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## **Levels of Vicarious Trauma Among Guidance and Counselling Teachers in Secondary Schools in Muranga County, Kenya**

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# Levels of Vicarious Trauma Among Guidance and Counselling Teachers in Secondary Schools in Muranga County, Kenya

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## Abstract

Vicarious trauma, the emotional distress arising from sustained empathic engagement with traumatic experiences of others, poses significant challenges for Guidance and Counselling teachers who routinely support traumatized learners in secondary school settings. This study sought to determine the levels of vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya. The study was grounded in the Constructivist Self-Development Theory, which explains how trauma work influences counselors' cognitive schemas and professional functioning. A descriptive correlational quantitative research design was employed, targeting all 282 eligible Guidance and Counselling teachers from public secondary schools across seven sub-counties in Murang'a County, with a census approach adopted to eliminate sampling error and ensure comprehensive coverage. The study achieved a response rate of 94.0%, yielding 265 participants. Data were collected using the Vicarious Trauma Scale (VTS), an eight-item standardized instrument with demonstrated internal consistency reliability of Cronbach's alpha of .891 in the Kenyan context, and analyzed using descriptive statistics in SPSS version 27. Findings revealed that 82.3% of participants experienced moderate to high levels of vicarious trauma, with 58.9% reporting moderate levels and 23.4% experiencing high levels. The most prevalent symptom manifestations included preoccupation with student cases ( $M = 4.51$ ,  $SD = 1.63$ ), heightened anxiety from trauma work ( $M = 4.35$ ,  $SD = 1.71$ ), and awareness of being affected by student traumatic stress ( $M = 4.28$ ,  $SD = 1.74$ ), with an overall mean VTS score of 4.06 ( $SD = 1.76$ ). The study recommended the development of comprehensive trauma-informed training programs and mandatory supervision structures to strengthen Guidance and Counselling teachers' emotional well-being and professional effectiveness.

**Keywords:** *Vicarious Trauma, Guidance and Counselling Teachers, Secondary Schools, Murang'a County, Kenya*

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## 1.1 Introduction

Vicarious trauma (VT) is an emotional distress leading to cognitive changes in caregivers by virtue of repeatedly witnessing the consequences of people in trauma, or even their death (Hartley et al., 2019). For Guidance and Counselling teachers, vicarious trauma was experienced through repeatedly listening to traumatic experiences of learners or providing care to students who were suffering trauma. According to the American Psychological Association (APA, 2022), vicarious trauma affects counselors' cognitive schemas, beliefs about self and others, and sensory memories, all of which are altered by repeated exposure to clients' traumatic experiences. The American Counseling Association (ACA, 2023) further characterized vicarious trauma as distinct from burnout or compassion fatigue, noting that it specifically involves changes to counselors' worldview, identity, and beliefs about safety, trust, and control, with impacts on both personal and professional domains. The National Child Traumatic Stress Network (NCTSN, 2023) emphasized that vicarious trauma is not a reflection of professional weakness or incompetence but rather an occupational hazard for those working with trauma survivors, particularly in settings where exposure to trauma narratives is frequent and intense.

Globally, counselors across diverse practice settings have been documented to experience significant levels of vicarious trauma, with prevalence rates varying by context, caseload intensity, and availability of professional support systems (McCann & Pearlman, 1990; Miller et al., 2020). In North America, Aafjes-Van Doorn et al. (2021) found that 72% of therapists reported moderate to severe vicarious trauma, while in Australia, Leung et al. (2023) documented that 63% of mental health workers experienced moderate trauma levels. Across Africa, research consistently revealed elevated rates among helping professionals: Padmanabhanunni and Gqomfa (2022) found that 83% of psychologists in South Africa experienced moderate to severe vicarious trauma symptoms, while Samaila and Enem (2022) reported that 71% of counselors in Nigeria showed significant trauma levels. In Kenya, studies in healthcare settings documented prevalence rates of up to 68% severe cases among medical students and significant proportions of moderate to high trauma among hospital workers (Kariuki, 2015; Cherotic, 2022), though research specifically examining Guidance and Counselling teachers in secondary school settings remained limited.

In the Kenyan educational context, Guidance and Counselling teachers occupied a unique and demanding position, often serving as the primary or only mental health resource available to students while simultaneously managing educational responsibilities (Chepkorir, 2023). Murang'a County presented a particularly challenging environment, with poverty rates reaching 30.1% affecting an estimated 340,000 people (KNBS, 2022), creating conditions where students regularly presented with complex trauma histories including family violence, abuse, neglect, and other adverse childhood experiences. UNESCO (2024) reported that 50% of Kenyan children were under 18, with 30% living in poverty and significant proportions having experienced violence during childhood, while Gender Based Violence (GBV) accounted for 70% of cases occurring in schools, homes, and communities (VAC, 2020). Despite these realities, clinical supervision and professional development opportunities for school counselors remained inconsistent across regions, leaving Guidance and Counselling teachers particularly vulnerable to the cumulative effects of vicarious trauma (Kariuki, 2023). This study therefore examined the levels of vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya.

## 1.2 Problem Statement

Guidance and Counselling teachers routinely absorb students' trauma, grief, and abuse disclosures with minimal supervision, institutional support, or psychological protection. This sustained empathic exposure places them at considerable risk of vicarious trauma yet this population remains largely unexamined in existing research (Huggard et al., 2017; Rumsey et al., 2020). At the continental level, studies in South Africa by Padmanabhanunni and Gqomfa (2022) found that 83% of helping professionals reported moderate to severe vicarious trauma symptoms, while research across North Africa by Calitz and De Villiers (2020) revealed that 68% of educational counselors experienced moderate to severe symptoms. In Kenya, Gathi (2023) found that 78% of counselors in Nairobi's informal settlements experienced moderate to severe levels of vicarious trauma, while Wambua et al. (2023) reported that 69% of teachers and counselors in Educational Assessment Centers showed significant trauma symptoms. At the institutional level, Guidance and Counselling teachers in Murang'a County faced unique challenges that potentially affected their exposure to vicarious trauma, yet this remained unexplored, as existing Kenyan studies focused primarily on healthcare providers and specialized counseling centers rather than mainstream secondary school settings where counselors managed diverse student trauma while simultaneously fulfilling teaching responsibilities. This study therefore investigated the levels of vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya.

## 1.3 Research Objective

To determine the levels of vicarious trauma among Guidance and Counselling Teachers in secondary schools in Muranga County, Kenya;

## 1.4 Research Question

What are the levels of vicarious trauma among Guidance and Counselling Teachers in secondary schools in Muranga County, Kenya?

## 2.1 Theoretical Review

The study was anchored on the Constructivist Self-Development Theory (CSDT), developed by McCann and Pearlman (1990) as a comprehensive framework for understanding the psychological impact of trauma work on helping professionals. The theory posits that individuals construct their reality through the development of complex cognitive schemas, and that exposure to others' trauma can fundamentally alter these mental frameworks, particularly in areas related to safety, trust, control, intimacy, and esteem needs (McCann & Pearlman, 1990). This constructivist perspective emphasizes how professionals actively interpret and make meaning of their experiences with trauma survivors, leading to potentially permanent changes in their worldview and professional identity. The theory identifies five fundamental components affected by vicarious trauma namely, frame of reference, self-capacities, ego resources, psychological needs, and memory systems. Frame of reference encompasses identity, worldview, and spirituality, while self-capacities involve the ability to maintain inner balance and manage strong emotions (Pearlman & Saakvitne, 1995). Ego resources include skills for interpersonal relationships and self-awareness, psychological needs cover areas of safety, trust, esteem, intimacy, and control, and memory systems involve the ways traumatic experiences are encoded and retrieved (Miller et al., 2020).

The CSDT provided a valuable framework for understanding how repeated exposure to students' traumatic experiences affected the cognitive schemas and professional functioning of Guidance and Counselling teachers. The theory's emphasis on psychological needs and cognitive adaptation

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was particularly relevant in explaining how counselors' perceptions of safety, trust, and control were potentially altered through their sustained work with traumatized students (Williams et al., 2022). The development of vicarious trauma, as explained through CSDT, occurred through a gradual and cumulative process rather than as an immediate response to a single traumatic exposure, with Guidance and Counselling teachers who engaged empathically with trauma survivors absorbing and internalizing aspects of their students' traumatic experiences, leading to progressive changes in their own cognitive schemas and emotional functioning (Jordan, 2021). Risk factors for developing vicarious trauma identified within this theoretical framework included high caseloads of trauma survivors, inadequate training in trauma-informed approaches, limited professional experience, personal history of unresolved trauma, insufficient clinical supervision, and lack of organizational support systems that acknowledged and addressed the emotional impact of trauma work (NCTSN, 2023; Martinez & Khan, 2024). This framework therefore guided the examination of vicarious trauma levels among Guidance and Counselling teachers in Murang'a County secondary schools.

## 2.2 Empirical Review

Research conducted in Western contexts documented significant levels of vicarious trauma among helping professionals across diverse practice settings. Aafjes-Van Doorn et al. (2021) conducted a mixed-methods study among 339 therapists across six metropolitan areas in the United States and found that 72% reported moderate to severe vicarious trauma, with urban counselors demonstrating significantly higher trauma levels compared to suburban practitioners. In Australia, Leung et al. (2023) examined 456 mental health workers and found that 63% experienced moderate trauma levels, with emergency response counselors recording significantly higher trauma scores than private practitioners. A longitudinal study by Cleary et al. (2024) among 287 trauma therapists across England, Scotland, and Wales found that 58% experienced peak periods of severe symptoms, with London-based counselors showing the highest sustained levels. Similarly, Duduit (2023) established that school-based counselors in the United States faced unique vulnerabilities due to prolonged exposure to children experiencing complex trauma presentations, with nearly two-thirds reporting moderate to severe vicarious trauma symptoms that interfered with both personal and professional functioning. Rauvola et al. (2019) synthesized findings from 127 studies spanning healthcare, social services, and emergency response professions and documented prevalence rates ranging from 19% to 82% across different professional groups, with trauma therapists showing the highest vulnerability at a mean prevalence of 74%, followed by emergency responders at 67% and healthcare workers at 58%.

Across the African continent, research consistently revealed elevated rates of vicarious trauma among counselors and helping professionals, shaped by unique contextual stressors and limited professional support structures. Padmanabhanunni and Gqomfa (2022) examined vicarious trauma among 245 female psychologists working with sexual assault survivors across nine provinces in South Africa and found that 83% reported moderate to severe trauma, with significant disruptions in cognitive schemas including altered perceptions of safety among 79% of participants and changes in trust beliefs among 65%. Mashego et al. (2023) examined 523 mental health professionals across Uganda, Ghana, and Tanzania and found that Ugandan counselors reported the highest trauma levels at 76% with severe symptoms, particularly those working with civil conflict survivors, while Tanzanian counselors in disaster-affected regions also reported elevated trauma scores. Calitz and De Villiers (2020) studied 412 educational counselors and mental health professionals across Egypt, Morocco, and Tunisia and found that 68% experienced moderate to

severe trauma, with counselors working with youth exposed to violence recording the highest rates at 73% with severe symptoms. Samaila and Enem (2022) employed a longitudinal design spanning 18 months among 378 counselors across six geopolitical zones in Nigeria and found that 71% experienced significant vicarious trauma, with the North-Eastern region showing the highest rates due to insurgency and violence exposure, while secondary school counselors recorded slightly higher trauma levels than university counselors, suggesting that younger student populations presented more challenging trauma exposure. Munyoro and Mavhungu (2022) further highlighted that despite the documented resilience of African counselors through cultural practices and communal support, structural deficiencies in supervision and training created persistent vulnerabilities to vicarious trauma development.

In the Kenyan context, research documented significant concerns regarding vicarious trauma among various categories of helping professionals, though studies specifically targeting Guidance and Counselling teachers in secondary schools remained scarce. Kariuki (2015) found prevalence rates of 68% severe, 30% moderate, and 2% mild vicarious trauma cases among medical students at Kenya Medical Training College, while Cherotic (2022) revealed that medical workers at Kenyatta National Hospital experienced high, moderate, and low levels of vicarious trauma at 10%, 49%, and 40% respectively, with significant impacts on their psychological well-being and professional performance. Gathi (2023) studied 234 counselors and community health volunteers in Nairobi's informal settlements using the Professional Quality of Life Scale and found that 78% experienced moderate to severe trauma, with Gender-Based Violence counselors reporting the most severe symptoms and those working over 45 hours weekly being 3.1 times more likely to develop severe trauma. Wambua et al. (2023) examined 289 teachers and counselors working in Educational Assessment and Resource Centers across multiple counties in Kenya and found that 69% reported significant trauma, with urban-based counselors in Nairobi recording the highest scores and counselors with specialized trauma training having significantly lower trauma scores compared to those without training. Musili et al. (2022) investigated vicarious trauma among 376 caregivers and counselors in hospice settings across six counties in Kenya and found that 74% experienced severe trauma, with rural counselors showing more persistent symptoms than urban practitioners, while Kiathe et al. (2024) documented the intensification of vicarious trauma impact following social unrest and disasters among counselors across various settings in Kenya.

Research examining vicarious trauma manifestations and contributing factors provided important insights into the specific symptom patterns and contextual determinants that shaped trauma exposure among counselors in educational and community settings. Molnar et al. (2020) systematically reviewed vicarious traumatization among child welfare and child protection professionals across 23 studies involving 5,847 participants and found that trauma rates ranged from 34% to 89%, with caseload intensity emerging as the strongest predictor and workers managing more than 15 active trauma cases showing mean vicarious trauma scores 65% higher than those with smaller caseloads. Jimenez et al. (2021) identified multiple pathways through which vicarious trauma developed, including direct exposure to client trauma narratives, witnessing client suffering, and experiencing helplessness in the face of complex psychological presentations, while also noting that helping professionals consistently underestimated their vulnerability to vicarious trauma. Li et al. (2020) examined vicarious traumatization among 2,331 participants during COVID-19 control efforts in China and found that medical team members demonstrated significantly higher trauma levels compared to non-medical personnel, with exposure duration being a critical factor as those working more than 60 hours weekly showed 47%

higher trauma scores. Cummings et al. (2021) demonstrated that compassion satisfaction served as a significant protective factor, with professionals reporting high satisfaction showing substantially lower vicarious trauma symptoms compared to those with low satisfaction, while Ashley-Binge et al. (2020) found through qualitative exploration that vicarious trauma development followed predictable patterns of escalating symptom intensity, with organizational factors including supervision quality and trauma-informed policies significantly moderating symptom development across different professional groups.

### **3.1 Research Methodology**

The study adopted a descriptive correlational quantitative research design to establish the levels of vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya. The target population comprised 322 Guidance and Counselling teachers from all public secondary schools across the county's eight sub-counties, with Kiharu Sub-county excluded from the main study as it was reserved for the pilot study, leaving 282 eligible participants across seven sub-counties. A census approach was employed, targeting all eligible Guidance and Counselling teachers, and the study achieved an excellent response rate of 94.0%, with 265 out of 282 distributed questionnaires completed and returned. To be included in the study, participants were required to have served in their counseling role for at least three years, ensuring adequate professional exposure to the phenomena under investigation.

Data were collected using the Vicarious Trauma Scale (VTS), a standardized instrument originally developed by Benuto et al. (2018) consisting of 8 items designed to measure subjective levels of distress resulting from working with traumatized populations. The VTS used a 7-point Likert scale ranging from 1 (strongly agree) to 7 (strongly disagree), with total scores ranging from 8 to 56 and categorized into three levels: low vicarious trauma (scores 8–24), moderate vicarious trauma (scores 25–40), and high vicarious trauma (scores 41–56). The instrument demonstrated excellent internal consistency reliability during the pilot study with a Cronbach's alpha of .891, confirming its suitability for use within the Kenyan educational context. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 27, employing descriptive statistics including means, standard deviations, frequencies, and ranges to determine the distribution and prevalence of vicarious trauma among participants.

### **4.1 Results and Findings**

This section presents the findings of the study on the levels of vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya. The data collected through structured questionnaires administered across seven sub-counties are analyzed and interpreted in alignment with the study objective. The study achieved an excellent response rate of 94.0%, with 265 out of 282 distributed questionnaires completed and returned, substantially exceeding the recommended threshold of 70% for quantitative studies (Mugenda & Mugenda, 2003).

#### **Demographics**

The study sample comprised 265 Guidance and Counselling teachers from public secondary schools across seven sub-counties in Murang'a County. The sample was predominantly female at 63.0% (n=167) compared to 37.0% (n=98) male participants, with the majority aged between 31-40 years at 52.9% of the sample. Most participants held Bachelor's degrees at 71.3% (n=189), with Education being the primary field of specialization among 95.0% (n=252) of participants,

reflecting the Kenyan practice of appointing trained teachers to counseling duties rather than employing specialized counseling professionals. Regarding professional preparation, only 40.8% (n=108) had received specialized training in trauma counseling, with the majority of this training being at workshop or seminar level at 70.4%, while 59.2% (n=157) had no specialized trauma training at all. Furthermore, only 33.6% (n=89) had access to regular supervision for their counseling work, with monthly supervision being the most common frequency at 38.2%, indicating that the majority of Guidance and Counselling teachers managed their counseling responsibilities without consistent professional support structures.

### Levels of Vicarious Trauma Among Guidance and Counselling Teachers

This section examines the extent of vicarious trauma experienced by Guidance and Counselling teachers in Murang'a County secondary schools. The Vicarious Trauma Scale (VTS) was used to assess participants' experiences across eight dimensions of trauma-related distress resulting from their work with traumatized students. Table 1 presents the descriptive statistics for individual VTS items, providing insights into specific manifestations of vicarious trauma among the participants.

**Table 1: Descriptive Statistics for Vicarious Trauma Scale Items**

Item	Mean	SD
I find it difficult to separate my personal life from my life as a school counselor.	4.12	1.68
I have thought that I might have been affected by the traumatic stress of students I counsel.	4.28	1.74
I feel trapped by my work as a school counselor.	3.89	1.82
I have felt "on edge" about various things as a result of my work with traumatized students.	4.35	1.71
I have been preoccupied with more than one student I counsel.	4.51	1.63
I have felt depressed as a result of my work with traumatized students.	3.76	1.89
I have suddenly and involuntarily recalled frightening experiences of students I counsel.	4.02	1.77
I feel I am experiencing the trauma of students I have counseled.	3.54	1.85
Overall	4.06	1.76

The analysis reveals that participants experienced moderate levels of vicarious trauma across all measured dimensions, with overall mean scores indicating concerning levels of trauma-related distress. The highest mean score was recorded for "I have been preoccupied with more than one student I counsel" (M = 4.51, SD = 1.63), suggesting that counselors frequently find themselves mentally occupied with student cases beyond normal working hours, indicating a blurring of professional boundaries and reflecting the emotional investment counselors develop with their students, particularly those experiencing trauma.

The second highest mean score was for "I have felt 'on edge' about various things as a result of my work with traumatized students" (M = 4.35, SD = 1.71), indicating heightened anxiety and hypervigilance among participants. This suggests that exposure to student trauma creates a state of emotional dysregulation that extends beyond the counseling sessions. The item "I have thought that I might have been affected by the traumatic stress of students I counsel" recorded a mean of 4.28 (SD = 1.74), demonstrating participants' awareness of the psychological impact of their work,

which aligns with the theoretical understanding of vicarious trauma as a recognized occupational hazard.

Conversely, the lowest mean score was observed for "I feel I am experiencing the trauma of students I have counseled" ( $M = 3.54$ ,  $SD = 1.85$ ), though this still represents a moderate level of trauma identification. The relatively lower score on this item may indicate that while counselors experience various symptoms of vicarious trauma, complete identification with student trauma experiences is less common. The item "I have felt depressed as a result of my work with traumatized students" showed a mean of 3.76 ( $SD = 1.89$ ), suggesting that depressive symptoms are a notable consequence of trauma exposure among participants.

The overall mean score of 4.06 ( $SD = 1.76$ ) across all VTS items indicates that participants experienced moderate levels of vicarious trauma, positioning them above the neutral midpoint of the scale. This finding suggests that vicarious trauma is a prevalent concern among Guidance and Counselling teachers in Murang'a County, warranting attention from educational administrators and mental health professionals to develop appropriate support systems.

The VTS scores were categorized into three levels based on the scale's scoring range of 8-56 points. Table 2 presents the distribution of participants across different levels of vicarious trauma severity, providing a clearer understanding of the prevalence and intensity of trauma-related distress among Guidance and Counselling teachers.

**Table 2: Levels of Vicarious Trauma Among Guidance and Counselling Teachers**

Vicarious Trauma Level	Score Range	Frequency	Percentage (%)
Low Vicarious Trauma	8-24	47	17.7
Moderate Vicarious Trauma	25-40	156	58.9
High Vicarious Trauma	41-56	62	23.4
Total		265	100.0

The analysis reveals that vicarious trauma is highly prevalent among Guidance and Counselling teachers in Murang'a County, with 82.3% of participants experiencing moderate to high levels. Specifically, the majority (58.9%,  $n=156$ ) experienced moderate vicarious trauma (scores 25-40), indicating significant trauma-related symptoms that may affect their professional functioning and personal well-being. Nearly a quarter (23.4%,  $n=62$ ) demonstrated high levels (scores 41-56), representing severe trauma-related distress requiring immediate intervention and suggesting inadequacies in current support systems. Only 17.7% ( $n=47$ ) exhibited low levels (scores 8-24), possibly due to protective factors such as effective coping strategies or stronger support systems. These findings highlight the widespread nature of vicarious trauma as an occupational hazard among Guidance and Counselling teachers, underscoring the urgent need for systematic interventions within the educational sector.

## 5.1 Discussions

The study found that 82.3% of Guidance and Counselling teachers in Murang'a County experienced moderate to high levels of vicarious trauma, with 58.9% reporting moderate levels and 23.4% experiencing high levels, while only 17.7% demonstrated low levels. The overall mean VTS score of 4.06 ( $SD = 1.76$ ) positioned participants above the neutral midpoint of the scale, indicating substantial trauma-related distress among the majority of counselors. The most commonly reported symptoms included preoccupation with student cases ( $M = 4.51$ ,  $SD = 1.63$ ),

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feeling on edge due to trauma work ( $M = 4.35$ ,  $SD = 1.71$ ), and awareness of being affected by student traumatic stress ( $M = 4.28$ ,  $SD = 1.74$ ).

These findings aligned with global research documenting widespread vicarious trauma among helping professionals, though the prevalence rates observed in Murang'a County exceeded those reported in developed countries, suggesting that counselors in resource-constrained environments faced additional vulnerabilities. Aafjes-Van Doorn et al. (2021) found that 72% of therapists in the United States reported moderate to severe vicarious trauma, while Leung et al. (2023) documented that 63% of mental health workers in Australia experienced moderate trauma levels. The pattern was more consistent with African research, where Padmanabhanunni and Gqomfa (2022) found that 83% of psychologists in South Africa experienced moderate to severe trauma symptoms, and Samaila and Enem (2022) reported that 71% of counselors in Nigeria showed significant vicarious trauma levels, suggesting that structural and systemic factors within the African context contributed to heightened vulnerability among helping professionals.

Contextual factors specific to the Kenyan educational environment explained the high prevalence of vicarious trauma observed in the study. The dual-role nature of most school counselors in Kenya, where 95% functioned primarily as trained teachers rather than specialized counseling professionals, created additional vulnerabilities not typically present in specialized clinical settings. This finding was consistent with Wambua et al. (2023), who documented that 69% of teachers and counselors in Educational Assessment Centers across Kenya experienced significant trauma symptoms, attributing this to high exposure rates combined with limited support systems, while Gathi (2023) linked elevated trauma levels among counselors in Nairobi's informal settlements to environmental stressors and resource limitations characteristic of many Kenyan educational contexts.

The absence of specialized trauma training among 59.2% of participants and limited supervision access for 66.4% of counselors created conditions conducive to vicarious trauma development, supporting findings by Rumsey et al. (2025) who demonstrated that counselors lacking trauma-informed preparation exhibited heightened vulnerability, and Cook and Fye (2023) and Tang (2020) who identified regular supervision as a critical protective factor against vicarious trauma development in school counseling contexts. The specific symptom patterns identified, particularly the high means for preoccupation with cases and hypervigilance, were further corroborated by Branson (2019), who identified intrusive thoughts about client cases and heightened arousal as core features of vicarious trauma symptomatology, and McNeillie and Rose (2021), whose meta-ethnographic review found higher prevalence rates consistently observed among professionals working with children and adolescents, supporting the elevated rates found among Guidance and Counselling teachers in the present study.

## 6.1 Conclusion

The study concluded that vicarious trauma represented a significant occupational hazard among Guidance and Counselling teachers in secondary schools in Murang'a County, with the majority experiencing moderate to high levels of trauma-related distress. The prevalence of symptoms including preoccupation with student cases, heightened anxiety, and difficulty maintaining professional boundaries demonstrated that exposure to student trauma fundamentally affected counselors' psychological well-being and professional functioning. The high prevalence reflected broader structural challenges within Kenya's educational sector, including inadequate specialized

training, limited supervision access, and the dual-role demands placed on teacher-counselors operating in resource-constrained environments with complex student needs.

## 6.2 Recommendations

The study recommended that the Ministry of Education develop comprehensive policies mandating specialized trauma counseling training for all Guidance and Counselling teachers before assignment to counseling roles. Educational institutions were recommended to establish mandatory supervision structures where experienced mental health professionals provided regular clinical supervision to school counselors at least on a monthly basis. Schools were further recommended to implement employee assistance programs providing confidential counseling services specifically for staff experiencing work-related trauma symptoms, alongside regular mental health screening to identify early signs of vicarious trauma and facilitate timely intervention. The Teacher Service Commission was additionally recommended to consider creating distinct career pathways for school counselors, moving away from the dual teacher-counselor model.

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