International Research Journal of Education and Technology

Peer Reviewed Journal, **ISSN 2581-7795**

Secondary Traumatic Stress and Burnout Among Advocates Working with Trauma Exposed Clients

[1]Sidharth S S

[2]V B Dharmarajan Karthikeyan

Student, Dept. of Psychology, Sri Krishna Arts & Science College, Coimbatore

Coimbatore, Tamil Nadu

ABSTRACT

This study investigates a study on secondary traumatic stress and burnout among advocates working with trauma exposed clients. A total of 100 advocates selected from erode bar association will be analysed. The participants are advocates currently practicing. Two set of instruments comprising the secondary traumatic stress scale (stss), the sa-8 (charles r. Bride 2007). The maslach burnout inventory (mbi), 3rd edition, (christina maslach and susan e. Jackson 2016). Area of sampling is mostly in and around erode. The purpose of this study is to determine whether there will be any significant relationship between secondary traumatic stress and burnout in advocates. The study found that advocates experience significant levels of secondary traumatic stress and burnout, which negatively impact their mental health. Higher sts levels were associated with increased burnout.

KEY WORDS: *Advocates, Law, Secondary Traumatic Stress & Burnout.*

INRODUCTION

SECONDARY TRAUMATIC STRESS:

Secondary trauma, also known as 'Vicarious Trauma' is an indirect experience of or exposure to a traumatic event and can be described as "the experience of a professional personally developing and reporting their own trauma symptoms as a result of

responding to victims of trauma". Secondary trauma often unfolds over an extended period due to repeated exposure to traumatic events. This exposure can manifest through various mediums, such as listening to victims' stories, viewing explicit content, or responding to the aftermath of violent or horrific events.

BURNOUT

The burnout syndrome is an occupational illness relatively common among health professionals. Empirical studies have demonstrated that burnout has many adverse effects on the physical and emotional health of health care professionals, such as physical fatigue, cardiovascular disorders and other organic diseases like anxiety, depression, and loss of motivation.

METHODOLOGY

Sample

A list of members who are working as advocates (civil advocate, criminal advocate and other sub fields) situated in Erode district. From this list by using simple random sampling technique 100 samples were include for the study.

To obtain a larger sample size, advocates from various legal specializations were included. The researcher hypothesized no significant difference in secondary traumatic stress (STS) and burnout levels between advocates specializing in different areas of law. Since legal professionals, regardless of specialization, engage in emotionally demanding client interactions and casework.

Instruments

SECONDARY TRAUMATIC STRESS SCALE

The STSS is a 17-item self-report measure administered in pencil and paper format. Instructions for the STSS indicated that respondents should endorse how frequently an item was true for them in the past seven days. Responses ranged from 1 to 5 in Likert-form with1 = never and 5 = very often.

Burnout Self-Test Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI), developed by Christina Maslach and Susan E. Jackson, is a widely used tool for assessing burnout across various professions. The third edition of the MBI manual, published in 1996, provides comprehensive guidelines on its application. The questionnaire contains 22 items, classified into 3 sections burnout, depersonalisation and personal achievement. Burnout contains 7 items, depersonalisation contains 7 items and personal achievement contains 8 items. Responses range from 0 to 6 Likert-form with 1 = Never and 6 = Every Day A high score in the first two sections and a low score in the last section may indicate burnout.

Procedure

The investigator personally contacted the respondents in their respective office and administered the questionnaires. Any doubts raised by the respondents were cleared and were requested to fill the questionnaire honestly. The respondents were assured that the responses what they give will be kept confidential.

For completing the questionnaire, respondents were asked to recall the research work they had completed. This allowed the researcher to measure faculty secondary traumatic stress and burnout which they have experienced in their work. With the recalled task in mind, each respondent was then asked to answer questions that measure secondary traumatic stress and burnout.

RESULTS

TABLE 1:

Correlations between STS and Burnout among Advocates

		Secondary Traumatic Stress	Burnout
Secondary Traumatic Stress	Pearson Correlation	1	.727**
	Sig. (2-tailed)		.000
	N	100	100
Burnout	Pearson Correlation	.727**	1
	Sig. (2-tailed)	.000	
	N	100	100

Correlation is significant at the 0.01 level (2-tailed)

A Pearson correlation analysis revealed a strong, statistically significant positive correlation between Secondary Traumatic Stress (STS) and Burnout among advocates, $r(98) = .727$, $p < .001$. This indicates that higher levels of STS are associated with increased burnout levels.

Table 2

Correlations between STS and Depersonalization among Advocates

		Secondary Traumatic Stress	Depersonalization
Secondary Traumatic Stress	Pearson Correlation	1	.659**
	Sig. (2-tailed)		.000
	N	100	100
Depersonalization	Pearson Correlation	.659**	1
	Sig. (2-tailed)	.000	
	N	100	100

Correlation is significant at the 0.01 level (2-tailed)

The analysis showed a significant positive correlation between STS and Depersonalization, r(98) = .659, p < .001. This suggests that individuals experiencing higher STS tend to report greater depersonalization.

Table 3

Correlations between STS and Personal Achievement

		Secondary Traumatic Stress	Personal Achievement
Secondary Traumatic Stress	Pearson Correlation	1	-.203*
	Sig. (2-tailed)		.043
	N	100	100
Personal Achievement	Pearson Correlation	-.203*	1
	Sig. (2-tailed)	.043	
	N	100	100

Correlation is significant at the 0.05 level (2-tailed)

There was a significant negative correlation between STS and Personal Achievement, r(98) = –.203, p = .043. This implies that as STS increases, the sense of personal achievement among advocates tends to decrease.

Table 4

One Way Anova comparison between Secondary Traumatic Stress with Burnout, Depersonalization and Personal Achievement

		Sum of Squares	df	Mean Square	F	Sig.
Burnout	Between Groups	6361.646	37	171.936	3.328	.000
	Within Groups	3203.514	62	51.670		
	Total	9565.160	99			
Depersonalization	Between Groups	3977.548	37	107.501	2.313	.002
	Within Groups	2882.012	62	46.484		
	Total	6859.560	99			
Personal Achievement	Between Groups	4613.762	37	124.696	1.373	.134
	Within Groups	5631.798	62	90.835		
	Total	10245.560	99			

The one-way ANOVA results indicated statistically significant differences in Burnout, $F(37, 62) = 3.33$, $p < .001$, and Depersonalization, $F(37, 62) = 2.31$, $p = .002$, based on group comparisons. However, there was no significant difference in Personal Achievement across groups, $F(37, 62) = 1.37$, $p = .134$.

Table 5

Results of linear Regression analysis between Secondary Traumatic Stress and Burnout among Advocates

Model Summary

Model	R	R Square	Adjusted	Std. Error of

			R Square	the Estimate
1	.727	.529	.524	6.780

Predictors: (Constant), Secondary Traumatic Stress

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5060.701	1	5060.701	110.102	.000b
	Residual	4504.459	98	45.964		
	Total	9565.160	99			

a Dependent Variable: Burnout

b Predictors: (Constant), Secondary Traumatic Stress

A linear regression analysis showed that STS significantly predicted Burnout, $F(1, 98) = 110.10$, $p < .001$, accounting for 52.9% of the variance in burnout ($R^2 = .529$). The model indicates that STS is a strong predictor of burnout levels among advocates.

Table 6

Results of linear Regression analysis between Secondary Traumatic Stress and Depersonalization among Advocates

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.659	.434	.428	6.296

Predictors: (Constant), Secondary Traumatic Stress

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2974.942	1	2974.942	75.051	.000b
	Residual	3884.618	98	39.639		
	Total	6859.560	99			

a Dependent Variable: Depersonalization

b Predictors: (Constant), Secondary Traumatic Stress

STS significantly predicted Depersonalization, $F(1, 98) = 75.05$, $p < .001$, with the model explaining 43.4% of the variance ($R^2 = .434$). This confirms that STS is a significant contributor to depersonalization experiences.

Table 7

Results of linear Regression analysis between Secondary Traumatic Stress and Personal Achievement among Advocates

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.203	.041	.031	10.012

ANOVA[a]

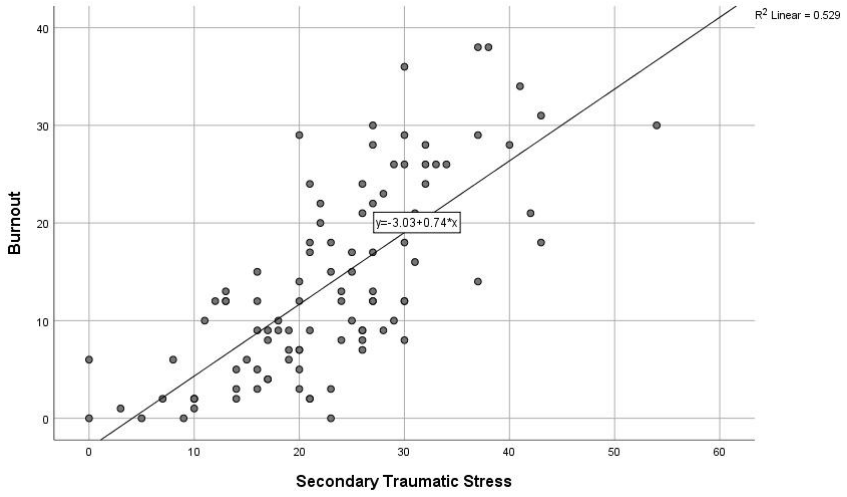
Model	Sum of	df	Mean	F	Sig.

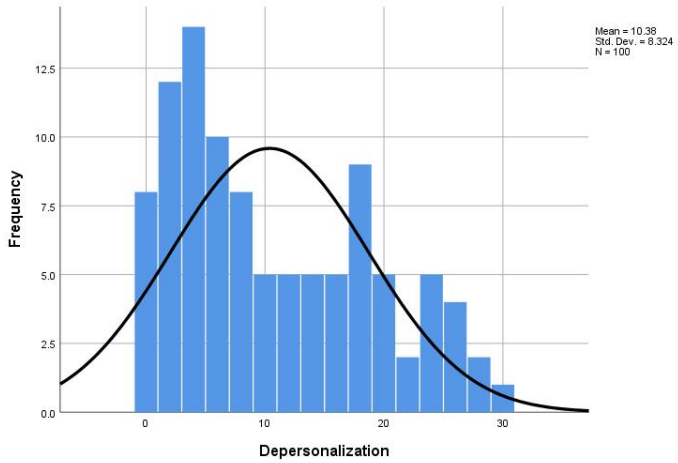
		Squares		Square		
1	Regression	421.934	1	421.934	4.209	.043b
	Residual	9823.626	98	100.241		
	Total	10245.560	99			

a Dependent Variable: Personal Achievement

b Predictors: (Constant), Secondary Traumatic Stress

Regression analysis revealed that STS significantly predicted Personal Achievement, F(1, 98) = 4.21, p = .043, though the model explained only 4.1% of the variance (R^2 = .041), indicating a relatively weak but statistically significant relationship.





Discussion

The present study aimed to examine the relationship between Secondary Traumatic Stress (STS) and dimensions of burnout—namely, emotional exhaustion (burnout), depersonalization, and personal achievement—among advocates working with trauma-exposed clients. The findings reveal significant relationships, affirming the impact of STS on professional functioning and well-being.

The results demonstrated a strong positive correlation between STS and burnout (r = .727, p < .001), indicating that as advocates experience higher levels of trauma-related stress, their feelings of emotional exhaustion increase. This supports existing literature that identifies STS as a key contributor to occupational burnout in helping professionals. Furthermore, the regression analysis showed that STS significantly predicted burnout, explaining more than half of the variance (R^2 = .529), suggesting a substantial influence of secondary exposure to trauma on burnout levels.

A similarly strong and significant relationship was found between STS and depersonalization (r = .659, p < .001), with regression analysis revealing that STS accounted for 43.4% of the variance in depersonalization. This finding suggests that advocates dealing with secondary trauma may emotionally distance themselves from clients as a coping mechanism, potentially compromising therapeutic effectiveness and empathy.

Conversely, the study revealed a significant negative correlation between STS and personal achievement (r = –.203, p = .043). Although the correlation was weak, the regression model confirmed that STS significantly predicted personal achievement (R^2 = .041), indicating that higher levels of STS are associated with a diminished sense of professional efficacy. This reflects how chronic exposure to traumatic narratives can erode one's confidence in their impact or achievements over time.

The ANOVA results further reinforced these patterns, showing significant group-level differences in burnout and depersonalization but not in personal achievement. These findings collectively underscore the pervasive impact of STS across various burnout dimensions, with the most pronounced effects on emotional exhaustion and depersonalization.

These outcomes support the hypothesis that higher levels of Secondary Traumatic Stress are positively associated with burnout and depersonalization and negatively

associated with personal achievement. Therefore, the null hypothesis can be rejected for all three relationships.

These findings carry significant implications for advocate well-being and organizational practices. Regular supervision, access to trauma-informed training, peer support, and wellness initiatives are essential to buffer against STS and mitigate burnout. Future research could explore protective factors such as resilience, coping strategies, and organizational support in moderating these effects.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

1. Albrecht, G., Hoogstraten, J., & Eijkman, M. (1998). Workplace characteristics, work stress, and burnout among Dutch dentists. *Workplace Characteristics, Work Stress and Burnout among Dutch Dentists Gorter RC, 106.*
2. Bell, H., & Najavits, L. M. (2009). Trauma exposure and its impact on the health of social workers: Results from a national survey. *Research on Social Work Practice, 19(3), 237-246.*
3. Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52(1), 63–70.*
4. Caringi, J. C., Van Den, R., Pol, L., Kelsey, O., Connell, A., & Trautman, M. (n.d.). Secondary traumatic stress in school personnel. *Cameo Borntrager.*
5. Chen, P. C. (n.d.). Burnout in social justice and human rights activists: Symptoms, causes, and implications.