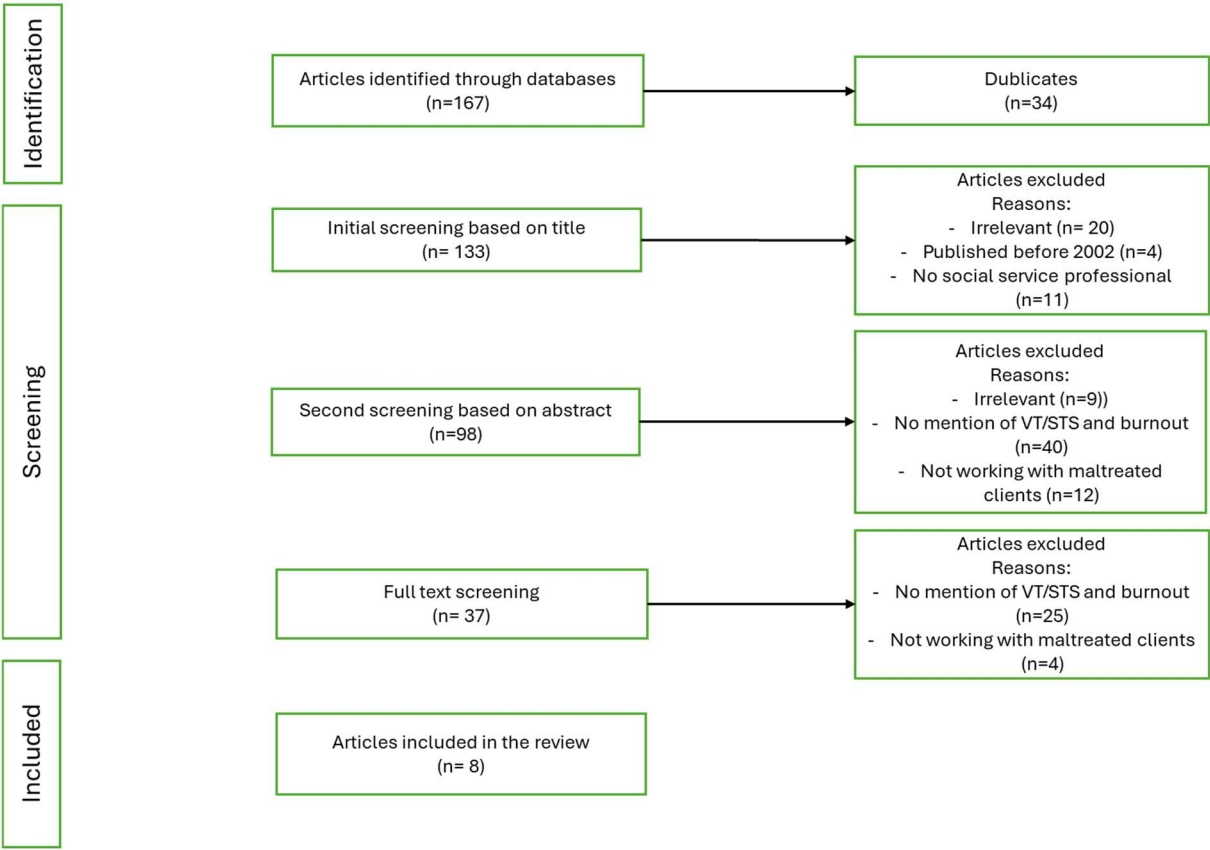


Figure 1
PRISMA Flow Diagram

2.1. Search limits, inclusion and exclusion criteria

One of the first steps was to establish search limits to exclude articles that were not relevant. The initial search criterion concerned the peer-review status of the literature: only peer-reviewed articles were included. The second criterion was the year of publication: selected literature must have been published between 2002 and April 2024. The final search limit related to language: articles needed to be published in either Dutch or English.

In addition to the named search limits, the included studies met the following criteria: 1) they focus on qualified social service workers who have at least one year of professional work experience; 2) professionals working with individuals suffering from maltreatment; 3) they explore research on VT/STS and burnout among these professionals.

Studies were excluded if they: 1) involved professionals working outside the social services sector, were not qualified, or had less than one year of professional work experience; 2) dealt with social service professionals who work with clients not affected by maltreatment; 3) did not address VT/STS and burnout; 4) were not peer-reviewed, published before 2002, written in neither Dutch or English.

2.2. Screening and data extraction

A four-phase selection process was used to find relevant articles, following the PRISMA guidelines set out by Liberati et al. (2009) (see Figure 1 for details). The initial search of literature took place on February 13, 2024, and the final search was conducted on April 12, 2024. The search string ultimately yielded 167 articles, of which 34 were duplicates, leaving 133 articles that were subsequently screened based on the inclusion and exclusion criteria.

The initial stage of the review protocol involved screening titles with a primary focus on identifying articles related to social service professionals and development of VT and/or burnout. At this stage of the investigation, it was unclear whether these professionals worked with clients who had experienced maltreatment. Following this, 98 articles met the first criteria for further review. The subsequent phase involved abstract screening, which aimed to confirm that the social service professionals indeed worked with abused clients. However, clarity regarding this aspect was not always obtained from the abstracts alone. Out of 98, 37 articles were selected based on their abstracts. Due to uncertainties from both the title and abstract screenings regarding the professionals' client interactions, a rapid content scan of the 37 articles was conducted, focusing on keywords such as "abuse," "neglect," and "maltreatment". During the final screening, it became clear that some articles focused solely on burnout or VT/STS, but for this review, it is critical that the

development of burnout be examined alongside the development of VT/STS. Ultimately, eight articles fully satisfied the inclusion criteria.

3. Results

Table 1 presents a comprehensive overview of the studies included in this literature review. It details each study's research design, sample size, and key variables, including job type, case focus, and risk and protective factors for VT/STS and burnout.

Among the eight studies reviewed, seven utilised a cross-sectional design and one employed a mixed-methods approach. Furthermore, all studies focused on the development of VT/STS among social service professionals working with clients subjected to abuse. However, not all studies examined burnout in these professionals. Nevertheless, each study acknowledged burnout as a potential outcome of VT/STS. The studies were conducted in the United States, Norway, Denmark, Israel and Germany.

The studies employed various methodologies to measure outcomes, including the Professional Quality of Life-5 (ProQOL-5), which was utilised by half of the studies. This is a self-report questionnaire consisting of 20 items that assess risks of burnout and Compassion Fatigue (CF) (Sprang, Craig, & Clark, 2011). Additionally, the Oldenburg Burnout Inventory and the Compassion Fatigue Self Test were utilised by several studies. The Oldenburg Burnout Inventory, a 16-item measure of burnout, includes two scales: one assessing energy/exhaustion and the other evaluating (dis)engagement (Skar, Shevlin, & Vang., 2023). The Compassion Fatigue Self Test, used by two studies, which comprises 40 items rated on a five-point Likert-type scale, is designed specifically to assist therapists in differentiating between compassion fatigue or STS and burnout (Nelson-Gardell & Harris, 2003).

All professionals that participated in the mentioned research engaged with patients who experienced past instances of abuse. This is one of the requirements as it is a pivotal focal point of this review. The cases highlighted in the eight reviewed articles encompassed torture, neglect, and maltreatment. The participants in the reviewed literature are mainly employed as child protection workers, social workers, forensic interviewers, professionals specializing in working with torture victims, and/or child welfare professionals. Additionally, the articles explored key psychological impacts such as vicarious traumatization, secondary traumatic stress, burnout, and compassion satisfaction.

Table 1*Overview of Study Characteristics, Risk and Protective Factors.*

Reference	Design	Sample size	Measures	Job	Case	VT/STS	Burnout	Protective factors (VT/STS)	Risk factors (VT/STS)	Protective factors (burnout)	Risk factors (burnout)
Skar et al. (2023)	Cross-sectional	667	Professional Quality of Life-5 The Oldenburg Burnout Inventory	Child protection workers	Child abuse			Personal therapy is a small protective factor			
Samson et al. (2022)	Cross-sectional	105	Peritraumatic Dissociative Experiences Questionnaire The Centrality of Event Scale, Rumination–Reflection Questionnaire	Social workers	Juveniles and adults who had experienced neglect or abuse			Thought patterns	Repetitive thought, thought patterns		
Letson et al. (2020)	Cross-sectional	885	Survey (including Professional Quality of Life-5)	Child abuse professionals working in CAC	Child abuse	High rates	High rates	Specific types of self-care techniques, social support religious connections , intra-personal support	Avoidance strategies	Specific types of self-care techniques, social support religious connections, intra-personal support	
Baugerud et al. (2018)	Cross-sectional	493	The Nordic Questionnaire for	Child protection workers	Maltreated children and their family	Low level in general: 63,1%	Moderate level in general:	Supervision and social support	Work–family conflict, job demands and	Supervision and social support,	Lack of control and autonomy, a low level of compassion

			Psychological and Social Factors at Work (QPS Nordic) The Professional Quality of Life-5 (ProQOL), The Relationship Questionnaire			scored in low category 36,9% in moderate category, 0% in high category	30.8% scored in low category 69,2% scored in moderate category, 0% in high category		role conflict attachment anxiety, compassion satisfaction	flexibility and autonomy	satisfaction at work, work-load, work family conflict and role conflict , anxious attachment orientation
Sprang et al. (2011)	Cross-sectional	577	The Professional Quality of Life-5	Child Welfare Workers	Child abuse			Religious participation		Religious participation	Workforce affiliation, compassion fatigue
Perron & Hiltz (2006)	Cross-sectional	66	Oldenburg Burnout Inventory, Secondary Traumatic Stress Scale Satisfaction with Organization Scale, The General Self-Efficacy Scale Demographics Questionnaire	Forensic interviewer	Child abuse				More years of work, Conflicting team dynamics.		Long work hours
Nelson-Gardell & Harris (2003)	Mixed methods	166	The Compassion Fatigue Self Test for Psychotherapist	Child Welfare Workers	Child abuse and neglect			Training about VT/STS	Personal history of experiencing trauma in childhood		

			s						through forms of abuse and neglect		
Birck (2001)	Cross-sectional	25	TSI Belief Scale, Compassion Satisfaction/Fatigue Self Test	Professionals working with torture victims	Torture victims		Low rates				Length of time spent working in trauma-related fields

3.1. Vicarious traumatization and secondary traumatic stress

Two of the eight reviewed studies highlight the prevalence rates of vicarious traumatization (VT) and secondary traumatic stress (STS) among social service professionals. Baugerud, Vangbæk, and Melinder (2018) reported that 63.1% of 493 Norwegian child protection workers had low levels of VT/STS, while 36.9% of the participants had moderate levels. In contrast, Letson et al. (2020) who undertook their study in the USA found overall high levels of VT/STS among their 885 participants, with mean STS scores exceeding the 90th percentile. Both studies used the ProQOL questionnaire for data collection and included participants who work with children. Additionally, Letson et al. (2020) observed significant variations in STS scores by gender, with females scoring higher than males ($p < .001$), and by caseload size. However, three other studies found no significant differences in the development of VT/STS based on gender or age (Baugerud et al., 2018; Nelson-Gardell & Harris, 2003; Birck, 2001).

3.1.1. Protective factors

Protective factors have shown to play a crucial role in mitigating the negative impacts of working with maltreated clients (Sheehan et al., 2024). The protective factors identified in multiple studies include social support and religious connections (Sprang et al., 2011; Baugerud et al., 2018; Letson et al., 2020). For example, the participants in the study of Letson et al. (2020) emphasised the critical role of securing social support both within the workplace (e.g., support from colleagues, STS support groups) and outside of work (e.g., engaging in communication with partners and spending quality time with friends and family) in their answers to the open-ended questions. Supervision is also noted as a protective factor (Baugerud et al., 2018). In Norway, it is standard practice for less experienced child protection workers to be mentored by their more seasoned peers. Moreover, numerous agencies provide access to external supervisors (Baugerud et al., 2018). Nelson-Gardell and Harris (2003) highlighted that training on VT/STS can act as a protective factor. They noted that a comprehensive understanding of both the phenomena and one's personal history is crucial in preventing the development of VT/STS. Lastly, organisational satisfaction also exhibited a statistically significant correlation with STS (Perron & Hiltz, 2006).

3.1.2. Risk factors

The factors contributing to the development of VT/STS are diverse and vary according to several studies. Nelson-Gardell & Harris (2003), for instance, identified a child welfare worker's personal history of child abuse and neglect as a significant risk factor. The findings in their study suggest that a combination of various types of childhood maltreatment poses the greatest risk for vulnerability. Emotional abuse or neglect appear to be the most significant factors in an individual's history, contributing substantially to this elevated risk (Nelson-Gardell & Harris, 2003). Additional personal and organisational elements can play a role in the likelihood of developing VT/STS. This includes personal factors such as attachment anxiety, levels of compassion satisfaction, reliance on avoidance strategies, work-family conflict and repetitive thoughts (Samson, Bachner, & Freud, 2022; Letson et al., 2020; Baugerud et al., 2018). Although attachment anxiety was a significant predictor, work-family conflict appeared to have a more substantial impact than the individual's personal experiences (Baugerud et al., 2018). On the organisational front, high task demands and conflicting team dynamics are noted as contributing factors (Baugerud et al., 2018; Perron & Hiltz, 2006). These findings highlight the complexity of risk factors impacting professionals exposed to secondary trauma.

3.2. Burnout

Baugerud et al. (2018) conducted a study in Norway and found that a significant portion of the 493 child protection workers, specifically 69.2%, were assessed as experiencing moderate burnout, while 30.8% exhibited low levels of burnout susceptibility. Birck (2001) (Berlin) generally noted low burnout levels among her study's participants, although she observed an increase in burnout as individuals continued to work in trauma-related fields over time. Additionally, the study by Letson et al. (2020) (USA) identified variations in burnout levels among social service professionals. Specifically, forensic interviewers ($p < .001$), medical professionals ($p < .001$), victim advocates ($p < .001$), mental health therapists ($p = .007$), administrators ($p < .001$), and individuals with multiple professional roles ($p < .001$) exhibited significantly lower burnout scores compared to child welfare professionals.

3.2.1. Protective factors

Protective factors identified in two of the eight studies include religious involvement and social support (Sprang et al., 2011; Baugerud et al., 2018; Letson et al., 2020). The study by Sprang et al. (2011) found that professionals who engaged in any form of religious activities were significantly less likely to report burnout compared to those who did not participate in such activities. The participants stated that religious involvement provides a sense of connection or meaning that can be protective

under highly stressful conditions (Sprang et al., 2011). Additional factors mentioned are supervision, flexibility, a sense of autonomy, and specific types of self-care techniques (Baugerud et al., 2018; Letson et al., 2020). Examples of these self-care techniques are: collaborative team efforts, participation in trauma-focused workshops, and managing workload distribution to ensure that child welfare professionals are not solely focused on assisting traumatised children (Letson et al., 2020). The primary finding in Perron and Hiltz's (2006) study is that a significant relationship exists between organisational satisfaction and burnout: the lower the satisfaction with the organisation, the greater the risk of developing burnout.

3.2.2. Risk factors

Research has identified several risk factors associated with the organisational culture that contribute to burnout. Perron and Hiltz (2006) tested multiple hypotheses, including whether the number of years working as a forensic interviewer influences the development of burnout. Previous studies have suggested that individuals become more susceptible to burnout after two years of employment. To examine this, they compared two groups divided by their length of employment. The results indicated that individuals with more than two years of employment had significantly higher disengagement scores ($p = .007$) compared to those with two years or less, however, this support was modest. There was also modest support for the third hypothesis, indicating that self-efficacy is negatively correlated with disengagement and STS. In addition, stronger evidence was found for the fourth hypothesis, which posits that organisational satisfaction is negatively associated with both aspects of burnout and STS (Perron & Hiltz, 2006). Additional risk factors were identified in another study: a significant negative correlation ($p < 0.0001$) was found between burnout and compassion satisfaction, this indicates an association between the level of job satisfaction and symptoms of burnout (Baugerud et al., 2018). Furthermore, burnout was found to have significant associations with various factors in the Nordic Questionnaire for Psychological and Social Factors at Work, particularly workload, organisational commitment, role conflict, and work-family conflict (Baugerud et al., 2018).

4. Discussion

This literature review explores the risk and protective factors associated with VT and burnout in social service professionals who are indirectly exposed to trauma through their work with maltreated clients. Previous research indicates that professionals specialised in (child) abuse are particularly prone to burnout and other adverse effects stemming from such indirect trauma, more so than professionals working in other fields (Cieslak et al., 2014; Letson et al., 2020). This is likely to impact

not only the well-being of these professionals but also the quality of life of their patients and the overall effectiveness of their care (Cieslak, Shoji, Douglas, Melville, Luszczynska, & Benight, 2014). By identifying the protective and risk factors for developing VT/STS and burnout, efforts can be made to address these factors and mitigate the negative effects of the work. To further this understanding, this study addresses the following research question: "What are the protective and risk factors associated with the development of vicarious traumatization and burnout among social service professionals who work with clients suffering from maltreatment, as identified in the existing literature". To address this question, eight empirical studies were systematically reviewed.

The results identified several risk and protective factors associated with the development of VT and burnout. These factors can be distinguished into personal and organisational categories. Personal risk factors for developing VT include a history of child abuse and neglect (Nelson-Gardell & Harris, 2003), attachment anxiety, levels of compassion satisfaction, reliance on avoidance strategies, work-family conflict, and repetitive thoughts (Samson, Bachner, & Freud, 2022; Letson et al., 2020; Baugerud et al., 2018). On the other hand, personal protective factors that mitigate the risk of VT/STS comprise social support and religious involvement (Sprang et al., 2011; Baugerud et al., 2018; Letson et al., 2020). In addition to personal factors, organisational risk factors also play a significant role. High task demands and conflicting team dynamics have been identified as contributors to the development of VT/STS (Baugerud et al., 2018; Perron & Hiltz, 2006). Conversely, organisational protective factors such as supervision (Baugerud et al., 2018) and overall organisational satisfaction (Perron & Hiltz, 2006) have been highlighted as critical elements in reducing the risk of VT/STS. For burnout the personal protective factors include social support, religious involvement (Sprang et al., 2011; Baugerud et al., 2018; Letson et al., 2020) and specific types of self-care techniques (Letson et al., 2020). Additionally, the organisational protective factors that are mentioned are organisational satisfaction, job satisfaction, workload, organisational commitment, supervision, flexibility and a sense of autonomy (Baugerud et al., 2018; Perron & Hiltz, 2006). The organisational risk factors are role conflict, and work-family conflict (Baugerud et al., 2018).

The results of this literature review highlight the importance of social support, religious involvement, and supervision as protective factors against both VT/STS and burnout among social service professionals. These factors have been identified across multiple studies, implying a critical role in mitigating these negative outcomes. However, in the United States, for instance, there is a notable decline in religious involvement among the population (Nadeem, 2024). Consequently, the protective factor of religious involvement is absent for non-religious individuals. Nevertheless, the sense of connectedness fostered by religious involvement can be found in other areas, such as engaging in communication with partners and spending quality time with friends and family (Letson

et al., 2020).

An example of another study on the development of VT in professionals working with trauma clients, is the study by Dunkley and Whelan (2006). The risk factors identified in their research included caseload size and a personal history of trauma. A protective factor mentioned was supervision. While this study did not focus specifically on professionals working with abused clients, it highlights that the risk and protective factors for working with traumatised clients in general are similar to those for the specific group; maltreated clients. However, the results of Dunkley and Whelan (2006) are not entirely conclusive, indicating the need for further research due to the complex and difficult-to-measure nature of VT/STS. Nonetheless, their study provides valuable insights into the phenomenon.

The study by Helpingstine, Kenny, and Malik (2021) investigates VT and burnout among professionals working with victims of commercial sexual exploitation. This research employs interviews as a methodology, distinguishing it from the studies reviewed in this literature review. The researchers examine the cognitive schemas of the professionals (Helpingstine et al., 2021), a focus not addressed in the reviewed articles. According to the constructivist self-development theory (McCann & Pearlman, 1990), understanding cognitive schemas is crucial for assessing the potential development of VT or burnout. Nevertheless, findings from Helpingstine et al. (2021) reveal that only two out of 12 participants noted changes in their cognitive schemas, while ten felt that VT and burnout were imminent, indicating that this area requires further research. Additionally, the study highlights that a professional's own trauma history might influence VT development (Helpingstine et al., 2021) — a risk factor also identified in my research. Participants emphasised the importance of resolving personal trauma before managing clients with similar experiences. Furthermore, organisational factors, particularly caseload, were recognized as significant contributors to burnout (Helpingstine et al., 2021), corroborating findings from my research. The findings from this research emphasises the significance of the risk factors, caseload size and personal trauma history, regardless of the client population with whom the professionals work.

When both the organisation and the professionals themselves take these factors into account, it can mitigate the development of VT and burnout.

In addition to examining protective and risk factors, the results of the reviewed literature also demonstrates varying prevalence rates of VT/STS and burnout among social service professionals, emphasising the diverse impact of these conditions across various studies. Baugerud et al. (2018) reported that the majority of their study's participants were categorised as having low levels of VT/STS. Conversely, Letson et al. (2020) found predominantly high levels of VT/STS among their participants. This variation may be explained by the geographical context of the studies, as the

research conducted by Baugerud et al. (2018) took place in Norway, a country generally recognized for its well-regulated working conditions (Baugerud et al., 2018). In the United States, where the study by Letson et al. (2020) was conducted, social service professionals face challenging working conditions, characterised by long standing issues related to inadequate pay and adverse working environments (Wecker, 2023).

Letson et al. (2020) not only observed high levels of VT/STS but also significant levels of burnout, the participants reported substantial impacts on their mental and physical health as a result of engaging with children who have endured traumatic experiences. In contrast, Birck (2001) documented low burnout rates in their study, which targeted professionals working with torture victims. Birck's (2001) subjects exhibited high personal satisfaction, possessed the autonomy to manage their own workloads and have the opportunity to participate in group supervision, while the professionals dealing with child abuse in the study by Letson et al. (2020) felt a lack of access to training, counseling/supportive services, and/or informed supervision. These factors may have contributed to the observed differences in burnout prevalence rates, and highlights the importance of supervision and managing your own workload.

Based on a comprehensive literature review, this study identifies both protective and risk factors contributing to the development of VT/STS, and burnout. This research targets a specific demographic: clients who have experienced abuse. Although not all findings from this literature review are statistically significant, they offer insights into potential buffers against, and contributing factors to, these conditions. Nelson-Gardell & Harris (2003) underscore the importance of a preventative approach, stating, 'What is required is a preventative approach—we must change the environment in which people work rather than rescue them from it'. By considering the identified factors and adopting an improvement-oriented mindset, it is possible to mitigate the negative aspects of the professionals' work.

5. Strengths and limitations

A significant strength of this article is the systematic search and selection of literature, conducted in accordance with PRISMA guidelines. The establishment of clear inclusion and exclusion criteria ensured that the selected articles were highly relevant to the research question, and identified both protective and risk factors for the development of VT and burnout. Furthermore, the study addresses a relatively under-researched population: social service professionals who work with individuals who have experienced abuse.

However this systematic review also has several limitations. Foremost, systematic reviews and meta-analyses are designed to provide accurate estimates of treatment effects but remain vulnerable to publication bias (Harbord et al., 2006). This bias occurs when the probability of a study's publication is influenced by the statistical significance of its results. Funnel plots, which graph treatment effects against study size or standard error, are utilised to detect publication bias. When realistic assumptions about publication bias are applied, these plots frequently demonstrate notable asymmetry, particularly in smaller, more variable studies (Harbord et al., 2006). Notably, publication bias was not assessed in this study. Additionally, the results found are still insufficient to draw definitive conclusions about this population. Eight studies were analysed, each examining risk and protective factors, but the research varied significantly in aspects such as professional focus and geographical context, making it difficult to compare the studies as these differences can impact the results. Notably, despite these variations, many studies employed consistent research designs and methodologies. This indicates that relatively limited and varied research has been conducted on this specific group. Another limitation; the constructivist self-development theory, as mentioned in the introduction, offers an interactive perspective, suggesting that a therapist's unique reactions to client material are influenced by both situational factors and their individual psychological needs and cognitive schemas (McCann & Pearlman, 1990). However, the protective and risk factors identified in this literature review for the development of burnout predominantly focus on situational factors within an organisation, with minimal emphasis on the psychological needs and cognitive schemas of the professionals. Lastly, the target population of this review consists of social service professionals. This is a broad group, and although all members work with maltreated clients, their working methods and the extent of contact with clients differ across professions. Consequently, the risk and protective factors may also vary. Therefore, this research generalises findings to a group where internal differences may exist.

6. Implications for research, practice and policy

This literature review clarifies the risk and protective factors associated with the development of vicarious trauma (VT) and burnout among social service professionals working with abused clients. VT and burnout are prevalent phenomena among these professionals, making it crucial to understand the factors that contribute to their onset as well as those that can mitigate them.

6.1. Future research

There remains substantial scope for further research into the risk and protective factors for developing VT and burnout among social service professionals. Firstly, seven of the eight reviewed

studies utilised a cross-sectional study design. To enhance the reliability and validity of the findings, researchers should consider employing alternative study designs, such as longitudinal designs or pre- and post-test frameworks. This approach enables the investigation of the long-term effects of burnout and VT. Secondly, there has been relatively extensive research on organisational factors influencing the development of VT/STS and burnout. Future research should place greater emphasis on the psychological needs, cognitive schemas, and personal experiences of the participants, as the constructivist self-development theory suggests that these factors influence the developmental process (McCann & Pearlman, 1990). Additionally, further comparative research can be conducted, such as comparing the effects of working with abused children versus abused adults, to determine if there are significant differences in outcomes.

6.2. Practice and Policy

Social service professionals frequently experience symptoms of VT/STS and burnout, which adversely affect the well-being of the employees, the efficiency of the employers, and the quality of care provided to clients (Cieslak et al., 2014). It is evident that practical interventions are necessary. To address these issues, organisations should implement changes such as training programs to increase awareness of VT/STS and establish supervision mechanisms to support employees in managing stress. Additionally, an organisational evaluation of workload and working hours should be conducted, and subsequent adjustments should be made based on this evaluation to ensure employee well-being.

As protective factors such as religion diminish in contemporary society, organisations can enhance the sense of connectedness among employees by offering alternative activities. Implementing and facilitating activities such as yoga can contribute to strengthening this sense of community.

Organisational policies should be adapted to mitigate the negative impacts associated with the work environment. Specifically, policies should be developed with a focus on the professionals. By understanding VT/STS and burnout within the organisation, efforts can be directed towards preventing these conditions.

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