Journal of African Interdisciplinary Studies (JAIS): **ISSN 2523-6725** (online)
February 2023 Vol. 7, No. 2
Citation: Wambua, S; Sirera, M; Oteyo, J; Githae, E; Njeri, E; Chege, L; Malasi, F & Mutheu, J. (2023). Examining the Relationship Between Selected Demographics and Levels of Vicarious Trauma among teachers working in Educational Assessment and Resource Centres in Kenya. *Journal of African Interdisciplinary Studies*, 7(2), 70 – 80.

Examining the Relationship Between Selected Demographics and Levels of Vicarious Trauma among teachers working in Educational Assessment and Resource Centres in Kenya

By

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Abstract.
In the past two decades, there has been a rapid growth in research evidence showing that teachers working in educational assessment and resource centres (EARCs) are at risk of vicarious trauma (VT). Whilst the causes VT may be diverse, understanding personal demographics as indicators of potential vulnerability can help to support EARCs avoid exposure to extreme VT. However, studies that examine the association between individual demographic characteristics and traumatic symptoms are scarce, particularly in sub-Saharan African countries. This article reports part of the results of a cross-sectional survey-based PhD study on the emotional effects of vicarious trauma on professional development among teachers in educational assessment and resource centres in Kenya. The results presented in this document are based on a random sample (n = 107) of special needs teachers from Kenyan EARC centres. The study found that approximately 27.1% (*at least 2 in every 10*) of teachers working in EARCs exhibit traumatic symptoms, risk factors for VT. The study also found that there is no single demographic structure that uniquely characterises the group of teachers at risk for VT; however, teachers who had prior training in functional assessment (FA) were significantly less vulnerable to VT. The study also found that early career teachers with less than 10 years of professional experience exhibited significantly higher levels of VT compared to more experienced teachers. Other personal demographics that tend to influence levels of VT to a mild extent include highest level of academic training and gender where those with bachelor's degree and male teachers tend to exhibit slightly higher levels of VT. It should be noted that age was not a significant factor in almost all cases. The study recommends the development of VT management skills in induction programmes for newly recruited EARC teachers. The study recommends establishment of EARC support system and mechanisms domiciled at the grassroot level.

Keywords: Kenya, vicarious trauma, special needs, disabilities, functional assessment

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1.0 Background

1.1 Introduction

Vicarious trauma (VT) is a challenge facing teachers and other professional working with children with special needs education and disabilities (Lawson et al., 2019). The condition of VT describes emotional and psychological distress experienced by individual professionals who are exposed to the trauma experienced by other people with a primary condition such as patients and children with disabilities. The condition is sometimes described as secondary traumatic stress, however, regardless of its generic descriptions, the condition has a series of negative effects on teachers' ability to teach and support children with special educational needs (Nikischer, 2019). Undesirable effects of STS start with professional disengagement and declining performance, include spill-over effects into educators' personal lives, and, ultimately, may cause them to leave the profession (Lawson et al., 2019).

Precise documentation of the trends of prevalence of VT over time, as there is limited research that has focused on this specific topic (Adams & Riggs, 2008; Wagaman, et al., 2015). However, there is evidence to suggest that vicarious trauma has become increasingly recognized as a potential occupational hazard in helping professions (Lawson et al., 2019), such as mental health care, social work, and teachers providing assessment services to children with disabilities. As more attention is directed to understanding the impact of exposure to trauma on professionals in different fields, there is an increase in efforts to promote awareness of the risk of vicarious trauma and to provide education and training on strategies for managing and preventing it (Bhagwagar, 2022). The proportion of individuals who exhibit traumatic symptoms varies significantly between disciplines and industry (Tominaga et al., 2020). This variation can be attributed to specific contexts of the work environment (DeLucia et al., 2015) and individual coping mechanisms (Rumball et al., 2020). A systematic review of studies on vicarious trauma in healthcare professionals found that the reported prevalence of vicarious trauma ranged from 0% to 100%, with an overall prevalence estimate of 29% (Kim et al., 2020). Rumball et al., (2020) found that approximately 90% of oncology nurses reported experiencing symptoms of vicarious trauma, with 33% meeting the diagnostic criteria for post-traumatic stress disorder (PTSD) while DeLucia et al. (2015) found that 16% of emergency department physicians met the diagnostic criteria for PTSD..The teaching service, on the other hand, has scanty of comparable statistics on the burden of VT among teachers. However, the 'helping' nature of the work of teachers in assessment centres that Johnson et al. (2005) describe as one of the most stressful occupations can lead to the conclusion that VT levels among teachers in assessment centres are similar to or worse. medical professionals. A recent suggest that in the United States of America, teachers consistently report higher levels of behavioural, psychological, and

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physiological symptomatology from work-related stress and are reluctant to discuss their concerns with employers (Education Support Partnership [ESP], 2020). Furthermore, since VT is not a well-recognised or understood phenomenon in the teaching service as it may be in the medical profession, many assessment teachers may not be aware that they are experiencing it or may not have access to appropriate resources for support (Nikischer, 2019).

Statement of the Problem

A growing body of literature shows that traumatic conditions have negative influence on many professionals including the teaching service. The negative consequences of VT can be worse in the context of providing services to children with special educational needs, such as functional assessment. Despite this consensus, a lot of existing research is focused on trauma among children with special needs and disabilities, with scant research focused on teachers of special education. Limited empirical research on traumatic conditions in critical service providers of SNE services contributes to a condition described by Lawson et al. (2019) as trauma illiteracy that blurs the feasibility of addressing such conditions in the education sector. This article addresses this gap by examining the individual characteristics of teachers in EARC centres and how they are related to VT among teachers.

Purpose of the Study

Traumatic conditions negatively affect the productivity of professional services provided by teachers in assessment centres. Appropriate understanding individual characteristics that are associated with susceptibility to VT is plays an important role in designing mechanisms to support teachers and avoid severe effects of this condition. This study provides valuable insights on how basic demographic characteristics such as gender, age, professional experience, level of education and prior training in functional assessment (FA) collectively associated with VT conditions.

2.0 Review of the Related Literature

Conceptual description and understanding of vicarious trauma (VT), secondary traumatic stress (STS), compassion fatigue (CF), and post-traumatic stress are constructs that originated in the mental health and healthcare profession (Sinclair et al., 2017) and are beginning to gain attention in the teaching profession. These concepts describe the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other; the stress resulting from helping or wanting to help a traumatized or suffering person (Ormiston et al., 2022). This description mirrors a significant proportion of the work of assessment teachers, however, the factors that influence exposure to VT among assessment teachers may vary from other professionals.

Research on the relationship between teacher demographics and vicarious trauma in special needs education teachers is ongoing and multi-faceted, with a growing body of literature exploring the potential impact of factors (Finstad et al., 2021) such as age, experience, level of training, and prior training in functional assessment. Research suggests that gender may play a role in the susceptibility to vicarious trauma among teachers of special needs students. However, the relationship between gender and VT in assessment teachers is complex and multifaceted (Christian et al., 2020; Tominaga et al., 2020). Christian et al. (2020) argue that female teachers may be more likely to experience compassion fatigue and burnout, which are related to vicarious trauma. Additionally, studies in other fields such as

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medicine suggest that female clinicians may be more likely to internalize experiences from patients, leading to a greater negative impact on their well-being (Tominaga et al., 2020). These studies (Christian et al., 2020; Tominaga et al., 2020) also suggest that male professionals (teachers and clinicians) are less likely to acknowledge and seek help for vicarious trauma, as they may feel that doing so is a sign of weakness or is not in line with traditional masculine norms. This can lead to further negative impacts on their well-being, as well as potentially impacting their effectiveness as a teacher.

Studies suggest that teacher age and professional experience play a pivotal role in the likelihood of VT. For example, Honsinger and Brown (2019) found that younger teachers are more vulnerable to vicarious trauma because they may have less life experience and may not have developed the same level of resilience and coping strategies as more experienced teachers. Brunzell et al. (2021) contends that teachers with more experience may have a better understanding of the nature of vicarious trauma and may be better equipped to handle the demands of working with children who have experienced trauma. On the contrary, older and more experienced teachers may be more vulnerable to vicarious trauma due to the cumulative impact of their experiences and a decrease in resilience and coping strategies as they age (Thomas et al., 2019).

The highest level of training is also a potential factor in the likelihood of vicarious trauma among special-needs education teachers. Teachers with higher levels of training may be better equipped to understand the nature of vicarious trauma and the impact it can have on mental health and well-being (Branson, 2019). They may also be more likely to seek help and support, as they may have more awareness of the resources available to them. However, higher levels of training may also increase the likelihood of exposure to traumatic experiences and challenging behaviours, as these teachers may be more likely to work in more complex or demanding educational settings. Prior training in functional assessment is another area of ongoing research and debate, with some studies suggesting that prior training in functional assessment may have a positive impact on teachers' ability to manage the demands of working with special needs students and mitigate the effects of vicarious trauma, while others have found no significant association. Teachers who have previously trained in functional assessment may have a better understanding of the causes of challenging behaviours and may be better equipped to manage these behaviours proactive and effectively. However, prior training may not fully prepare teachers for the demands of working with special-needs students and may not necessarily provide effective strategies for managing traumatic experiences (Middleton et al., 2022).

3.0 Research Methodology

This study employed a cross-sectional survey research design where data from 107 teachers in educational assessment and resource centres was collected using self-administered questionnaires. A 5-point Likert scale of positively stated questions was used to gather information about individual symptoms of vicarious trauma. The scale was coded as 5 Strongly agree, 4 = agree, 3 = not sure, 2 = disagree, and 1 = strongly disagree. In this paper, the scale was recoded to a 3-point Likert scale by combining so that the final scale was 3 = Accept, 2 = Disagree, and 1=Neutral. Principal component analysis (PCA) was used to construct the vicarious trauma indicator with two levels: high risk and low risk. Respondents classified as high risk are those whose scores on the Likert scale were above 2.5 which

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implies that they tend to agree with most of the statements while those whose scores were less than 2.5 were classified as a low risk since they tend to disagree with the

4.0 Results and Discussions

4.1 Descriptive and Bivariate Statistical Results

This section presents frequency tables and statistical results of the chi-square on the independent association between VT and each demographic characteristic of the respondents as reported in Table 1. The study established that 27.1% of survey respondents exhibited symptoms of VT. Hence, the purpose of this section is to report individual frequencies and relative distribution of risk proportion across various demographics such as gender, age, years of professional experience, highest education level and training in functional assessment (FA). In addition to these frequency distributions, the bivariate analysis based on chi-square test statistics for each demographic characteristics has been reported to show the level of significance in association at 95% confidence level.

Table 1: Frequency and chi-square tests for vicarious trauma in demographic characteristics

		Vicarious Trauma Risk Level			Chi-Sq.	P-value
	(n=107)	High	Low	Prop. at Risk (27.1 %)		
Gender					**0.63**	**0.427**
Female	51 (47.7%)	12 (23.5%)	39 (76.5%)	11.2%		
Male	56 (52.3%)	17 (30.4%)	39 (69.6%)	15.9%		
Age (yrs.)					**1.87**	**0.759**
20-30	10 (9.3%)	4 (40.0%)	6 (60.0%)	3.7%		
31-40	32 (29.9%)	7 (21.9%)	25 (78.1%)	6.5%		
41-50	55 (51.4%)	16 (29.1%)	39 (70.9%)	15.0%		
51-60	9 (8.4%)	2 (22.2%)	7 (77.8%)	1.9%		
>60	1 (0.9%)	0 (0.0%)	1 (100%)	0.0%		
Experience (yrs.)					**2.64**	**0.756**
<5	27 (25.2%)	8 (29.6%)	19 (70.4%)	7.5%		
5-10	31 (29.0%)	8 (25.8%)	23 (74.2%)	7.5%		
11-15	23 (21.5%)	4 (17.4%)	19 (82.6%)	3.7%		
16-20	16 (15.0%)	6 (37.5%)	10 (62.5%)	5.6%		
21-25	5 (4.7%)	2 (40.0%)	3 (60.0%)	1.9%		
>25	5 (4.7%)	1 (20.0%)	4 (80.0%)	0.9%		
Level of education					**8.9**	**0.035**
MEd in SNE	5 (4.7%)	1 (20.0%)	4 (80.0%)	0.9%		
BA in SNE	51 (47.7%)	19 (37.3%)	32 (62.7%)	17.8%		
Dip.in SNE	50 (46.7%	8 (16.0%)	42 (84.0%)	7.5%		
O'Level	1 (0.9%)	1 (100%)	0 (0%)	0.9%		
Training in FA					**1.51**	**0.220**
Certificate	69 (64.5%)	16 (23.2%)	53 (76.8%)	12.1 %		
None.	38 (35.5%)	13 (34.2%)	25 (65.8%)	15.0 %		

Source: Authors' Survey data (2018)

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The results show that the survey sample consisted of 47.7% females and 52.3% males. The Basic Education Statistics Booklet (2019) of the Ministry of Education (MOE) shows that there are more women teachers than men teachers at the primary level of education in Kenya. This implies that in this survey, there was an over-representation of male respondents compared to their female counterparts in the general teacher population. The results show that 23.5% of the female respondents show symptoms of vicarious trauma, which is lower compared to their male counterparts at 30.4%. Regarding the distribution of risk proportion, results show that out of 27.1% of all survey participants at risk of vicarious trauma, 11.2% were female and 15.9% were male. This result suggests that the proportion of male teachers experiencing vicarious trauma is higher than the proportion of female teachers. However, the chi-square results $\chi^2(1, n = 107) = 0.63, p = 0.427$ indicate that this difference in proportion between male and female teachers experiencing vicarious trauma is not statistically significant.

The results show that the teachers who participated in this survey were between 20 and over 60 years old, the majority of them at 51.4% were between 41 and 50 years old. This was followed by those aged 31 to 40 years at 29.9%. Those between 20 and 30 years were 9.3% and those between 51 and 60 years were 8.4% and only 0.9% aged over 60 years. The age distribution reflects the actual age of the teachers in Kenya, as reported in the Basic Education Statistics Booklet (2019), which states that most teachers are over 30 years old but less than 60 years old. There is no clear evidence of the trend in the levels of vicarious trauma with age. From the results, high levels of vicarious trauma were reported among teachers between 31 and 50 years of age. This group of teachers makes up close to 22% of the 27.1% of teachers who exhibited vicarious trauma. The chi-square results $\chi^2(4, n = 107) = 1.87, p = 0.759$ suggest that there is no statiscally significant association between age and levels of vicarious trauma. However, it is worth noting that higher levels of vicarious trauma are experienced among special needs patients in their most productive age period of between 30 and 50 years.

The years of professional experience used in this survey describe the number of years a teacher has been in professional service in functional assessment. As shown in Table 1, 25% of teachers who participated in the survey had served less than 5 years, 29% had served between 5 and 10 years, 21.5% had served between 11 and 15 years, 15% had served between 16 and 20 years while the rest had served at least 21 years. Whilst there is no clear evidence of direct association between professional experience and level of vicarious trauma, it is worth noting that 15% out of 27.1% of teachers with high levels of VT had served for 10 years or less. This implies that 55% of teachers who had VT had served for 10 years or less. Based on these observations, it can be deduced that VT levels decrease with increasing years of professional experience. However, the chi-square results $\chi^2(5, n = 107) = 2.64, p = 0.756$ suggest that the differences in levels of VT across different categories of professional experience is not statistically significant.

The level of education describes the highest level of education completed by the respondent. In this study, it was found that bachelors and diplomas for 94.4% of the sample; 47.7% of respondents had completed bachelor's level degree and 46.7% had diploma level

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education. In addition, 4.7% had completed master's level degrees and 0.9% had O'Level education which is a secondary level education. The results show that out of 27.1% at risk of VT, 17.8% were bachelor-level graduates, which is more than half of teachers at high risk of VT. This was followed closely by 7.5% being those with diploma while those with masters accounted for less than 1% of the total. This suggests that the level of education is closely associated with the levels of VT. The chi-square results $\chi^2(3, n = 107) = 0.89, p = 0.035 < 0.05$ suggest that there is a statistically significant association between the highest level of education and the levels of VT.

Currently in Kenya, functional assessment (FA) training is only available at the Kenya Institute of Special Education (KISE) at the certificate level. Survey results presented in Table 1 shows that 64.5% of respondents had undergone this training while 35.5% had not undergone training in FA. The study shows that 23.2% of teachers who had undergone FA training exhibited high levels of VT, which is lower compared to 34.2% of their counterparts without FA training. In terms of risk proportion, those with FA training account for 12.1% of 27.1% while those without FA training account for 15.0%. This suggests that those without FA training account for a greater proportion of people at risk for FA. However, the chi-square results $\chi^2(1, n = 107) = 1.51, p = 0.220$ indicate that this difference between those with training in FA versus those without training in FA is not statistically significant.

4.2 Logistic Regression Analysis

The dependent variable in this study was the levels of vicarious trauma (VT) measured as a binary variable with two outcomes. Respondents classified as high VT suggest that they exhibited significant tendencies to VT, while respondents classified as low VT exhibited minimal or no symptoms of VT. Binary logistic regression was used to model multiple relationship between levels of VT and all the selected demographic characteristics as presented in Table 2. Results show the standardised model coefficients (*Beta*), standard error of the beta coefficient, odds ratio, and p-value of each odds ratio. Since all independent variables are categorical variables, the prediction model was made referring to one category. For example, the likelihood that a male respondent will experience high levels of VT is measured in reference to their female counterparts. The reference categories in each demographic are in parentheses, whereas the odds ratio describes the magnitude of the likelihood. The p-value describes the significance level of the magnitude.

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Table 2: Odds ratio from binary logistic regression for predictors of vicarious trauma

Demographic predictor	Beta Coef.	Std. Error	Odds ratio	p-value
Intercept	16.09	2.55	0.00	0.995
Gender				
(Female)				
Male	0.56	0.50	1.76	0.068
Age (years)				
(20-30)				
31-40	-1.43	0.94	1.24	0.126
41-50	-0.73	0.82	1.48	0.373
51-60	-1.20	1.15	1.30	0.294
>60	-1.42	2.55	0.10	0.995
Experience (years)				
(<5)				
5-10	0.15	0.65	1.16	0.817
11-15	-0.51	0.76	1.60	0.497
16-20	0.72	0.79	1.06	0.308
21-25	1.48	1.13	1.39	0.012
>25	0.27	1.27	1.31	0.831
Level of education				
(None)				
Dip.in SNE	0.87	3.31	0.00	0.994
BA in SNE	-9.73	2.61	0.00	0.995
MEd in SNE	-0.89	2.91	0.00	0.994
Training in FA				
(Certificate)				
None.	0.62	0.52	1.86	0.230

*Reference categories are in parentheses.
Source: Authors' Survey data (2018)

The results show that the male respondents in this survey were 1.76 times more likely to have higher tendencies of VT compared to their female counterparts. This result is consistent with earlier results where it was observed that out of 27.1% assessment teachers, 15% were male and 11% were female, suggesting that there were more male teachers than female with traumatic symptoms. However, the p-value ($P = 0.068 > 0.05$), however indicates that the observed difference is not statistically significant at the 95% confidence level. This is perhaps due to the fact that more male teachers are represented in the sample compared to their female counterparts.

The results show that the association between the age of the assessment teachers and the risk factor for VT for the is not statistically significant for all ages ($P = 0.124$), ($P = 0.373$), ($P = 0.294$), and ($P = 0.995$) this shows that age is not a significant demographic associated with the experience of VT. However, the proportion analysis presented earlier established that while there is no direct association between age and VT, the highest proportion of

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teachers (15% out of 27.1%) are between 41 and 50 years old. Closely related to age but not necessarily correlated is professional experience. The results show that professional experience is significantly ($P = 0.124$) associated with the risk factor for VT. This result is similarly congruent to earlier proportional analysis results that indicated that at least 55% of all assessment teachers who showed high-risk VT symptoms had experience of 10 or less years. This implies that more experienced teachers tend to have better VT coping mechanisms compared to novice teachers.

Controlling for gender and professional experience, results show that highest level of training is not necessarily associated with traumatic symptoms. However, prior training in functional assessment (FA) was found to be associated with traumatic risk symptoms since assessment teachers without this special training were found to be 1.86 times likely to exhibit VT characteristics. This result shows that specialised training is necessary to equip assessment teachers with stress coping mechanisms as opposed to the mere achievement of higher levels of education.

Conclusions

The relationship between individual demographics and VT in assessment teachers is complex and multifaceted. A wide range of individual, situational, and organizational factors can impact the level of VT experienced by teachers, regardless of their age, experience, level of training, or prior training in functional assessment. This study concludes that prior functional assessment (FA) training may have a positive impact on teachers' ability to manage the demands of working with special needs students and mitigate the effects of VT. Providing support and resources for managing the effects of VT, along with ongoing training and professional development, can help to promote the well-being and effectiveness of assessment teachers.

Recommendations

Assessment teachers are susceptible to VT regardless of their gender, age, professional experience, highest level of education and prior training in FA, negatively affecting services delivery. To safeguard teachers from VT this study recommends that the government through key stakeholders such as the Teachers Service Commission (TSC) consider trauma-informed teacher training and care programmes domiciled at the grassroot level such as sub-counties. The study also recommends strengthening the current communities of practice and teacher professional development programmes to include peer support that encourages healthy work-life balance as a VT coping mechanism.

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