

THE IMPACT OF VICARIOUS TRAUMA, SECONDARY TRAUMA, COMPASSION
FATIGUE, AND BURNOUT ON INDIGENOUS FRONT-LINE SOCIAL WORKERS

by

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THE IMPACTS OF PRACTICE ON INDIGENOUS SOCIAL WORKERS

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Abstract

Social workers fulfill vital roles, providing services to clients from vulnerable populations and maintaining their welfare. As a result of frequent interaction with clients who have often experienced trauma, these workers are susceptible to experiencing vicarious trauma, secondary traumatic stress, compassion fatigue and burnout. Social work practice with Indigenous people and communities is generally regarded as complex, with workers often engaging with communities that are experiencing significant disadvantage. This literature review examines the various forms of trauma suffered by Indigenous front-line social workers, as well as the selfcare practices and resilience of Indigenous social workers.

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Dedication

This paper is dedicated to my daughters, Bryce and Callie, who are my biggest cheerleaders, and who I want to inspire to follow their own dreams, always.

Introduction

Relationship to the topic

Situating oneself is an essential part of Indigenous research. Many Indigenous scholars, when discussing Indigenous research methodologies, emphasize the importance of the researcher's transparency (Kovach, 2006; Wilson, 2008). It is, in essence, the same thing as an in-person introduction: sharing who you are, where you are from, and the journey you have travelled. This introduction places you in a context and allows your audience to know you and interpret you. Within a research context, it provides accountability to all those affected by that research (Kovach, 2006). I am a Secwepemc woman from the Canoe Creek Indian Band. My interest in this topic has come from my own lived experience as a front-line child protection, Indigenous social worker, who has experienced- numerous impacts of the role in the work place. I have been doing child protection social work for nine years, mostly, in isolated communities, and without any clinical supervision being provided by my employer. Despite the challenges and the historical reputation of social workers, I am passionate about the work and am an agent for change and continue to practice in a strength-based way, to ensure the best interest of the people I am working for. I focus on selfcare and have learned how to seek out clinical supervision when I need to, to ensure my personal wellness.

Purpose

The purpose of this literature review is to shed light on the emotional impact of being an Indigenous front-line social worker. Compassion fatigue, burnout, vicarious trauma and secondary trauma are real and prevalent issues among Indigenous social workers, and therefore an increasing number of social workers leave the job in short periods of time (Faller, Garbarke, & Ortega, 2010; Gibbs, 2001; Mor Barek, Nissly, Lane, Stein-Wood & Wood, 2006). Indigenous

social workers, specifically when working in their own communities face unique challenges and are often enmeshed within their communities, alongside dealing with a wide range of issues while navigating multiple roles. They also experience dual accountability to their employer and their community on a regular basis (Roche, Duraisingam, Trifonoff, Battams, Freeman, Tovell, Weetra, & Bates, 2013). O'Leary (2012) discussed dual relationships as social workers required a professional relationship as well as social contact. An example of this would be when a social worker is providing services to a community member, and then finds themselves volunteering with the client at a community event that is not work-related.

Ethical dilemmas abound in isolated practice, as ethical codes, standards, and regulations are not always applicable in small community settings (Galambos, Anderson, & Danis, 2006). The application of ethics and codes and standards of practice are problematic due to the reality of extremely complex relationships and the blurring of professional and personal boundaries in small community practice (Schank, & Skovholt, 1997). Indigenous social workers often live and work in their home communities and there is a high chance their own family member access the organization where they work. This is when Indigenous social workers might experience a collision of their personal, professional and cultural worlds. Complex relationships are often unavoidable and can create ethical dilemmas for Indigenous social workers who are working within their home community. Reamer (2013) identifies that the most difficult ethical dilemmas happen for social workers when their personal and professional worlds conflict (Reamer, 2013).

Supervision has long been considered the best practice for social workers in terms of supporting wellness and longevity in the job (Gibbs, 2001). Due to the crisis-oriented nature of the work, the commonality of being short staffed, the pressure to meet productivity goals, and the likelihood that supervisors will be juggling multiple agency roles creates time constraints (Gibbs,

2001). Supervision was defined as guiding the activities of social workers who perform front-line work. Effective supervision is about showing and giving support to help the social worker make progress and feel comfortable with their work. Good supervision enables the social worker to address challenges and develop good practice. As supervision is an integral part of being a social worker and is often poorly done or missing all together, thus leading to greater negative impacts to social workers (Gibbs, 2001).

Selfcare and wellness are vital to the wellbeing and longevity of an Indigenous social worker. Indigenous Peoples' views on wellness encompass not only physical, spiritual, emotional, and mental well-being, but also a positive balance of relational connections between family, community, and land (Lavoie, O'Neil, Reading, & Allard, 2008). However, the work environment of statutory practice is often complicated by high workloads, work stress, and staff turnover, which negatively affects the recruitment and retention of social care professionals (Bednar, 2003; Dollard, Winefield, & Winefield, 2001; Lonne, 2003; Mor Barak, Nissly, & Levin, 2001). It is vitally important that Indigenous social workers not become complacent in addressing wellness and selfcare while doing this complex work.

Although social work is inherently difficult, complex, and stressful work, it should be recognised that work stress can be energizing and is not always counterproductive to job satisfaction and productivity. Despite the complexity of the work social workers are passionate about their desire to help people, and most often remain in the job through the challenges. Social workers who remain in the job for long periods of time have often been successful in engaging in healthy self-care practices, and are aware of the challenges and face them head on.

Theoretical Framework

The theory that is helping drive how I view the research throughout this literature review is from an anti-oppressive and trauma-informed lens. As an Indigenous person, I focused on literature that is coming from an Indigenous research lens, but also reviewed literature from a Western perspective to assist in making comparisons. My own experience regarding loss of culture due to the shame that my grandmother learned as a child to feel about being an Indigenous person has been an ongoing struggle for myself and my family. I am able to recognize how this loss of culture can impact how I perceive the literature, and how I practice as a social worker.

Methodology

As Kovach (2006) discusses, there are two ways to understand the term “methodology”. A narrow definition would describe methodology as the particular methods of data collection and analysis that the researcher employs. A broad definition, on the other hand, would include discussion of the theoretical assumptions that inform the choice of these methods (Kovach, 2006). For the purpose of this literature review, a narrow definition of methodology is sufficient.

Throughout the process of this literature review, several different methods of data collection were utilized to gather articles from multiple sources. Peer reviewed articles were gathered from the University of the Fraser Valley library using specific key words that were relevant to the required information, as well as from Google searches and books from the Nicola Valley Institute of Technology Library. Websites were found through internet searches on the Google search engine, as well as by browsing links on known related websites.

Key terms used: Indigenous social work, social worker burnout, vicarious trauma, compassion fatigue, secondary trauma, isolated practice, Indigenous resilience, selfcare and wellness, and complex relationships for social workers. I did utilize articles from New Zealand and Australia as I was looking for a broader view of impacts on Indigenous social workers than what I could find in Canada alone.

What was specifically identified in the literature is that Indigenous social workers are consistently impacted by the work that they do. It was also identified that Indigenous social workers are resilient and by addressing their own wellness through culture they are able to continue the work that they are passionate about. What stands out is that much more research is needed from the perspective of Indigenous people in the helping role, and the impact to the helper.

During the process of this literature review I had to be aware of my own worldview and how it impacts how I receive and review the data used in this review of the available literature. I am aware that as an Indigenous social worker, who is burned out, vicariously traumatized, and experiencing compassion fatigue, I must analyze my perception of the data from that perspective. I realize that the data review was influenced by my own experiences as a social worker working outside of my own community, but working with social workers, as co-workers who are working within their home community. As Wilson (2008) highlights, the priorities of Indigenous research are not reliability and validity, but rather authenticity and credibility (Wilson, 2008).

There are over 50 resources that were used to complete this literature review. Many of the resources speak to the current research regarding how Indigenous social workers are impacted by the work that they do within their home communities, as well as outside of their communities. I used as much relevant and current data that is available at this time, regarding the topics.

Literature Collection and Analysis

This literature review was completed using a thematic analysis of the existing literature to pull out themes and concepts that are relevant and important to understanding the topic.

Thematic analysis is a method of qualitative data analysis that involves identifying, analyzing, and detailing themes that are found within data (Braun & Clarke, 2006). The goal for this collection of data was to capture quality evidence that allows analysis to lead to the formulation of convincing and credible answers to the questions that have been posed for this literature review.

Terminology

I have chosen to use the term Indigenous, rather than Aboriginal or Native, because it reflects the intrinsic connection to land that Indigenous peoples have. As Deloria and Wildcat noted, “stated simply, Indigenous means to be of a place” (Deloria & Wildcat, 2001, p. 31). When using the term Indigenous people in this literature review, I am referring to all the first peoples in Canada, such as the three separate groups that are recognized by the Canadian Constitution: First Nations, Inuit and Métis, regardless of where they live in Canada and regardless of whether they are registered under the Indian Act of Canada (Aboriginaffairs and Northern Development Canada, 2013). I am also referring to the first peoples of New Zealand, the Māori people, as well as the Australian, Indigenes’, first peoples. It is important to recognize that there are substantial cultural, social, and environmental differences between communities as well as diversity in lifestyle, values, and perspectives within any Indigenous community (Kirmayer, Tait, & Simpson, 2009). Cornell (2006), stated that Australia, New Zealand, and Canada, have much in common - including the fact that all three countries are predominantly

European-settler societies, English-speaking, have legal and political systems that share a primarily English heritage, and also share a particular pattern of relationships with Indigenous peoples (Cornell, 2006).

Throughout this literature review reference will be made to community and will be referring to Indigenous communities, both on and off reservations, in Canada, New Zealand and Australia. For Indigenous peoples, the concept of place is deeply rooted in a profound relationship with the land; particularly original tribal lands that are part of ancestral knowledge, cultural memory and historical significance. The terms social worker, service provider and helper will be used interchangeably throughout this literature review.

Vicarious Trauma

Vicarious trauma is defined by Pearlman and Saakvitne (1995) as the “negative effects of caring about and caring for others”; it comprises the “cumulative transformation in the therapist’s inner world resulting from empathic engagement with the client’s traumatic material” (p. 31). The therapist is exposed to “horrific descriptions, both as witnesses of people’s cruelty to one another and as witnesses and participants in the re-embodiment of these events” (Pearlman & Mac Ian, 1995, p. 2). McCann and Pearlman (1990) describe vicarious trauma in theoretical terms of cognitive development and constructivism, focusing on changes to cognitive schemas in the process of meaning-making that consist of beliefs, expectations, and assumptions of self and the world (McCann & Pearlman, 1990). Regardless of what labels are used, the consequences of working with traumatized clients for an extended time appear to be the same: profound changes in beliefs, expectations, and assumptions of self and the world (Collins & Long, 2003).

Secondary Traumatic Stress

Secondary traumatic stress is defined as the presence of post-traumatic stress disorder (PTSD) symptoms in caregivers connected to the client's trauma experience rather than the caregiver's own trauma (Collins & Long, 2003). Secondary traumatic stress and vicarious trauma refer to the same observed phenomenon. However, secondary traumatic stress focuses on clinically observed post-traumatic stress disorder symptomatology of sudden onset, whereas vicarious trauma is a theory-driven concept, cumulative in nature and emphasizing gradual, permanent changes in cognitive schema (Baird & Jenkins, 2003; Harrison & Westwood, 2009; Rasmussen, 2005).

Compassion fatigue

Compassion fatigue is defined as the natural consequence of working with traumatized clients or those who have experienced extremely stressful events in tandem with the level of empathy practitioners have for such clients (Collins & Long, 2003 & Figley, 2002). Compassion fatigue includes a reduced interest and capacity by the practitioner to engage at an empathic level with clients and involves both secondary trauma and job burnout (Adams, Boscarino & Figley, 2006). In the case of compassion fatigue, empathy, which is considered to be helping practitioners' greatest strength, can become their greatest liability (Rothchild, 2006). Compassion fatigue has been described as the "cost of caring" for others in emotional pain (Figley, 1982, p. 31).

Burnout

The concept of burnout is described as a gradual process increasing in intensity and involving emotional and mental exhaustion, preceded by high job stress in emotionally demanding situations (Collins & Long, 2003; Figley, 1995; Figley, 2002; Rasmussen, 2005). The

main risk factor of burnout is employment in a setting where employees work with high levels of interpersonal demands without adequate structural support for meeting those demands; the demand exceeds the capacity (Baird & Jenkins, 2003). Burnout is the physical and emotional exhaustion helpers may experience due to low job satisfaction, feelings of powerless, and being overwhelmed in the workplace (Mathieu, 2011). According to the authors, this definition does not include exposure to trauma but this term has been used when talking about the child welfare workforce, for both Indigenous and non-Indigenous social workers. Burnout in human service work is generally conceptualised as a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach, 2003). Maslach (2003, p. 15) emphasises that burnout is the product not of occasional stresses, however severe, but of ‘chronic everyday stress’ (Maslach, 2003). Another important aspect of burnout is the dilemma of the “gap between what the helper is expected to do and what he or she is able to do” (Pearlman & Caringi, 2009, p. 204).

Historical trauma

Evans-Campbell (2008) suggests that the concept of historical trauma could be applied to all colonized, Indigenous peoples, and argues that the diagnoses such as Post Traumatic Stress Disorder do not address multi-generational traumas. Evans-Campbell (2008) states that as the focus is too individualized and does not take into account the social aspects of reactions to trauma, nor does it address the way that historical traumas may interact and compound currently experienced traumas such as intrafamilial abuse, suicide of family members and daily racism and discrimination (Evans-Campbell, 2008). She suggests that the criteria for historical trauma should include the following, firstly, many people in the community experienced it, secondly, the events generated high levels of collective distress, and lastly, the events were perpetuated by

outsiders with a destructive intent, often a genocidal intent, making them particularly devastating (Evans-Campbell, 2008).

Trauma is also intergenerational and multigenerational – it is the cumulative, emotional and psychological wounding over time that is transmitted from one generation to the next (Rakoff, Signal & Epstein, 1966; Evans-Campbell, 2008). Intergenerational or multigenerational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as normal, when we are children, we pass on to our own children. The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so (Aboriginal Healing Foundation, 1999:A5). According to many authors, the experience of historic trauma and intragenerational grief can best be described as psychological baggage being passed from parents to children along with the trauma and grief experienced in each individual's lifetime (Rakoff, Signal & Epstein, 1966; Evans-Campbell, 2008). Transmission is considered to be unintentional, and often without awareness of the contribution of the original traumatic event. Unresolved historic trauma will continue to impact individuals, families and communities until the trauma has been addressed mentally, emotionally, physically and spiritually. The word trauma originates from a Western context, and with a decolonizing approach it is important to acknowledge this (Wilson, 2009).

History

Social work is traditionally known as a helping profession; however, historically, it has not been so with Indigenous Peoples. It is important to acknowledge this, as social workers have

been complicit in repeated attacks on Indigenous cultural and traditional systems by removing children from their families and communities (Blackstock, 2009). Along with Confederation in 1867 came deeply entrenched forms of colonization, and although social work began as a helping profession for many, this was not the case with Indigenous Peoples (Baskin, 2018).

Beginning in the 1870s, residential schools were established, which launched decades of separating Indigenous children from their families and communities (Sinha & Kozlowski, 2013). It is now widely known that abuse was rampant in these schools, including physical, spiritual, sexual, emotional, and psychological abuse that resulted in trauma, disease, and the death of many children (Alston-O'Connor, 2010; Sinha & Kozlowski, 2013). Attacks on languages, cultures, traditions, and spirituality resulted in the near cultural genocide of Indigenous Peoples across North America (Alston-O'Connor, 2010; Baskin, 2015; Sinclair, 2007, 2016; Sinha, Trocmé, Fallon, MacLaurin, Fast, Prokop, & Richard, 2011). Authors also noted that social workers participated in this genocide by first assisting in the removal of children from their communities and then by ignoring the conditions and treatment of children within the schools (Blackstock, 2009; Sinha et al., 2011). Social workers were participants in the process of dispossession and oppression, particularly in areas such as child protection and health services, where great injustices were carried out against Indigenous peoples (Gilbert, 2001). Despite the closing of residential schools beginning in the mid-1900s, with the last one closing its doors in 1996, this cultural genocide continued with social workers taking on an even greater role within child welfare (Alston-O'Connor, 2010; Baskin, 2015; Blackstock, 2009; Sinclair, 2007, 2016). Lack of respect for Indigenous values, such as the roles of extended families and customary care traditions held by most Indigenous Nations, led to attacks on Indigenous families as unfit when

they did not conform to Eurocentric family norms (Blackstock, 2009; Sinha et al., 2011; Sinha & Kozlowski, 2013).

The impact of residential schools and the child welfare system are at the root of many serious social problems facing many Indigenous Peoples and communities today. It was also noted by many authors that colonization, small pox, racism, poverty, high suicide rates in some communities, mental health challenges, substance misuse, and cycles of abuse and violence also contribute to the challenges that Indigenous people face (Alston-O'Connor, 2010; Baskin, 2015; Blackstock, 2009; Menzies, 2014; Royal Commission on Aboriginal Peoples, 1996a, 1996b; TRC, 2012, 2015).

The high rate of Aboriginal children-in-care reflects the historical disadvantages experienced by Indigenous communities. Residential schools caused generations to grow up without opportunities to develop parenting skills. Poverty, unemployment, relative isolation, and inadequate housing all contribute to family disruption. When Indigenous families experience difficulties, they have not always been given the resources and support they need to ensure that children are raised in their home communities and culture (Thomas & Green, 2015). Blackstock (2009) stated that the lack of consideration on the part of social workers, for culturally relevant placements or continuity, resulted in the ongoing deterioration of Indigenous communities.

The over-surveillance and oppression of Indigenous Peoples by social workers is not a thing of the past, nor is the trauma experienced by so many (Baskin, 2018). There are, of course, promising exceptions where social workers and social work organizations have meaningfully worked with First Nations to redress the over-representation of children in care but these continue to remain the exception. These positive examples need to be recognized and supported,

but they should spur us on to further progressive action and not reinforce a professional slumber (Blackstock, 2019).

Although, social workers have been viewed in a negative light for several generations, Indigenous social workers are working to make positive changes to social work practice. Indigenous social workers have been increasingly recruited by social work organizations and academic institutions (Pierce, Hemingway, & Schmidt, 2014; Zapf, 1999). Many Indigenous communities have begun the process to reclaim their child welfare services and Western society has increasingly acknowledged that Indigenous peoples should be delivering these services. Indigenous social workers however are still disproportionately under-represented relative to the population they serve (Burke, 2018).

Indigenous Peoples are often the clients of social services agencies in many areas. Unfortunately, mainstream services often continue to oppress Indigenous Peoples due to their Euro-centric values and practices, which they assume to be universal. According to some authors, as Indigenous Peoples gain a measure of self-governance, communities are beginning to take control of local social services and orient them to their own worldviews and values (Baskin & Sinclair, 2015). Many of the survivors of these systems developed an inability to care for others as they had not experienced any nurturing themselves (Alston-O'Connor, 2010; Blackstock, 2009; Sinclair, 2004; Sinha et al., 2011). Given the lack of parental role modeling and widespread physical and sexual abuse while attending residential schools, generations of survivors have likely lost the capacity to engage in nurturing social interaction with young children that promotes attachment and intimacy (Wesley- Esquimaux & Smolewski, 2004).

It is not without reason that many Indigenous Peoples have developed great mistrust and resentment towards social workers (Blackstock, 2009). This representation of social workers

over the past several decades makes it hard for Indigenous social workers to have pride in the role, and have confidence in being a social worker. Despite the chronic over-representation, the majority of social workers have historically been non-Indigenous; however, their numbers do seem to be on the rise (Burke, 2018).

As a profession, social work originated out of a Western framework and social work organizations have traditionally operated within that framework (Burke, 2008). According to Burke (2008), there has been an increasing acknowledgement that some of the disparities that continue to exist for Indigenous children, families, and communities can be addressed by increasing the rates at which Indigenous peoples are providing social services (Burke, 2018). The calls to action regarding child welfare in the Truth and Reconciliation Commission of Canada (TRC) document are an important first step in addressing the disparities for Indigenous people in Canada.

Literature Review

Comparison of terms

The forms of trauma-related stress conditions and professional burnout are often erroneously discussed either interchangeably or grouped together as one condition in the literature. It is best to conceptualize each of these conditions separately in order to have a comprehensive understanding of these complex phenomena (Newell & MacNeil, 2010). Three common terms cited in the literature describe the negative psychological reactions social work professionals may experience when working with traumatized clients: vicarious traumatization, secondary traumatic stress, and compassion fatigue (Rothschild & Rand, 2006).

Vicarious traumatization and secondary traumatic stress have similar defining features, which may be challenging when attempting to clearly understand the pathologies of these conditions. A helpful distinction between them is to conceptualize vicarious traumatization as a cognitive change process resulting from chronic direct practice with a traumatized population, in which the outcomes are alterations in one's thoughts and beliefs about the world in key areas such as safety, trust, and control (McCann & Pearlman, 1990; Pearlman, 1998; Pearlman & Saakvitne, 1995). Secondary traumatic stress, grounded in the field of traumatology, places more emphasis on the outward behavioral symptoms rather than intrinsic cognitive changes (Figley, 1995).

Compassion fatigue, also used interchangeably in the literature with secondary traumatic stress and vicarious trauma, is best defined as a syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout (Adams, Boscarino, & Figley, 2006; Bride, Radney, & Figley, 2007; Figley, 1995). Compassion fatigue was described in the literature as a more general term describing the overall experience of emotional and physical fatigue that social service professionals experience due to the chronic use of empathy when treating patients who are suffering in some way (Figley, 2002b; Rothschild & Rand, 2006). Much like burnout, the experience of compassion fatigue tends to occur cumulatively over time; whereas vicarious trauma and secondary traumatic stress have more immediate onset. A history of personal traumatic experiences among helping professionals is also thought to increase the likelihood of compassion fatigue, and an unsupportive workplace may increase burnout (Adams, Boscarino, & Figley, 2006; Bride, Radey, & Figley, 2007).

The main difference between burnout and secondary traumatic stress is described as the gradual onset of burnout compared to the often-sudden onset of secondary traumatic stress,

which is related to client trauma rather than the occupational stress source of burnout (Rasmussen, 2005). The coping strategy of distancing has been found consistently in burnout research and is viewed as a common reaction to exhaustion and depersonalization (Collins & Long, 2003). Those experiencing depersonalization have an increased risk of misinterpreting or not appropriately documenting information, which affects how the social worker responds to the service user (Jenkins & Warren, 2012). In their study on the contribution of therapists' beliefs to psychological distress, McLean and Wade (2003) found the two constructs to be not completely independent or identical, but rather slightly overlapping. This could also be understood as having a combination of both features of burnout and secondary traumatic stress at the same time (McLean & Wade, 2003).

Confusion over the terms has resulted in researchers attempting to clarify the differences and overlap among the concepts of vicarious trauma, burnout, compassion fatigue, and secondary traumatic stress (Canfield, 2005; Sabine-Farrell & Turpin, 2003). Yet agreement is found in the end results; there are profound effects on practitioners that result from empathic engagement with client trauma (Rasmussen, 2005). The literature reviewed suggested that remote based practitioners, who work in physical isolation and provide ongoing support to clients who have experienced historical, intergenerational, and present-day trauma, have been neglected by researchers up to this date. Additionally, research on cultural interpretations of the concept of vicarious trauma and secondary trauma, and cultural influences on the prevention of such trauma, was lacking in the literature.

It was suggested in the literature that practitioners with a pre-existing anxiety disorder, mood disorder, or personal trauma history, particularly child abuse and neglect, may be at greater risk of experiencing these conditions (Lerias & Byrne, 2003; Dunkley & Whelan, 2006; Gardell

& Harris, 2003). Resulting impact includes reduced performance, increased absenteeism, mistakes, psychological distress, job dissatisfaction, physical and mental ill health, and symptoms of burnout, which adversely affect client services (Dollard et al., 2001; Schaufeli, Maslach & Marek, 1993; Russ et. al, 2009). In remote communities, helping practitioners may be locals, working in their home communities, sometimes sharing trauma experiences similar to those of their clients (Evans-Campbell, 2008; Morrisette & Naden, 1998).

It is important to recognize that professional burnout is a phenomenon that can occur in most any social work setting, while vicarious trauma, secondary traumatic stress, and compassion fatigue are unique to direct practice with crisis and trauma populations (McCann, Sakheim, & Abrahamson, 1998; Schauben & Frazier, 1995; Sexton, 1999). Burnout in human service work is generally conceptualised as a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach, 2003). Maslach (2003) further emphasised that burnout is the product not of occasional stresses, however severe, but of ‘chronic everyday stress’ (Maslach, 2003, p. 15). According to the literature these impacts can occur through worker interactions with people in physical and/or psychological pain (Obholzer & Roberts, 1994; Russ, Lonne & Darlington, 2009), dealing with violence, high workloads, limited resources, and poor supervision (Dollard, Winefield & Winefield, 2001).

A great deal of social work practice relates to addressing client’s crisis situations, like crisis intervention, or helping clients deal with trauma that occurs in the aftermath of crisis. Providing trauma-intervention services places these workers at risk for traumatic responses themselves (Farrell & Turpin, 2003; Hesse, 2002; McCann & Pearlman, 1990; Palm, Polusny, & Follette, 2004). While vicarious traumatisation is a significant cause of distress, social workers are also faced with the threat of direct trauma. Social workers experience trauma during events

such as threats, assaults, and intervention in traumatic incidents (Littlechild, 2005; Rothschild & Rand, 2006; Smith, Nursten, & McMahon, 2004). It is important to clarify that perceived threats are an individual's cognitive assessment of the likelihood that a danger will affect them and how bad it will be should it happen.

In the past several years, the emotional impact of working with trauma survivors has been examined under several constructs: compassion fatigue (Figley, 1995), secondary traumatic stress (Figley, 1993; Stamm, 1995), and vicarious trauma (McCann & Pearlman, 1990b; Pearlman & Saakvitne, 1995a, 1995b). These constructs have been compared and debated (Pearlman & Saakvitne, 1995a; Stamm, 1995), and a full comparison of them is outside the scope of this literature review. Much more research is required to fully understand the full range of impacts to Indigenous people, as helpers, and how the impacts differ for Indigenous social workers due to colonization.

Common themes

The articles in this literature review have many common themes such as, the realization that trauma work does have significant impact on helpers over time, which can affect relationships with co-workers, friends, family and spouses (Faller, Garbarke, & Ortega, 2010; Gibbs, 2001; Mor Barek, Nissly, Lane, Stein-Wood & Stein-Wood, 2006; Figley, 1982; Collins & Long, 2003). According to literature, the exposure to other people's trauma changes helpers on a fundamental level as trauma is absorbed and accumulated to the point that it becomes part of the helper and their view of the world is changed (Faller, Garbarke, & Ortega, 2010; Gibbs, 2001; Mor Barek, Nissly, Lane, Stein-Wood & Stein-Wood, 2006; Figley, 1982; Collins & Long, 2003). Many social workers face complexity when it comes to working in their home communities as they face challenges with role duality. The embedded nature of practice in these

communities' leaves practitioners vulnerable to the pain inherent in relationships based on caring. Social worker's often find themselves working with people with whom they have complex ties, for example, relatives and or friends. They are often the only qualified helper in the community, and this means that they cannot refer on to another service provider (Bennet & Zubrzycki, 2003).

Indigenous social workers often live and work in their home communities and there is a high chance their own family member will come through the organization where they work. This is when Indigenous social workers might experience a collision of their personal, professional and cultural worlds. It is the domain where the three different systems have to interact, a professional system, and family system, and a cultural system and many values and ethics can conflict (Watson, 2019). On a daily basis these helpers can face the dilemma of working in a community in which they have a personal investment through family and friends often making it excruciatingly difficult to separate personal life and professional life (Goodleaf & Gabriel, 2009).

O'Leary (2012) discusses dual relationships as social workers requiring a professional relationship as well as social contact with family and community members (O'Leary, 2012). When working in one's own Indigenous communities the multi layered relationships are a reality. This makes objectivity or anonymity difficult to achieve and as well as establishing and balancing healthy boundaries. Boundaries are the physical, emotional and mental limits that are established to protect oneself from manipulation, and violation and are essential to healthy relationships, and a healthy life.

For Indigenous social workers personal and professional investment is quite intertwined and organizations are often unable to address the role conflict and overlapping relationships of

personal and professional boundaries that many Indigenous helpers face. Within close-knit Indigenous communities with little privacy, maintaining healthy boundaries can be a challenge for service providers (Brown & Fraehlich, 2011). Professional boundaries are a complex area that is subject to a range of interpretation. The word boundary is full of ambiguities and describes what is acceptable and unacceptable for a professional to do, both at work and outside of it, and also the boundaries of a professional's practice (Banks 2006, 2008, 2011; Congress, 1999; Dewane, 2010; Doel, 2010; Fine & Teram, 2009; Reamer 2013). While Reamer (2013) affirms that skillful management of boundary issues can enhance the ethical integrity of social work, Banks (2006) highlights that for social workers there can be issues around professional roles, boundaries and relationships and suggests that there needs to be considerations around issues of boundaries between personal, professional and political life (Reamer, 2013; Banks, 2006).

There is a suggestion in the literature that a separation of the personal and professional is necessary, however, this idea implies that the professional social worker identity is separate from their private self (Banks, 2006). In social work the practitioner is the tool so the use of self is critical (Weld & Appleton, 2014). Reupert (2007) claims that self-awareness is essential in the helping relationship and that the use of self is not incidental, unconscious and inevitable and that, "there are risks involved in the involvement of self, there are also costs in not involving the self" (Reupert, 2007, p. 775). Weld and Appleton (2016) clarify that the personal self is about, "who we are as people, what we bring from our life journey, our socialisation, our families, choices, experiences and personality" (p. 16).

Indigenous Social workers can get caught in their desire to be needed, commonly as community helpers, and can easily take on the rescuer identity, trying to rescue individuals, their

families, and the community. This can lead to confusion regarding the limitations of the helper's roles, and the development of unrealistic expectations (Goodleaf & Gabriel, 2009). The cost on the Indigenous social worker is immeasurable, and therefore Indigenous helpers remain at high risk for vicarious trauma and burnout (Goodleaf & Gabriel, 2009). The issue of high visibility with a loss of privacy and anonymity, including mistrust and trust of professionals, and the blurring of personal and professional boundaries due to multiple roles that occur in small communities are fundamental issues for isolated and rural helpers (Green, Gregory & Mason, 2003; Munn & Munn, 2003).

Indigenous helpers bring their life experiences to their work as social workers and often acknowledge and accept that their personal values, lived experiences, and cultural influences may impact on the professional decisions they make. Another commonly represented theme was regarding burnout, and struggle for personal wellness, when the helper is employed by their own community (Goodleaf & Gabriel, 2009; Roche, Duraisingam, Trifonoff, Battams, Freeman, Tovell, Weetra, & Bates, 2013). For example, thinking that Indigenous helpers are immune to the social malaise plaguing communities dehumanizes the helper as well as their family members (Goodleaf & Gabriel, 2009). Isolated and overwhelming practice situations for Indigenous social workers was noted several times throughout the literature and is an ongoing struggle that is often unaddressed and unacknowledged (Weigle & Baker, 2002).

The literature suggests that an understanding of isolated and remote cultures is essential for competent practice in such settings, but such understanding takes time (McIlwraith, Dyck, Holms, Carlson, Prober, 2005 & O'Leary, 2012). Entry into the community can be highly stressful, even when the practitioner has been invited by some members to work in the community. Remote and isolated settings are essentially secluded from mainstream society,

which contributes to feelings of professional and personal isolation (Weigel & Baker, 2002). In some instances, Indigenous social workers go to work in their home communities, despite often not having lived there since childhood or for long periods of time, increasing the feelings of isolation.

Isolated communities are often closed systems that exhibit wariness of outsiders and helping practitioners must find a 'fit' with the community in terms of their personal characteristics and the community's value system (Weigel & Baker, 2002). Isolated communities are often locations where everyone knows everyone, whether they want to or not (Rawsthorne, 2003). This can result in the greatest challenge to the covenant of confidentiality through the difficulty of ensuring client privacy (Galambos, Watt, Anderson & Danis, 2006). Those who live and work in isolated communities are considered by some researchers and community members to best know what is needed and what works, while others acknowledge that outsiders who live and work in the community have the potential to create safe spaces for clients, especially those who suffer abuse or go against collective norms (Hornosty & Doherty, 2004). High visibility with a loss of privacy and anonymity, mistrust and trust of professionals, and the blurring of personal and professional boundaries due to multiple roles that occur in small communities are fundamental issues for isolated and rural helpers (Green, Gregory & Mason, 2003; Munn & Munn, 2003). The issues that Indigenous social workers face while working in their own communities are undeniable and intergenerational trauma and grief is often unresolved in their own lives.

According to the literature serious professional and ethical concerns exist including potential risks to clients when services are provided without adequate supervision (Weigel & Baker, 2002). The definition of Kadushin and Harkness (2002) describes supervision as an

organizational process through which supervisors are granted authority to direct, guide, coordinate, promote and evaluate the performance of employees under their responsibility (Kadushin & Harkness, 2002). Clinical supervision is framed as an essential component of professional practice within the social work profession and is generally thought to be the primary medium in which ongoing reflective practice and learning is facilitated (Tsui, 2005; Muson, 2002). Social workers work with and within complexity and require effective systems to process their work-the system that assists this process is supervision (O'Donoghue, 2003; O'Donoghue & Tsui, 2013). Social workers generally participate in supervision throughout the duration of their careers in their role as social workers (Beddoe, 2015; Hair, 2013). The lack of supervision or supervision focused on control can lead to improper practices from the perspectives of both supervisee and client. In social work, supervision is essential as a practical method of ensuring quality services (Călăuz, 2012).

Although there have been excellent contributions on cross-cultural issues in the supervision literature in general from mental health and counseling perspectives there is undoubtedly more work to do to support the addition of specialized and highly integrative Indigenous supervisory approaches into the supervision body of knowledge, in order to support Indigenous practitioners working within their own communities (Crocket, 2013; De Souza, 2007; Hernández, Taylor, & McDowell, 2009). O'Donoghue and Tsui (2012) identified the need for Indigenous models of supervision and appropriate cultural training for supervisors (O'Donoghue & Tsui, 2012).

Resilience

During this review of the literature, a recurrent theme regarding the resilience of Indigenous people, despite the struggles faced as helpers, was apparent. Resiliency is the ability

to withstand trauma and turmoil and be able to proceed with living and engaging in a productive way (Linklater, 2014). Many researchers agree that resilience refers to successful adaptation despite traumatic life events and/or a life course marred by chronic adversity. They also agree that resilience defines a process that is shaped by reciprocal personal, family, and environmental influences (Zabern & Bouteyre, 2018).

Despite the challenges faced by helpers doing trauma work, there is strength in the connection to traditions, land and culture that Indigenous helpers are accessing to address their own wellness. It is a time-honored belief among Indigenous people that each person is born with innate strengths that can assist in the overall betterment of the community. (Kenny & Fraser, 2012). There are culturally-specific strategies (i.e., rituals, treatments, ceremonies) that are embedded within some cultures that have been developed to alleviate suffering or trauma (Wilson, 2007).

Significant discussions were noted in the literature about the connection to culture being the foundation for wellness for Indigenous helpers (Wilson, 2007; Blackstock, 2009; Baskin, 2015; Gray, Coates, & Yellow Bird, 2008). The physical, mental, emotional and spiritual aspects of the human being are all interrelated; weakness in any of these areas can cause an individual to become unbalanced. Culture is a necessary part of prevention of and healing from traumatic events and addictions for Indigenous peoples (Chong, Fortier, & Morris, 2009; Mental Health Commission of Canada, 2009; Mussel, Cardiff, & White, 2004; Rowan et al., 2014; Royal Commission on Aboriginal Peoples, 1996).

The importance regarding connection to traditional practices, language, land and medicine were reoccurring themes throughout the literature review. As an Indigenous construct, wellness is an inclusive state or position of balance, wherein spirit-heart-mind-body work

together through the primary, unified concepts of culture. Indigenous Wellness is a whole and healthy person expressed through a balance of spirit, heart, mind and body (McConnery & Dumont, 2010). Indigenous verbal, written and body language is conceptualised as a vehicle for expressing culture and communicating it to others, and transmitting cultural knowledge to the next generation (Bourke et al., 2018). Central to wellness is relations; that is, the belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. This belief shapes the spiritual, emotional, mental, and physical well-being of individuals and communities (Wilson, 2003).

Combined cultural reclamation and cultural practices can be effective therapeutic interventions or treatments in substance abuse and toward wellness (Gone, 2011), which may be captured and tracked through measurement rooted in Indigenous culture. Indigenous culture is embedded in the land, language, and nation of peoples and, most importantly, in the unique experiences of culture-as-intervention, which prompts reflection and internalization. In the past, resilience in the area of working with Indigenous Peoples has focused on individual coping mechanisms in the face of adversity (Kirmayer, Dandeneau, Marshall, Kahettonni-Phillips & Jensen-Williamson, 2011). However, given the importance of the family and community within Indigenous worldviews, resilience needs to have a collective dimension. This is supported by Kirmayer et al. (2011), which finds that stories of resilience consistently make reference to values and draw on collective history and teachings. In oral transmission of stories, each listener would bring personal memory and creative imagination to the storytelling event and hear a story uniquely rooted in his/her own life experience.

By creating space for Indigenous approaches to social work and by recognizing their effectiveness and the healing they foster, it can be seen that “Aboriginal communities, when

provided with adequate supports, develop the most sustainable socio-economic improvements for children” (Blackstock, 2009, p. 33). Internationally it is recognized that where local culture is used as a primary source for knowledge and practice development, social work practice can become culturally appropriate, relevant, and authentic (Gray, Coates, & Yellow Bird, 2008). There is a need to affirm and support traditional ways of helping that have sustained Indigenous communities for generations (Blackstock, 2009).

Selfcare & Wellness

There is growing evidence that the cultures of Indigenous peoples influence their health and wellbeing. Cultural expression is conceptualised as actions taken to express attitudes, beliefs, customs and norms. Expression can often take the form of artefacts, symbols, dances, songs, genders and age roles, art and ceremony, storytelling, use of language, family relations, sharing of food and celebrations, and representation of values (Bourke, Wright, Guthrie, Russell, Dunbar & Lovett, 2018). Social workers are beginning to acknowledge the importance of wellness and self-care as a critical component of the helping professions.

Self-care is a term used to define how a person intentionally takes care of his/her self. An act that contributes to the rebuild and balance of self (Mache, Bernburg, Baresi, & Groneberg, 2016). Self-care is an independent task (Wazni & Gifford, 2017). It was noted that when social workers practice good self-care, they are better able to care for others; however, many have neglected to care for themselves (Kincaid, 2017). Selfcare may improve care to those who need it and reduce barriers between the one giving care and the one receiving care (Wazni & Gifford, 2017). Self-care is an activity that has been advised and encouraged by many professions, including social workers, through the ethical standards.

Saakvitne and Pearlman (1996) argued that vicarious trauma may also encourage opportunities for personal and spiritual growth, lowering the deleterious effects of working with survivor clients and enhancing therapist's psychological needs. It is evident that the literature has explored the adverse effects of working with traumatized populations; thus, defining and establishing constructs such as vicarious trauma, compassion fatigue, and secondary stress (Bride, 2004; Joinson, 1992; Figley, 1995; Figley, 2002; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995; Sommer, 2008; VanDeusen & Way, 2006). Indigenous professionals consider traditional spirituality and culture as key appropriate responses to historical trauma and unresolved historical grief (Braveheart, 1998; Duran & Duran, 1995). They also integrate traditional spirituality and culture into their practice or develop professional practices from within traditional culture and its spirituality to address the challenges of working with a traumatized population.

It is essential to recognize social workers ability to develop effective coping styles and self-care practices that allow them to withstand the burdens often associated with their work. Harrison and Westwood (2009) argued that the challenge to effectively cope with the stress of work and to sufficiently balance professional and personal aspects of life may lead to social workers abandoning their field of practice; thereby, resulting in an immense loss of resources and potential (Harrison & Westwood, 2009). Practicing self-care behaviors can help to relieve the negative consequences of stress (Coster & Schewebel, 1997; Denyes, Orem, & Bekel, 2001; Goodwin, 2017). Social workers need to operate at their personal best to bring about solutions to the populations they serve. When social workers do not practice good self-care, it has a negative impact on how they operate, such as experiencing burnout and a desire to leave the job. Weekes

(2014) noted that practicing self-care helps social workers to function appropriately in their role (Weekes, 2014).

Many social workers do not practice good self-care, and this has resulted in stress, burnout, and sub-optimal client care (Weeks, 2014). This neglect negates healthy social work practice and imposes consequences for themselves and their patients. Weekes (2014) noted that the need to engage in self-care is so important, and the consequences so great, that social service agency leaders must emphasize that self-care is both fundamental and indispensable (Weekes, 2014). Understanding how burnout affects social workers and support staff in the workplace could encourage organizational leaders to provide resources and training. Teaching social workers and support staff about self-care techniques and interventions, and how to apply them to everyday life could decrease stress and prevent burnout, reduce high rates of turnover, and provide support of optimal care needed for patients. Self-care is intentional, and the responsibility rests with the professionals, and the organization.

Social workers need to operate at their personal best to bring about solutions to the populations they serve. When social workers do not practice good self-care, it has a negative impact on how they operate. Weekes (2014) noted that practicing self-care helps social workers to function appropriately in their role (Weekes, 2014). Indigenous social workers recognize the importance of traditional and cultural practices to address wellness in a different way than non-Indigenous social workers. As evidenced, in the literature, it is important that for Indigenous social workers to have the ability to support clients that they are practicing personal selfcare and wellness.

Indigenous Allies

The term ally means that there is the ability to recognize the privilege that settler cultures have and take for granted (Bennett, 2011). It also implies the ability to challenge and work towards breaking down those barriers that continue to violate Indigenous communities. Being an ally requires social action, strength, courage, humility and a support network. A fundamental beginning point for both Indigenous and non-Indigenous social workers is the ability to understand how different aspects of their personal and cultural identities impact on their practice with Indigenous people. In some respects, this development of critical self-awareness is a form of decolonisation, a process during which both Indigenous and non-Indigenous workers recognise and come to terms with the powerful influences that the history of colonisation and the ongoing nature of colonising practises have on the construction of their cultural identities and their practice as social workers (Bennett, 2011).

For non-Indigenous social workers, the critical interrogation and reflection on the role and influence of the self in practice also involves going on a journey, encompassing the ability to acknowledge the privilege that comes with the cultural identity of Whiteness and recognising that Indigenous people will invariably identify you as being “one of the colonisers” (Bennet, 2011). This area of self-knowledge is significant, because it represents one of the core aspects of a non-Indigenous person’s identity that has profound meaning for Indigenous people.

Understanding and acknowledging what motivates non-Indigenous social workers to work with Indigenous people was regarded as another important area of self-knowledge. Indigenous workers in particular highlighted how transparent the motivation of non-Indigenous workers is to the Indigenous community. Both Indigenous and non-Indigenous workers also linked the role of critical self-awareness and reflection in practice with an ability to overcome

and put into perspective moments of fear and uncertainty that may arise. For example, the propensity for non-Indigenous workers to personalize and, therefore, internalize an Indigenous person's angry response is not uncommon and can lead to misconceptions as to the reasons why these negative emotions are being expressed. Having the ability to be self-reflective and respond with humility and genuineness is part of the process of developing the cultural courage that underpins culturally respectful social work practice (Bennet, 2011).

Two eyed seeing is a concept that was coined to explain both the Indigenous and Western worldviews and how they could work together. In Marshall's words, two eyed seeing is "to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye the strengths of Western ways of knowing, and to use both of these eyes together" (Bartlett, Marshall & Marshall, 2012, p.335). Although social workers are consistently faced with conflicting cultural tensions, most have found a way to work effectively in both Indigenous and Western worlds; however, this can be a balancing act for them. The implications of this are that there are strong, resilient social workers, who may face these conflicting cultural tensions, but are working effectively and successfully in the two worlds (Bennett, 2011; Bartlett, Marshall & Marshall, 2012).

Moyle (2014) stated that social workers, "walked creatively between two worldviews in order to best meet the needs of their own people ... felt over-worked and under-valued" (Moyle, 2014, p. 55). This is an issue facing many social workers who are walking between two worlds—the Indigenous and western worlds. Participants in Moyle's (2014) research talked about having to work twice as hard to get the job done and work as an in-between. Moyle (2014) linked the Indigenous 'in between role' to Indigenous social workers and stated that Indigenous workers "walk a tightrope between two worldviews whilst at the same time managing their own personal

and professional identity” (p. 56). These conflicting cultural tensions can lead to burnout, and Moyle (2014) states that this burnout is due to, “cultural expectations and additional responsibilities because of being Indigenous” (p.56).

It is through the development and maintenance of culturally respectful relationships that social workers are able to undertake meaningful work with Indigenous people. Deep, humble listening creates an opening for information sharing, collaborative knowledge development, and honest communication. Social workers need to earn trust and respect with the community, which takes time due to the history and ongoing practices of colonization. Cultural courage is the process whereby the worker recognises that the destination is the being with, not the doing to (Zubrzycki & Bennett, 2006). For non-Indigenous workers this means having an ability to understand how their own cultural background, privilege, values, and assumptions impact on how they relate to people. It also encompasses the need to acknowledge and confront fears, uncertainties, and anxieties that can arise in practice and to resist the temptation of becoming immobilized. For Indigenous workers, developing cultural courage involves the need to reflect on their own experiences of racism and history of colonization and how this impacts their work (Zubrzycki & Bennett, 2006). In particular, these workers need support from colleagues and managers, so that they have the capacity to work with complex identities, roles, and boundary issues that influence and impact on their practice.

By using a strengths-based perspective, social workers can support individuals, families, and communities to improve their own capacities to solve their problems, as well as to improve and build connections and relationships between people and resources. This included analyzing the impact of hostile social policies, advocating, and taking up social action initiatives in ways that enabled communities to identify their own strengths and resources (Bennett, 2011).

Gaps in Literature

The gaps noted in the research literature regarding indigenous people as helpers may be because that Indigenous people have historically been seen as the client or the person seeking help and not the helper. It was a challenge to find literature that specifically focused on child protection social workers as being Indigenous helpers. Much of the literature in this regard discussed the historical and current wrongdoings done by the colonial system of child welfare to indigenous people. There is little information regarding the impact of vicarious trauma, secondary trauma and compassion fatigue on Indigenous social workers. Although there is evidence, and the literature does acknowledge that professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue all occur in a variety of social work settings, there is a substantial gap in the literature regarding practical methods of preventing and treating these conditions (Conrad & Keller-Guenther, 2006; Gillespie, 1987; Maslach & Florian, 1988). Individual, social, and institutional strategies may be useful in either preventing or intervening with professional burnout, but there are few tested models for the treatment of these conditions once they occur (Leiter & Maslach, 2005; Maslach and Goldberg, 1998; Phipps & Byrne, 2003; Pines & Aronson, 1988; Rothschild & Rand, 2006).

Many social workers acknowledge that it is important to learn about how to maintain ethical and professional practice within their communities, however further research needs to be conducted as to how a social worker should balance professional and cultural demands (Bennett & Zubrzycki, 2003). There is little research about the roles that Indigenous social workers play in their own communities or in the broader social work context. A review of the literature indicates a strong emphasis on the documentation of Indigenous disadvantage including the involvement of social workers and welfare agencies in the historical oppression of Indigenous

peoples (Reynolds, 2000; Gilbert, 2001). However, there is little literature that speaks to the strengths and resiliency within Indigenous communities.

The profession of social work is value-laden, and issues of values, ethics and boundaries underpin social work practice (Reamer, 2013). Ethical dilemmas abound in isolated practice, as ethical codes, standards, and regulations are not always applicable in small community settings (Galambos, Anderson, & Danis, 2006). The application of ethics and codes and standards of practice are problematic due to the reality of extremely complex relationships and the blurring of professional and personal boundaries in small community practice (Schank, & Skovholt, 1997). Reamer (2013) identifies that the most difficult ethical dilemmas happen for social workers when their personal and professional worlds conflict (Reamer, 2013).

The integration of Indigenous knowledge with Western social work theory and practice is integral to the development of a social work practice that makes a difference for Indigenous people. However, this is not always possible especially in agencies and practice contexts that are very rigid in their beliefs about what is the correct way of working with Indigenous people and communities. This can leave social workers feeling that their practice is not well supported or understood. For these workers, having the ability to articulate how Indigenous and non-Indigenous world views can inform practice was a key area of skill development. Social work practice needs to change from being individualistic in its focus to work that encompass communities, families, and collectivities, which highlight the importance of hearing and understanding the perspectives of all involved (Bennett, 2011).

Summary of Findings

The findings in the literature support that Indigenous social workers providing front-line services are vulnerable to symptoms of vicarious trauma, secondary trauma, compassion fatigue and burnout. Supervision was identified as an important factor in the literature to address symptoms of vicarious trauma, secondary trauma, compassion fatigue and burnout. The perspective of social workers in the literature is that supervision is often inadequate or unavailable all together. There is significant importance in recognizing the resilience of Indigenous people's social and cultural knowledge, which is presently a vital and active component in the process of defining and redefining Indigenous identity. It was noted that culture is an integral part of the wellness of Indigenous social workers.

Conclusion

Working in direct practice with vulnerable populations is taxing for social workers who invest themselves in the provision of services to these clients. It is important to recognize that professional burnout is a phenomenon that can occur in most any social work setting, while vicarious trauma, secondary traumatic stress, and compassion fatigue are unique to direct practice with crisis and trauma populations (McCann, Sakheim, & Abrahamson, 1998; Schauben & Frazier, 1995; Sexton, 1999). It has been suggested that the best defense against these conditions is education about them, including a clear understanding of the phenomena themselves, their risk factors, and symptoms (Figley, 1995; Zimering, Monroe, & Gulliver, 2003). Working as a front-line, Indigenous social worker, providing services to the most vulnerable population, often within their own communities is demanding, yet rewarding work.

It was noted that much more research was done from a Western perspective and much less information and research was from an Indigenous perspective. There is a significant need to conduct further research with Indigenous people from a strength-based approach, as findings thus far indicate that cultural strengths and pride of identity are protective of overall holistic health. Further research, conducted by Indigenous people, for Indigenous people is required for greater understanding of the experiences of Indigenous social workers and other helpers in order to advocate for positive change at the community and structural levels (Baskin & Sinclair, 2015). Indigenous people have been silenced for generations, and very little current and relevant research is available, but it is noted that consideration in this field also occurs in the oral tradition.

Much of the literature in this regard discussed the historical and current wrongdoings done by the colonial system of child welfare to indigenous people. Indigenous peoples were, and are, on the whole cast as those in extreme need of social services, education, housing, and child protection services and therefore have been, and are, the recipients of social work's practice, not active participants in its development. However, it is important to note that much more work is being done to educate social workers to work effectively with Indigenous people (Burke, 2018).

The number of Indigenous social workers remains disproportionately low when compared to the number of Indigenous children in care, and there continues to be a call for an increase in the provision of social work to Indigenous people by Indigenous people, particularly in the area of child welfare (Burke, 2018). However, Indigenous social workers have been increasingly recruited by social work organizations and academic institutions as Indigenous communities have reclaimed their child welfare services and Western society has increasingly

acknowledged that Indigenous peoples should be delivering these services (Pierce, Hemingway, & Schmidt, 2014; Zapf, 1999).

Much of the research and literature on psychological effects from trauma work focuses on identifying and validating the existence of these effects. Early research consists of exploratory and descriptive studies. Many studies discuss coping skills, predictive traits, and protective measures for trauma workers. Overall areas addressed in the research literature are the need to educate practitioners of risks and signs of the effects of trauma work, ongoing trainings and supervision focused on this topic, and strategies for self-care, including varied caseloads, team-approached case reviews, personal self-care, and organizational practices incorporating a trauma-informed approach (Cunningham, 2003; Neuman & Gamble, 1995; Pearlman & Mac Ian, 1995).

When the negative outcomes for social workers well-being, such as stress, burnout, secondary trauma and compassion fatigue, that are a result of negative job-related factors is not addressed, literature has found that this can lead to higher rates of employee turnover and lower levels of job satisfaction. (Faller, Garbarke, & Ortega, 2010; Gibbs, 2001; Mor Barek, Nissly, Lane, Stein-Wood & Wood, 2006). The focus needs to be on providing the level of support necessary for all staff to do their jobs, rather than viewing a need for support as an individual's failure. Organizational components which contributed to the social workers' positive reactions in their work consisted of trauma-informed supervision, trainings, shared mission between social worker and organization, and strong staff morale (Myers, 2016).

There is little information regarding the impact of vicarious trauma, secondary trauma and compassion fatigue on indigenous social workers, specifically on Indigenous social workers. Indigenous social workers are constantly faced with conflicting cultural tensions and differences

in their practice, but most have found a way to work effectively in both Indigenous and non-Indigenous worlds (Watson, 2019).

Systemic responses are needed to address chronic job dissatisfaction and the resultant staff recruitment and retention issues in social work. A resilience-based approach to child protection workforce development and management has considerable potential to turn around these entrenched patterns. Such an approach would explicitly recognize the nature and potential impacts of child protection work, both negative and positive, and build in systemic support for staff as part of organisational routine and culture.

Social work practice with Aboriginal people and communities requires significant resources and development. This means that social workers, who have a central role in the delivery of welfare services, need to be educated and supported to work in ways that are culturally respectful, courageous, and hopeful (Bennett, 2011). No scale or measure can be thought to measure the countless losses suffered by Aboriginal peoples in Canada and Indigenous peoples across the globe (Fast & Collins-Vezina, 2019).

There is now a growing awareness of the significance of Indigenous knowledges in healing and improving Indigenous health and educational outcomes (Behrendt, Larkin, Griew, & Kelly, 2012). This is why it is imperative that social work understands and embeds Indigenous knowledges into curriculum and practice. Cyndy Baskin (2006), an Indigenous social worker, said that “the reason why conventional social work has often failed and harmed Indigenous people is because it oppresses our ways of knowing and healing practices” (p.28). (Baskin, 2006). Baskin advocated that if things are to change then the way social work is taught and practised needs to change, embedding and integrating Indigenous worldviews, ways of being and

doing in the world of social work education and practice as core and not as an add-on or afterthought is essential if real change is to happen.

Implications for Practice, Policy and Research

Much more research is needed to address the needs and realities of Indigenous social workers. It is important to recognize that much of the information in this literature review is from a Western perspective and is not necessarily accurate in relating to the plight and workplace experiences of an Indigenous social worker. Historically, information was shared orally and not written into academic papers, and much of our information is still held and shared by Indigenous people through storytelling. Indigenous stories and ways of storytelling are as varied as the locations and peoples they emanate from, as varied as the forms of oppression they speak against, and as varied as the methods of resistance they contain and speak to (Corntassel, 2009). Despite the lack of research on Indigenous people as helpers, it is important to recognize the strength and resilience of Indigenous social workers, and the positive impact they are having in their communities. It is also important to recognize that the education of Indigenous and non-Indigenous social workers is focusing on culturally relevant practice to improve the experiences of Indigenous people.

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