

THE COST OF WORKING DIRECTLY WITH OFFENDERS: A SYSTEMATIC REVIEW OF THE MENTAL HEALTH IMPLICATIONS

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Abstract

Working with offender populations imposes a high cost of caring, exposing professionals to unique psychological and emotional demands that may culminate in compassion fatigue (CF) – a multidimensional construct encompassing burnout, secondary traumatic stress (STS), and vicarious trauma (VT). Although CF has been widely examined across helping professions, evidence remains comparatively underexplored among professionals working directly with offenders. This systematic review synthesizes empirical evidence on the prevalence of CF and its components and associated mental health outcomes in this workforce. Following PRISMA guidelines, searches were conducted in EBSCOhost, PubMed, and Web of Science, supplemented by manual searching. Of 2,911 records, 16 studies published between 2001 and 2024 met the inclusion criteria. Most were conducted in the USA ($n = 8$) and UK ($n = 4$), with additional evidence from Brazil ($n = 2$), Canada ($n = 1$), and Australia ($n = 1$). Across professional groups (healthcare professionals, correctional officers, probation/parole officers, and counsellors), findings consistently indicated moderate-to-high burnout, STS, and/or VT, alongside clinically relevant traumatic stress and depressive symptoms in meaningful subgroups. Adverse outcomes were most evident where offender-facing exposure (e.g., violence, distressing material, complex caseloads) co-occurred with organisational strain (e.g., workload pressure, role conflict, limited supervision). Overall, findings support an occupational and structural framing of CF and related mental health difficulties in offender-facing services, underscoring organisational responsibility and the need for preventive, trauma-informed support infrastructures.

Keywords: *Compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, offender-facing professionals.*

1. Introduction

Working directly with offenders carries psychological and emotional costs for professionals (Elias & Haj-Yahia, 2019). Offender-facing work often occurs in high-risk contexts marked by violence, trauma histories, and chronic suffering, requiring sustained emotional engagement that can erode well-being (Elias & Haj-Yahia, 2019). This burden is commonly conceptualised as the cost of caring (Figley, 2002) and is increasingly recognised in forensic and correctional services, where professionals may be exposed both to offenders' trauma histories and offence-related material, sometimes alongside direct threats or assault (Elias & Haj-Yahia, 2019). Although it has been studied under various terms, this review focuses on compassion fatigue (CF), an umbrella construct that includes burnout, secondary traumatic stress (STS), and vicarious trauma (VT). CF reflects the emotional and physical depletion that may arise from sustained empathic engagement with others' suffering, even without direct trauma exposure (Figley, 2002). Its components reflect distinct, though related, processes. Burnout is typically understood as a response to chronic occupational stressors and involves emotional exhaustion, depersonalisation/cynicism, and reduced personal accomplishment (Maslach & Leiter, 2022). STS refers to trauma-like reactions that can emerge when professionals internalise the traumatic material, with symptoms resembling post-traumatic stress responses (Figley, 2002; Leung, Schmidt, & Mushquash, 2023). VT reflects more enduring disruptions in cognitive schemas and perspectives, linked to repeated exposure to traumatic narratives and distressing details (Leung et al., 2023).

In sum, in offender-facing contexts, CF is associated with broader distress and impaired functioning and may also undermine compassion satisfaction – the fulfilment derived from helping others (Sorenson, Bolick, Wright, & Hamilton, 2017). Despite growing research interest in CF, evidence specific to offender-facing professionals remains limited. Accordingly, this review synthesised evidence on the prevalence and links between CF (burnout, STS, VT) and general mental health outcomes in professionals working directly with offenders.

2. Materials and methods

2.1. Research question

What is the prevalence of CF (burnout, STS, and VT), and what are the associated mental health implications for professionals working directly with offenders?

2.2. Search strategy

Searches were conducted in MEDLINE (PubMed), APA PsycINFO, and Criminal Justice Abstracts with Full Text (EBSCOhost), and Web of Science Core Collection from inception to April 2025 (initial search: November 2024; update: April 2025). Additional searches (March – April 2025) included backward citation chasing of included studies and relevant reviews, and targeted manual searching of field-relevant journals over the last five years. The core Boolean search string combined three concept blocks: (i) offender-facing professional roles, (ii) CF-related constructs, and (iii) mental health outcomes.

2.3. Eligibility criteria

Inclusion criteria were: (i) peer-reviewed empirical studies addressing (ii) the mental health impact of working with offenders in terms of CF (burnout, STS, and VT) and traumatic, depressive, and anxious symptomatology, (iii) on professionals of any age, sex, or gender working directly with the offending population. No restrictions were placed on the type of offense or the offender's legal status. Whenever available, data on CF prevalence and related outcomes were complemented by additional information on associations with other variables or risk/protective factors. Although no temporal or geographical restrictions have been applied, the selected studies must be written (iv) in Portuguese, English, French, or Spanish. Exclusion criteria comprised: (i) non-empirical and review literature (including theses/dissertations and conference abstracts), (ii) instrument validation studies, (iii) exclusively qualitative studies, (iv) studies without validated/clearly specified quantitative outcomes or relevant results, (v) studies involving professionals with <6 months' experience, (vi) professionals not currently working with offenders, and (vii) roles with limited direct offender contact.

2.4. Study selection and data extraction

This review followed PRISMA guidelines (Page et al., 2021). Records were managed in Rayyan (Ouzzani, Hammady, Fedorowicz, & Elmagarmid, 2016). Two reviewers independently screened titles/abstracts and full texts; disagreements were resolved by discussion and third-reviewer adjudication. Searches yielded 3,497 records; after deduplication, 2,911 were screened; 41 full texts were assessed, and 16 studies met the criteria. Meta-analysis was not conducted due to heterogeneity; findings were synthesised narratively using a structured approach.

2.5. Quality assessment

Two reviewers independently assessed study quality using Crowe's Critical Appraisal Tool (Crowe, Sheppard, & Campbell, 2012; eight domains; 22 items; total 0–40). Scores ranged from 29 to 38 (median ≈ 36), indicating moderate-to-high quality. Lower scores were most evident in Design and Ethical Matters, reflecting the predominance of cross-sectional self-report designs, small/convenience samples, limited longitudinal inference, and occasional incomplete ethics reporting or use of bespoke/partially validated exposure measures. Inter-rater reliability was almost perfect (Cohen's $\kappa = .939$, $p < .001$).

3. Results

3.1. Study characteristics

Sixteen studies (2001–2024) were included (InPACT Cost of Caring list available at: https://ismaipt-my.sharepoint.com/:f:/g/personal/a038399_umaia_pt/IgCi7AGlwRDPRbT429t8K3UYASiWIQbTOMOIgNBtCMawLSU). Most were conducted in the USA ($n = 8$) and UK ($n = 4$), with additional studies from Brazil ($n = 2$), Canada ($n = 1$), and Australia ($n = 1$). Evidence was dominated by cross-sectional surveys ($n = 10$). Because exposure profiles and organisational realities vary substantially across roles, findings were grouped by professional population: **healthcare professionals** ($n = 6$), **correctional officers** ($n = 5$), **probation/parole officers (including juvenile probation)** ($n = 4$), and **counsellors** ($n = 1$). To aid interpretation, we distinguish offender-related exposures from organisational/contextual factors, as many studies examined both.

3.2. Healthcare professionals

A consistent pattern emerged of moderate-to-high burnout and VT, with STS typically moderate where assessed. Distress appeared to reflect the interaction between offender-facing exposure (e.g., complex/high-risk clinical material, workplace violence) and organisational constraints (e.g., insufficient breaks/resources, inconsistent supervision), while supervision and supportive leadership repeatedly appeared protective. Burnout elevations were most consistent for emotional exhaustion, with

more variable findings for depersonalisation and personal accomplishment. VT and trauma-related outcomes also indicated meaningful burden in subgroups. Workplace violence was associated with lower compassion satisfaction and higher burnout/STS risk. In one study, VT was frequently moderate-to-high and strongly related to PTSD symptom severity, with a substantial minority reporting “at-risk” PTSD symptoms.

3.3. Correctional officers

Evidence consistently pointed to high burnout and psychological distress, often with depressive symptoms, shaped by the interaction between offender-related exposure (e.g., violence, critical incidents) and organisational strain (e.g., operational stress, workload, limited support). Burnout prevalence was commonly elevated, particularly emotional exhaustion and depersonalization, with variability in personal accomplishment. Operational stress was strongly associated with burnout, and burnout was linked to absenteeism in one large sample. Burnout indicators were also associated with depressive symptom dimensions, and depressive symptoms were linked to work stress, job satisfaction, custody level, and mistreatment of inmates. Findings also suggested that organisational/social supports (e.g., supervision, managerial/collegial support, skills adequacy) may buffer burnout/CF and support compassion satisfaction.

3.4. Probation and parole (including juvenile probation officers)

Findings converged on a pattern in which depressive symptoms and emotional exhaustion clustered with caseload complexity (particularly supervisees with serious mental illness) and organisational role strain (work stress, overload, conflict, ambiguity). Organisational climate and role strain were also directly associated with depressive symptoms, supporting an organisational interpretation of burden. Among juvenile probation officers, around one-third endorsed high emotional exhaustion, but personal efficacy/personal accomplishment was comparatively preserved; burnout and related outcomes were associated with poorer job performance, lower job/client satisfaction, turnover intentions, and more mental health concerns, with job satisfaction emerging as a strong protective factor.

3.5. Counsellors

The single counsellor study found that high CF and burnout co-occurred with high compassion satisfaction. Importantly, community-based counsellors were less likely to seek supervisory support, which contributed to elevated CF. Qualitative findings suggested potential vulnerability factors (e.g., working intensively with women; personal/family histories of addiction).

4. Discussion

This review synthesised evidence on the prevalence and mental health implications of working directly with offenders, focusing on CF (burnout, STS, VT) and related outcomes. Across the 16 studies, findings consistently indicated moderate-to-high burden across professional groups, with clinically meaningful traumatic stress and depressive symptoms in substantial subgroups. Overall, results support a key interpretive conclusion: the cost of caring is most evident when offender-facing exposure is paired with organisational strain, role-specific demands, and limited opportunities for support or recovery.

4.1. Cross-group pattern: exposure and organisational containment operate jointly

Across professional groups, psychological burden tended to be most evident when high offender-facing exposure (e.g., distressing material, violence, high-risk incidents, complex mental health needs) co-occurred with organisational strain (workload pressure, limited resources, insufficient breaks, weak supervision, role conflict/ambiguity). This pattern was evident in custodial settings (burnout/depressive symptoms) and community supervision (serious mental illness caseloads + role stressors → depressive symptoms). Similar dynamics emerged in healthcare, where sustained exposure (including, in some contexts, workplace violence) was linked to burnout, STS, and VT, and was amplified by limited recovery time and inconsistent organisational support. Across studies, organisational constraints (e.g., inadequate training/support, staff conflict, resource limitations, and high-risk case demands) repeatedly shaped risk, aligning with broader evidence that secondary trauma and burnout intensify under weak support and limited recovery opportunities (e.g., Sonnentag & Krueger, 2020).

4.2. Role-specific pathways: why patterns diverge by profession

Although all groups appeared vulnerable, dominant pathways differ by role. In healthcare professionals, burden was closely linked to sustained empathic engagement with traumatic or morally challenging material, consistent with VT and STS prominence and with evidence that repeated indirect exposure to traumatic narratives can produce clinically meaningful trauma-related effects (Maguire & Byrne, 2017). PTSD symptoms in subgroups further suggest that direct workplace trauma and indirect exposure may co-occur. Some samples reported relatively low general distress yet meaningful trauma-related burden, implying that training, supervision, and opportunities to process work impact may

buffer overall distress but not fully protect against trauma-related symptoms when exposure is intense or recurrent (Sonnetag & Krueel, 2020). VT was also linked to PTSD symptom burden and may be amplified when personal trauma histories are reactivated (Guitar & Molinaro, 2017). Within burnout profiles, emotional exhaustion appears more consistently elevated, likely reflecting cumulative depletion under restricted recovery, whereas depersonalisation may partly function as defensive emotional distancing in high-risk work (Barros et al., 2020); personal accomplishment may remain preserved in some settings, indicating that meaning and efficacy can coexist with high strain (Sonnetag & Krueel, 2020). For correctional officers, distress appeared more strongly shaped by chronic operational stress, recurrent threat, and institutional strain; elevated emotional exhaustion and depersonalisation may reflect cumulative burden and a self-protective distancing style in safety-oriented environments (e.g., Reginal & Jannetta, 2021). Burnout was linked to absenteeism in one study, indicating potential workforce and institutional consequences (Riedy et al., 2020). Personal accomplishment showed variability, suggesting that purpose and distress may co-occur (Margi & Rosenbloom, 2022). Demographic correlates should be interpreted cautiously and contextually, given cross-sectional designs (Hybels, Blazer, Eagle, & Proeschold-Bell, 2022). In community supervision, burden appears organised around caseload complexity and role strain: supervising individuals with serious mental illness, work stress, and role conflict were repeatedly associated with depressive symptoms, potentially reflecting tensions between care/support and enforcement functions (Van Deirse, Crable, Dunn, Weis, & Cuddeback, 2021). Among juvenile probation officers, comparatively preserved personal efficacy despite elevated exhaustion/cynicism suggests that reduced well-being does not necessarily imply disengagement (Rhineberger-Dunn & Mack, 2020); however, burnout was associated with poorer performance, lower satisfaction, and turnover intentions. Evidence on counsellors was limited but suggested vulnerability when supervisory support is limited and when personal/familial identification with addiction may intensify empathic involvement (Park, 2020).

4.3. Protective and mitigating factors: strong convergence across groups

Across settings, protective factors converged on organisational containment: regular supervision, supportive managers/colleagues, opportunities to process work impact, and perceived skills adequacy were repeatedly associated with lower burnout/CF or lower trauma-related burden. In probation settings, job satisfaction was consistently protective, and organisational climate and work stress were linked to depressive symptoms. Overall, this convergence supports the view that resilience is often enabled by organisational containment – including recovery opportunities and supportive environments – rather than being primarily an individual trait (Sonnetag & Krueel, 2020).

4.4. Implications for practice and policy

Across professional groups, the evidence indicates that prevention must prioritise organisational responses, not only individual resilience. High emotional load and exposure frequently co-occurred with limited supervision, unclear roles, resource constraints, and insufficient recovery time, suggesting that structured supervision, psychologically safe debriefing, trauma-informed and emotion-focused training, and managerial support should be treated as core workforce infrastructure rather than optional “well-being” initiatives. A key implication is the need to shift from “reactive support” to routine, preventive systems, including minimum supervision standards, protected time for reflective practice and recovery, and clear pathways to confidential psychological support. In custodial and probation contexts, workload management (e.g., caseload caps/weighting), clearer role expectations, and protection from chronic overexposure to high-risk incidents or high-need supervisees appear central to reducing burnout, depressive symptoms, and turnover. For healthcare professionals, integrating trauma-informed supervision into clinical governance and leadership practices may buffer CF, STS, and VT. Overall, CF and related outcomes should be framed as occupational health risks requiring system-level standards and role-specific tailoring.

4.5. Limitations and future research

Most studies were cross-sectional and self-report, limiting causal inference; longitudinal research should test whether changes in supervision, workload, and role clarity precede changes in burnout, STS, VT, and depressive symptoms. Generalisability is constrained by small samples, Western concentration, and limited diversity reporting. Future work should include larger, more diverse samples, underrepresented offender-facing groups (notably psychologists), and tests of whether distinct exposure profiles predict different symptom trajectories. Finally, intervention research should evaluate structured programmes and organisational models (e.g., trauma-informed supervision, supportive work-culture strategies), building on emerging evidence for intervention effects and the protective role of organisational support (e.g., Halamová, Ondřejková, & Kováč, 2022).

5. Conclusion

Professionals working directly with offenders show substantial psychological burden, including moderate-to-high burnout, STS, and/or VT, and clinically meaningful traumatic stress and depressive symptoms in relevant subgroups. Findings support a structural interpretation: the cost of caring is most

evident when offender-facing exposure is paired with organisational strain and limited support, underscoring the need for organisational responsibility and preventive infrastructures.

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