

Gender Differences in STS Levels among Judges and Magistrates in Kenya

Dr. Peter Muchemi School of Education Foundation, Psychology and Counselling -Laikipia University Box 2134–20300, Nyahururu, Kenya

Abstract

The Judiciary is responsible for fair and efficient administration of justice. Due to adjudication of cases involving traumatised clients, judges and magistrates may get vicariously traumatised and hence suffer secondary traumatic stress (STS) which may impact negatively on their capacity to execute duties effectively. In this regard, this study was set to find out the degree to which this psychological condition was related to gender. The study was guided by Constructive Self Development Theory. Using ex-post facto research design, data was collected from 83 judicial officers in Rift Valley Region, Kenya, through a self-administered questionnaire. Collected data was analysed through mean calculations and percentages with respect to nominal scale data while ordinal scale data was analysed by use of inferential statistics, specifically t-test, at .05 alpha levels. Analysis task was accomplished through the Statistical Package for the Social Sciences (SPSS) programme, version 22.0. Globally, female respondents' level of STS was higher than that of their male counterparts. However, this gender difference in global STS level was statistically insignificant (p > .05). Female officers also surpassed male officers in intrusion and arousal STS symptoms. The difference concerning intrusion symptoms between male and female respondents was statistically significant (t = .002, p < .05). The study is useful to The Judiciary in that it can gain understanding on how traumatizing court cases impacts on each gender. Hence, the need to sensitize officers on how to identify STS symptoms, in order to take the necessary intervention measures before such symptoms reach a critical stage. Further, the judiciary may consider according more preparation training and counselling to female officers in order to reduce the risk of developing STS. Finally, scholars may identify investigation pathways they can follow with a view unearthing other factors that can influence the level of STS among judicial officers within and outside Kenya.

Keywords: Arousal, Avoidance, Gender, Intrusion, Judicial Officer, STS

Background to the Study

1.1 The Concepts of Stress and STS

Stress is a challenge of great concern at the workplace today. Although low-stress level is said to be beneficial for it can motivate and activate an individual towards desirable goals, it can also be counterproductive if it exceeds the victim's tolerance level (Deshpande & Chopra, 2007). In such a situation, the affected individual's health well-being may be compromised. For instance, excessive stress has been linked to hypertension and cardiovascular diseases (Townsend, 2003). Moreover, extreme stress tends to generate behavioural disorders such as withdrawal from others, aggression and temper tantrums (Melgosa, 2006; Varvogli & Darviri, 2011). An organization with a high level of stress among its workers it can therefore be argued, is likely to be characterised by low output, strained inter personal relationship and workers turnover (Statt, 1994, WHO, 2007).

There is a need, however to mention that some occupations are more likely to generate stress than others. For instance, helping professions such as occupational therapy or clinical psychology have the potential for straining the helper if the clients' condition is psychologically demanding upon the helper (Everly & Benson, 1989). Judicial profession too, falls in categories of occupations in which an employee is expected to efficiently deliver services to the satisfaction of his/her client. In the course of service delivery, judicial officers, more often than not encounter a myriad of challenges, chief among them being adjudication of cases involving traumatised clients. Such a judicial delivery environment, has the potential to generate stress especially secondary traumatic stress in the affected judicial officer. This psychological condition is commonly found among professionals who deal with victims of trauma (Figley, 1999, Figley, 1995a). A detailed discussion of STS is captured hereafter.

Secondary traumatic stress (STS) denotes the distress and emotional disruption associated with continued contact with traumatised individuals following a traumatic event (Bride, 2007; Peebles-Kleiger, 2000). This form of stress emanates from hearing about traumatic experience of clients. This psychological condition has been found to affect medical practitioners, sexual abuse counsellors, child protection workers, emergency service workers, judicial officers, social workers and police (Bride, 2007; Bride, Robinson, Yegidis, & Figley, 2003; Siegfried, 2008). This phenomenon emanates from the experience of being exposed to stories of cruel and inhuman acts perpetrated towards the affected individuals and the society at large.

STS is characterised by excessive arousal and irritability in the affected individual, avoidance behaviour, emotional numbing of responses, including impaired memory of the original event (American Psychiatric Association, 2000). Other documented effects of STS include burnout, absenteeism, turnover and



lower work performance (Parker & Kulik, 1995). Past researchers (e.g., Figley, 1999; Bride, 2007) tended to focus on occupations other than the judicial profession in their studies on STS. Perhaps, judicial officers have in the past been perceived as less prone to STS. However, Richardson (2001) has observed that similar to other workers, judicial officers are highly likely to be affected by STS due to their exposure to stories with traumatising content in the course of executing their duties.

1.2 Origins and Theoretical Framework of STS

1.2.1 Origins of STS

Secondary traumatic stress was originally defined by Figley (1989) to describe the adverse psychological reactions that can happen to persons who have close contact with or want to help trauma survivors. It is a psychological and emotional harm that results from hearing about trauma suffered by others. According to Hall and Simmons (1973) traumatised persons have unique effects on those around them, such as wives and children. Initially STS was associate with close friends and family of the traumatized. The conception of STS has however, been broadened beyond its effects on friends, and family of the traumatised, to professionals who assist trauma victims. Figley (1989) first emphasized that sexual abuse and trauma counsellors are likely to suffer STS. He observes that, some trauma therapists had even pointed out that, individuals who empathize with traumatised victims tended to assume the pathology of the victims through experiencing their suffering in addition to absorbing their distorted world and familial views. Later, Figley, (1995b) identified the police officers as a group at risk of developing STS symptoms. Other professionals at risk of such harm according to Bride *et al.* (2003) are nurses, social workers, child protection workers and emergency service workers. This observation suggests that any professional group working with clients who have been traumatised including judicial officers, are likely to be at risk of developing STS as observed by McCann and Pearlmann (1990).

According to Davis (1994) a major factor in development of STS is empathic concern. This is the helper's tendency to emotionally engage with the victim's ordeal as the victim narrates his/her story. Eventually the helper or officer for that matter may assume the symptoms of the victim. Eventually, the individual dealing with the traumatised client may emotionally engage with the victim's ordeals, thereby acquiring the symptoms of the victim indirectly. Put differently, the helping individual may develop the emotions similar, though weaker than those of the victim. In a court environment for example, officers are captive audiences to testimonies of acts of human rights violations and are likely to empathize with the victims, a factor that may cause them to suffer from STS. Hence, it can rightly be argued that judges feel empathy for plaintiffs and defendants and sometimes even act as caregivers. However, judges may not apply the principle of empathy, as is the case with therapists though they may be compelled to play the role of a caregiver by ensuring the well-being of their clients. For instance, one judge in Chamberlain and Miller's (2009) study stated the following, "years ago I had a murder trial where one of the jurors stayed in the jury room for three or four hours, and we were able to provide her with some counselling. Nobody in a case really wants to be here."

Baird and Kracen (2006) argues that, vicarious trauma or STS for that matter can be conceived as a response to ongoing challenges to a helper's beliefs and values, which can result to decreased motivation, reduced self-efficacy, and empathy on the part of the helper.

As with many psychological concepts, the field of secondary trauma has had its struggles with naming and succinctly capturing the phenomenon. STS has therefore, often been labeled using other terminologies like compassion fatigue, counter transference, burnout and vicarious traumatization. For purposes of this research the term STS by Figley (1989) was adopted.

1.2.2 Constructivist Self Development Theory

This study was guided by constructivist self development theory (CSDT) which was postulated by Derubeis, Tang and Beck (2001). When applied to STS among judicial officers, it is highly likely that judicial officers, who continuously listens to evidences of violations to human rights may be prone to distortions in their schematic perceptions of trust in their lives.

At the very core of CSDT therefore, is the component of cognitive schemas. Elburn, Coristine, Dagg, Pontefract and Jordan (2002) explain that schemas are underlying cognitive structures that help to mediate and organize one's experience of the world (reality filters). The concept of schemas is vital to understanding the cognitive impact of trauma. The perception of one's world, that is the schematic make-up of an individual, is drastically altered by trauma. Utilizing this understanding of schemas, one can infer the implications of trauma work on the officers within the judiciary. Initially, judicial officers enter the field with defined schemas of themselves and their world. Thereafter, these officers' schematic makeup is often negatively impacted by consistent descriptions of violence and brutality of the clients they serve (McCann & Pearlman, 1990; Iliffe, 2000).

Another aspect of CSDT is the ego resources. Ego resources serve as abilities that tolerate strong affect, moderate self-loathing, accept the sense of aloneness, and sooth or calm the self (Hattendorf, 1997). As judicial officers work with traumatised clientele they must determine appropriate ways to assimilate and accommodate



the trauma that has occurred. Cognitively defining trauma in negative frameworks can be detrimental not only to the officer, but also to clients and court organizations in which they serve.

Empathic concern is another aspect of CSDT. A judicial officer who is empathic to the client's painful evidence may behave inappropriately due to the horrific details of a client's abuse. This may probably be detrimental to the decision making in court. Resnick, Myatt and Marrotta (2011) argue that due to judges hoping that they will assist people in need they eventually find themselves getting empathically involved with court clients. However, their empathy must be controlled and be shown professionally, similar to that of a psychologist. The officer therefore refrain from reacting to his or her emotions and stifle visceral reactions, as the court is not supposed to consider testimony or make rulings out of sympathy. Resnick, Myatt and Marrotta (2011) note that controlled empathy is stressful and dangerous type of empathy. They further explain that, when a helping person, such as an officer working with the judiciary, is listening to the shocking, sad, or awful stories of another, it may appear as though he or she is calmly sitting and listening, but the activity taking place inside of the officer's brain and body is anything but calm. Not only is the judicial officer absorbing the shocking story, but also he or she must respond to the content in a constrained manner that is geared toward helping the suffering person. This process of restricting one's emotions, feelings, and reactions to hearing traumatic stories on a continuous basis can be quite distressing. Hearing painful stories and experiencing the distress of survivors is emotionally draining (Levin & Greisberg, 2003).

1.3 Variants of STS

There are said to be three content domains of STS symptoms; a) intrusion, which means re-experiencing the trauma event from primary victims perspective; b) avoidance, which is withdrawal and/or emotional numbing in relation to reminders of the traumatising event; and c) persistent arousal. These content domains and their corresponding symptoms are presented in Table 1.

Table 1. Variants of STS by Behavioural Symptoms

STS Variant	Behavioural Symptoms					
Intrusion	Distressing recollections of traumatising events and psychological reactivity on exposure					
	to cues resembling the traumatising event.					
Avoidance	Persistent avoidance of stimuli associated with trauma events.					
Arousal	Persistent difficulty in falling asleep, irritability, anger, inability to concentrate and					
	exaggerated startle responses.					

In addition to the behavioural symptoms captured in Table 1, Ting, Jacobson, Sanders, Bride and Harrington, (2005) have also noted that STS may trigger other behavioural disorders such as anxiety, fear and depression, which according to these writers may be deleterious on individual performance in the workplace. The extent to which STS may impact negatively on workers performance in general and judicial officers in particular is addressed in section 2.7

1.4 Influence of Gender on the Level of STS

Documented literature (e.g., Childers, 2006, Miller & Rahe, 1997) suggests that there are gender differences in regard to the way people may be prone to STS. A recurring observation in the literature is that women tend to react to life stress events at a higher level than men. This observation seems to be supported by studies on the extent to which level of STS related to exposure to traumatised clients may be influenced by gender.

A study by Lustig *et al.* (2009) for instance showed that female judges in their study sample were more symptomatic than their male counterparts. This finding supported an earlier finding by Jaffe *et al.* (2003), in which 73% (n = 105) female judges in their study sample reported higher stress levels emanating from workplace stressors compared with 54% of their male counterparts. The noted gender difference, the study observed, was statistically significant (p < .05).

In another study by Flores *et al.* (2007) on trial judges in USA, women judges indicated that they had experienced higher levels of stress (M = 4.75) compared with men (M = 3.99) on a seven point likert scale. The study further revealed that the extent to which STS had compromised work performance was higher among female judges (M = 2.80) compared with male judges (M = 2.56).

Jaffe et al. (2003) sought to find out whether there were gender differences in STS levels among judges in USA. On average, female judges, the study revealed, were more likely to be prone to stress symptoms than male judges (78% vis'-a-vis' 54%). A detailed analysis of stress symptoms, for instance, indicated that female judges had higher scores on internalizing stress symptoms (e.g., overeating, sleep difficulties, sadness, loss of appetite etc), compared with male judges and that the difference was statistically significant (p < .05). However, no gender differences were established in regard to externalizing (e.g., frustration, irritability, cynism etc) and trauma stress related symptoms such as fear of perpetrators, nightmares, cognitive flooding and a feeling of guilt.

Bremer (2003) on the other hand conducted a quasi-experimental study on magistrates in USA. Some of the key findings of the study were as follows: female participants reported higher levels of stress than male



participants in both the experimental (n = 20) and control groups (n = 17). Additionally, female magistrates in both the experimental and control groups had lower level of stress coping skills than male judges.

In Kenya, however there is a dearth of scholarly work on secondary traumatic stress specifically among judicial officers. However, Kokonya (2004) investigated compassion fatigue and burnout among medical workers in Kenyatta National Hospital. The sample consisted of 75% male workers and 25% female. The study revealed that male officers were more prone to vicarious trauma than female officers. Kokonya (2004) observes that these findings could be associated with the fact that female professional helpers were married and therefore may have had good support system.

There is need, however, to mention that although the foregoing findings seem to indicate that women are more prone to occupational stress in judicial profession than males, this may not always be the case in other professions. For instance a study carried out by Swanson, Power and Simpson (1998) among medical practitioners in Scotland revealed that male practitioners were more likely to experience work related stress and consequently a higher level of job dissatisfaction compared with female practitioners in the study sample (n = 996). This finding is consistent with Mumah's (2009) findings. Mumah (2009), in a study on STS among young people orphaned by AIDS in Kenya, established that more male than females were highly susceptible to STS. He established a significant gender difference with regard to, diminished ego functioning, tiredness, cynism, sense of being physically run down and hypervigilance where male orphans were found to be more susceptible.

1.5 Statement of the Problem

In the recent past, Kenya and the world at large has experienced an upsurge in criminal activities including rape, defilement, child abuse, domestic violence, terrorism, assault, robbery with violence, fatal land and family disputes, and divorce, among others. Victims of such incidents, more often than not, seek justice in courts. This implies that Kenya's judicial officers are more likely to encounter chilling evidence in the course of adjudicating cases involving such victims. A recurring observation in the background to the study is that, judicial officers are likely to experience STS through exposure to cases in which the victims may be distressed, and that, level of STS may be influenced by an officer's gender. However, there is a paucity of research in Kenya in regard to the extent to which determination of traumatised clients' cases could be generating STS on judicial officers as measured in relation to gender. This is the knowledge gap that this study sought to fill.

1.6 Purpose of the Study

The overall purpose of the study was to determine the gender differences in experiencing STS among Kenya's judicial officers in general and those working in Rift Valley region in particular, due to adjudication of cases involving traumatised victims.

1.7 Objectives of the Study

This study sought to achieve the following objectives:

- i. To determine the level of STS by gender among judicial officers in Kenya.
- ii. To determine the level of intrusion, arousal and avoidance symptoms by gender among judicial officers in Kenya.
- iii. Establish whether gender has any statistically significant influence on the level of STS among judges and magistrates in Kenya.

2.1 Research Methodology

This study adopted an *expost facto* research design. Hence, the existing relationship between independent and dependent variables was established retrospectively since the variables had already interacted in a more less natural setting (Kerlinger, 1986, Kathuri & Pals, 1993). The design was therefore deemed ideal in view of the fact that judicial officers had already interacted with victims of trauma in the process of adjudication of court cases.

The study was conducted among judicial officers in the Rift Valley region, Kenya. The target population in this study was all judges and magistrates serving in the region. The region has a number of communities with diverse cultures. Some of the cultural practices within the communities are likely to cause serious violations to human rights. Such cultural practices include female genital mutilation, wife battering, child neglect, and child abuse. Further, the cosmopolitan nature of people living in the region multiplies religious differences and diversity in economic undertakings. Due to this cosmopolitan nature, the region is prone to human conflicts that may lead to trauma, for example, cattle rustling and conflicts involving land boundaries and water resources. The area is also covered by a greater mileage of The Great North road and could therefore be experiencing more road accidents and road crimes compared to other areas in Kenya. The judicial officers serving in the region, therefore, could be handling a significant number of traumatised litigants and hence may



be exposed to court testimonies with traumatising content. The officers in the selected region were therefore an ideal population who could appropriately provide the information sort by items in the questionnaire. The region has fourteen Counties, which include Nakuru, Baringo, Elgeyo Marakwet, Transnzoia, Turkana, Uasin Gishu, Kericho, Nandi, Narok, Kajiado, Laikipia, West Pokot, Bomet and Samburu County. Each County has one court station; save for Nakuru and Laikipia Counties, which have three court stations respectively; and Bomet County, which has two court stations.

According to the JSC (Kenya) records there were 83 judicial officers serving in the region, at the time of data collection distributed in twenty court stations in the fourteen Counties with 74% of the court stations having less than five judicial officers (Republic of Kenya, 2014). In view of the relatively small population of judicial officers in the study area, the study adopted a census enquiry in which all 83 officers were included in the study.

2.2 Instrumentation

Mean Score 4 - 5 3 - 3.99 2 - 2.99

1 - 1.99

The study utilised a self-delivered questionnaire. The questionnaire captured information on officers' personal profile including gender, global level of STS and the levels of intrusive (items, 2, 3, 6, 10 & 13), avoidance (items, 1, 5, 7, 9, 12, 14 & 17) and arousal (items, 4, 8, 11, 15 & 16) symptoms (Bride *et al.*, 2004). Level of STS was measured using the STSS instrument by Bride *et al.* (2004). Three elements of ethical considerations were deemed critical in this study. These were respondents' consent, anonymity and confidentiality. These were made clear to the respondents at the introductory part of the questionnaire. Permission to collect data was sought from Laikipia University, The Chief Registrar of The Judiciary and The National Council for Science, Technology and Innovation, Kenya (NACOSTI). Thereafter, the instrument was self-administered to the respondents who were given a two-week deadline. After expiry of the two weeks deadline, the instrument was self-collected.

Respondents mean scores were utilised in generating level of STS (LSTS) index whose average score was expected to range from a maximum mean score of 5 to a minimum mean score of 1, representing very high LSTS and very low LSTS respectively. The mean scores were grouped into four quotas, which represented the expected different levels of STS as shown in Table 3.

LSTS
Very High
High

Low

Very Low

Table 3. Expected STS Mean Score Ranges by Level of STS

2.3 Reliability of Research Instrument

The term reliability, when used in the context of a research instrument, denotes the degree to which the instrument generates consistent or comparable results when used more than once to gather data from a given sample under similar conditions (Bordens & Abbott, 2011). This aspect of reliability is referred to as the instrument's external reliability. It was estimated through test-retest technique whereby the instrument was administered to five judicial officers in Nakuru court in Nakuru County, and subsequently administered to the same subjects after two weeks. Scores from the two instrument administration conditions were in turn correlated using Pearson's product moment correlation coefficient. This computation generated correlation coefficients of, r = .78 (78%) for the full STS scale and r = .68, .73, and .75, with regard to intrusion, avoidance and arousal STS subscales respectively. This correlation had the implication that the instruments external reliability was high. The other reliability domain is internal reliability. This is a measure of the extent to which the instrument is

The other reliability domain is internal reliability. This is a measure of the extent to which the instrument is measuring a single idea (or construct for that matter) and hence whether or not the items in the instrument are internally consistent. This reliability domain was determined using Cronbach's alpha. The objective was to assess whether items in the instrument were really measuring the level of STS among judicial officers in the study area. The alpha coefficients obtained for the STS scale was 0.88, while that for intrusion, avoidance and arousal STS subscales were 0.72, 0.76, and 0.71 respectively. This was an indication that the instruments' internal reliability was high (Marczyk, Dematteo, & Festinger, 2005).

2.4 Data Analysis Procedures

Data analysis was accomplished by use of Statistical Package for the Social Science (SPSS) computer programme, version 22.0. The analysis involved the use of descriptive statistics, specifically percentages and mean calculations and independent samples *t*-test. This aspect of data analysis was carried out in regard to nominal scale data on respondents' personal characteristics that is, age, gender, rank and professional qualifications. Ordinal scale data from the likert scale matrix items was analysed through inferential statistics specifically *t*-test, at .05 alpha level. This level of analysis was executed with the sole purpose of testing the



hypothesis that was germane to the study.

3.1 Results and Discussions

The study sought to determine gender's influence on the levels of STS among judges and magistrates in Kenya. This section presents the findings generated by the study and discussions relating to the findings. Out of the 83 copies of the questionnaire administered to the respondents, 64 duly filled copies of the questionnaire were received back. This represented 77% response rate which according to Dillman (2000) is acceptable in social science research.

3.1.1 Respondents Biodata

A summary of findings on respondents' gender, age, level of formal education, professional rank and work experience is presented herein below.

- i) Over half of respondents (53%) were female while 47% were male.
- ii) Majority of respondents (45%) were in the 31-35 years of age bracket while the least proportion of respondents (9%) were over 51 years of age.
- iii) Over three-quarter of respondents (77%) had only a first degree in law while those with masters and PhD law degrees constituted 22% and 1% of the 64 respondents who participated in the study.
- iv) The highest proportion of respondents (39%) were resident magistrates followed by principal magistrates (16%), senior principal magistrates (14%), senior resident magistrates (14%) and chief magistrates (11%). Only four respondents, (6%) had attained the status of a judge.

3.1.2 Respondents' Gender Profile

Distribution of respondents according to gender is summarized in Table 4.

Table 4. Distribution of Respondents by Gender

Gender	\boldsymbol{F}	%	Cumulative %
Female	34	53	53
Male	30	47	100
Total	64	100	

A look at the data presented in Table 4 shows that the proportion of female respondents (53%) was higher than that of male respondents which stood at 47%. Although respondents' gender profile suggests near gender parity in regard to appointment of judicial officers in the study area, it is noticeable that the distribution was skewed in favour of women. This scenario may be attributed to the fact that, according to the new constitutional dispensation, none of the gender should be more than two thirds in civil service appointments (Kenya Law Reports, 2010). In this regard, it can be argued that the judicial arm of the Kenyan government has been progressively increasing the number of female officers so as to fulfill this legal requirement (Republic of Kenya, 2014).

The results herein are discussed in line with the research objectives:

Research objective 1: To determine the level of STS by gender among judicial officers in Kenya

3.1.3 Respondents' Level of STS by Gender

The first objective aimed at finding out the level of STS among respondents by gender. The level of STS among the 30 and 34 male and female respondents respectively was determined through computation of mean scores for each of the indicators of STS. The result of this computation is summarized in Table 5.



Table 5. Respondents' Mean Score per each Indicator of STS by Gender								
STS Symptom Indicator	Mean	Mean	Mean	Total	t-			
	Male	Female	Diff	Mean	value			
	n=30	n=34						
1. I feel that my ability to feel emotions is								
less, e.g. ability to have loving feelings,	2.53	2.24	298	2.38	.094			
can't cry when sad, feeling numb								
2. I found myself panicking when I thought								
about the traumatizing stories of the	2.37	2.76	.398	2.58	.733			
litigants I serve.								
3. It seemed as if I was reliving the traumas	3.10	3.44	.341	3.28	.127			
experienced by my clients.	5.10	5.11	.511	3.20	.127			
4. I have been having persistent difficult	2.43	2.44	.008	2.44	.244			
falling asleep or staying asleep	25		.000					
5. I develop a sense of hopelessness when at	1.90	2.15	.247	2.03	1.016			
work								
6. Reminders of testimonies given by	3.33	3.35	.020	3.34	.274			
traumatized litigants make me feel upset.								
7. I feel detached or cut off from others	3.17	2.62	549	2.88	.087			
around me as a judicial officer 8. I feel anxious or unsettled after dealing								
with traumatized litigants	2.90	3.32	.424	3.12	.000			
9. I tend to be less active than usual after								
listening to cases with traumatizing	2.77	2.59	178	2.67	.047			
evidences	2.77	2.57	176	2.07	.047			
10. I thought about my work with traumatized								
court clients when I didn't intend to.	2.77	3.18	.410	2.98	.320			
11. I have trouble concentrating when offering								
services to traumatized clients in court.	1.93	1.85	080	1.89	.632			
12. I avoid people, places or things that remind								
me of my work with some traumatized	2.43	2.88	.449	2.67	4.369			
people I serve in court.								
13. I tend to have disturbing dreams related to								
stories narrated by litigants or their	1.97	2.12	.151	2.05	1.824			
relatives								
14. I would wish to avoid working with some								
of the traumatized litigants or their	2.43	2.47	.037	2.45	3.012			
relatives.								
15. I tend to be continuously irritable or	2.30	2.06	241	2.17	3.192			
having outbursts of anger	2.30	2.00	241	∠.1/	3.192			
16. I tend to expect something bad to happen	2.23	2.32	.090	2.28	.774			
in my life.	2.23	2.32	.070	2.20	.,,,			
17. I tend to have low memory on matters			_					
relating to court sessions with traumatic	2.00	1.65	353	1.81	.088			
evidence			0=111					
Total Mean Per Each Gender	2.504	2.555	.05144		.137			
Global STS Mean			2.53					

Based on the global mean score from the 17 STS indicators (mean = 2.53) it can be said that, on average, respondents level of STS was low. A closer analysis of the mean scores nonetheless, shows that level of STS was high (refer to Table 3), for both male and female judicial officers with respect to reminders of testimonies given by traumatised clients (mean = 3.33, mean = 3.35 respectively, total mean = 3.34); flashbacks of traumatising stories given by clients (male, mean = 3.10, female mean = 3.44, total mean = 3.28), and anxiety after dealing with traumatised litigants (male, mean = 2.90, female, mean = 3.32, total mean = 3.12).

It is also notable that another STS symptom that was highly experienced by male respondents was that of feeling detached or cut off from others around them (mean = 3.17). Indicators that had very low effect on male respondents level of STS were, developing a sense of hopelessness when at work, (mean = 1.90), tendency to have disturbing dreams related to stories given by litigants, (mean = 1.97), and, having trouble concentrating when offering services to traumatized court clients. While indicators that had very low effect on female



respondents' level of STS were, tendency to have low memory on matters relating to court sessions with traumatic evidence (mean = 1.65), and having trouble concentrating when offering services to traumatized clients (mean = 1.85). In general female respondents suffered higher STS (mean = 2.555) than their male counterparts (mean = 2.50).

Research objective 2: To determine the level of intrusion, arousal and avoidance symptoms by gender among judicial officers in Kenya

3.1.4 Respondents' Level of Intrusive Symptoms by Gender

Table 6. Respondents' Mean Score per each Intrusion Indicator of STS

STS Symptom indicator	Mean Male (n=30)	Mean Female (n=34)	Mean Diff	Total Mean	t-value
I found myself panicking when I thought about the traumatizing stories of the litigants I serve.	2.37	2.76	.398	2.58	.733
It seemed as if I was reliving the traumas experienced by my clients.	3.10	3.44	.341	3.28	.127
Reminders of testimonies given by traumatized litigants make me feel upset.	3.33	3.35	.020	3.34	.274
I thought about my work with traumatized court clients when I didn't intend to.	2.77	3.18	.410	2.98	.320
I tend to have disturbing dreams related to stories narrated by litigants or their relatives	1.97	2.12	.151	2.05	1.824
Mean Per Each Gender	2.708	2.97	.262		
Mean Intrusive STS	2.846				

Based on the mean score from the five intrusion symptoms indicators (mean = 2.846) it can be said that, on average, respondents level of intrusion was low. However, both male and female respondents suffered higher intrusive symptoms as compared to other variants of STS, (Avoidance; male = 2.46, female = 2.37: Arousal; male = 2.358, female = 2.398, see tables 7 & 8). A closer analysis of the mean scores nonetheless shows that level of intrusion was high for both male and female respondents with respect to reminders of testimonies given by traumatised clients (mean = 3.34), and flashbacks of traumatising stories given by clients (mean = 3.28). Additionally, female officers suffered high intrusion STS in regard to thinking about their work with traumatized court clients when they didn't intend to (mean = 3.18). Indicators of intrusion that had very low effect on both male and female respondents level of STS were, having disturbing dreams related to stories narrated by litigants or their relatives (male = 1.97, female = 2.12).

3.1.5 Respondents' Level of Avoidance Symptoms by Gender

Table 7. Respondents' Mean Score per each Avoidance Indicator of STS

STS Symptom indicator	Mean Male n=30	Mean Female n=34	Mean Diff	Total Mean	t- value
I feel that my ability to feel emotions is less, e.g. ability to have loving feelings, can't cry when sad, feeling numb	2.53	2.24	298	2.38	.094
I develop a sense of hopelessness when at work	1.90	2.15	.247	2.03	1.016
I feel detached or cut off from others around me as a judicial officer	3.17	2.62	549	2.88	.087
I tend to be less active than usual after listening to cases with traumatizing evidences	2.77	2.59	178	2.67	.047
I avoid people, places or things that remind me of my work with some traumatized people I serve in court.	2.43	2.88	.449	2.67	4.369
I would wish to avoid working with some of the traumatized litigants or their relatives.	2.43	2.47	.037	2.45	3.012
I tend to have low memory on matters relating to court sessions with traumatic evidence	2.00	1.65	353	1.81	.088
Mean Per Each Gender	2.46	2.37	.09		
Avoidance STS Mean			2.41		

Based on the mean score from the seven avoidance symptom indicators (mean = 2.41) it can be said that, on average, respondents level of avoidance STS symptoms was low. Male respondents suffered higher avoidance STS (mean = 2.46) than their female counterparts (mean = 2.37). As observed male respondents felt



detached or cut off from others around them as a judicial officer (mean = 3.34). Female officers however portrayed avoidance symptom by avoiding people, places or things that would remind them of their work with some traumatized people they serve in court. A closer analysis of the mean scores nonetheless shows that level of STS was high with respect to the officers feeling detached or cut off from others around them (mean = 2.88). However, the level of avoidance behavioral tendencies was low for both male and female respondents in comparison to intrusion STS symptoms for each gender.

3.1.6 Respondents' Level of Arousal Symptoms by Gender

Table 8. Respondents' Mean Score per each Arousal Indicator of STS

STS Symptom indicator	Mean Male (n=30)	Mean Female (n=34)	Mean Diff	Total Mean	t-value
I have been having persistent difficult falling asleep or staying asleep	2.43	2.44	.008	2.44	.244
I feel anxious or unsettled after dealing with traumatized litigants	2.90	3.32	.424	3.12	.000
I have trouble concentrating when offering services to traumatized clients in court.	1.93	1.85	080	1.89	.632
I tend to be continuously irritable or having outbursts of anger	2.30	2.06	241	2.17	3.192
I tend to expect something bad to happen in my life.	2.23	2.32	.090	2.28	.774
Mean Per Each Gender	2.358	2.398	.04		
Arousal STS Mean			2.38		

The level of arousal among the respondents was low (2.38). A closer analysis of the mean scores nonetheless shows that level of STS was higher in male respondents with respect to having trouble concentrating when offering services to traumatized clients in court (mean = 1.93) and tending to be continuously irritable, or having outbursts of anger (mean = 2.30). On the other hand, it was higher in female respondents in respect to the other three indicators of arousal STS. It can also be observed that both male and female respondents were experiencing feelings of anxiety or felt unsettled after dealing with traumatized litigants (male = 2.90, female = 3.32).

Inferring from the computed mean scores in Table 6, 7 and 8, it is logical to conclude that intrusive and arousal aspects of STS were contributing more towards the challenge of stress management among female respondents. While intrusive and avoidance aspects of STS were contributing more towards the challenge of stress management among male respondents.

Research objective 3: Establish whether gender has any statistically significant influence on the level of STS among judges and magistrates in Kenya.

3.1.7 Influence of Gender on the Level of STS among Judicial officers

The last objective sought to find out whether gender had any statistically significant influence on the level of STS among respondents. To achieve this objective the following null hypothesis was formulated.

Ho₁ Gender has no statistically significant influence on the level of STS associated with adjudication of traumatised clients' court cases among judicial officers in Rift Valley region, Kenya

This hypothesis therefore presumed that level of STS would not differ significantly between male and female respondents. To ascertain the truth of this assumption male and female respondents mean scores in the 17 items were computed and subjected to *t*-test, whose outcome is presented in Table 9.

Table 9. Mean Level of STS by Respondents' Gender

Gender of respondents	N	Mean	SD
Female	34	2.555	.67710
Male	30	2.504	.66204

A look at data presented in Table 9 clearly shows that female respondents mean score (mean = 2.555) was slightly higher than that of male respondents (mean = 2.504). This seems to suggest that female judicial officers were more likely to suffer STS through adjudication of cases involving traumatised clients in comparison with male officers. This finding is consistent with the findings of studies by Flores *et al.* (2007) and Jaffe *et al.* (2003). The *p*-value was in turn computed with a view to establishing whether the noted mean difference in level of STS between male and female respondents was statistically significant. The resultant *p*-value is captured in Table 10.



Table 10. Independent Samples t-test on Level of STS by Respondents' Gender

	Levene's	Test	for	t-test for Equality of Means						
	Equality of			t-test for Equality of Means						
		F	Sig.	T	Df	Sig.	Mean	Std. Error		onfidence
						(2- tailed)	Difference	Difference	Interval Difference	of the
									Lower	Upper
Mean per STS	Equal variances assumed	.137	.712	.306	62	.760	.05144	.16785	2841	.38697
item	Equal variances not			.307	61.326	.760	.05144	.16761	2837	.38657
	assumed									

p = .760 > .05

An examination of the data captured in Table 10 shows that the noted difference (see Table 9) in male and female mean scores on STS was not statistically significant (p > .05). In this regard, Ho₁ was not rejected and conclusion made that level of STS and respondents' gender were statistically independent. This observation is consistent with earlier findings by Miller *et al.* (2007), and Childers (2006) which indicated that gender had no statistically significant influence on respondents' STS levels.

The data was further analysed with a view to establishing whether there were gender differences in regard to the extent to which respondents were experiencing intrusion avoidance and arousal STS symptoms. This level of analysis is presented in Table 11.

Table 11. Respondents' Mean Scores on the Three Domains of STS by Gender

STS Domain	Mean scor	es	•		
	Mal	Male		male	
	N	Mean	N	Mean	<i>t</i> -value
Intrusion	30	2.71	34	2.97	.002*
Avoidance	30	2.46	34	2.37	.992
Arousal	30	2.36	34	2.40	.274
Total		2.51		2.58	

 $[*]Significant\ at\ .05$

The results presented in Table 11 reveals that female respondents' propensity to experience the three STS domains symptoms was higher than that of their male counterparts save for avoidance related symptoms. It is also notable that the difference in regard to incidence of intrusion symptoms between male and female respondents was statistically significant (t = .002, p < .05). The general picture that emerges from this finding is that on average, female judicial officers are more likely to experience STS through adjudication of traumatised victims cases compared with male officers, and that STS domain symptoms they are likely to surpass men officers are those relating to intrusion and arousal.

4.1 Conclusions of the Study

The study sought to explore gender differences in STS levels among judges and magistrates in Kenya. The study hypothesized that the effect of traumatising court cases on the officers' levels of STS was contingent upon gender as the independent variables. The extent to which gender may impact on officers level of STS provided the investigation path ways. Conclusions drawn from these investigations are discussed below.

The study established that that female respondents were comparatively more likely to experience higher STS level (mean = 2.56) compared to their male counterparts (mean = 2.50). This seems to suggest that female respondents' capacity to cope with traumatising court cases related STS was lower than that of male respondents. However, the noted mean difference in STS levels between male and female respondents was not statistically significant. Hence, gender has no statistically significant influence on respondents' STS levels. Moreover, intrusion related STS symptoms were higher across the two genders compared with avoidance and arousal symptoms. It also emerged that the difference in level of intrusive experiences between male (mean = 2.71) and female (mean = 2.97) respondents was statistically significant (p < .05).

The study further in addition revealed that female respondents experienced higher levels of intrusive and arousal STS symptoms while their male counterparts suffered more avoidance STS symptoms an indication that male officers may have had lower resilience in dealing with avoidant related stress behaviours.

It can therefore be concluded that both male and female judicial officers are more likely to experience psychological distress at reminders of traumatising court cases although the effect may be higher among female



officers.

4.2 Recommendations of the Study

The following recommendations are made on the basis of the findings of this study

- i) The study revealed that female judicial officers are more likely to fall victim to STS. The study in this regard recommends that female judicial officers should be accorded more preparation training and counselling in order to reduce the risk of developing STS through adjudication of traumatising court cases.
- ii) The study also revealed that Male respondents suffered higher avoidance STS than their female counterparts for example male respondents felt detached or cut off from others around them as a judicial officer in their career as judicial officers. In this regard, the study recommends that officers should be encouraged to join social clubs like sports clubs to avoid the loneliness in a career that has been found to facilitate isolation.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. text rev.). Washington, DC: APA.
- Baird, K., & Kracen, A. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, 19(2), 181–188.
- Bordens, K. S., & Abbott, B. B. (2011). Research design and methods: A process approach. Eighth Edition, New York, McGraw Hill.
- Bremer, C. F. (2003). Impact of a mentoring programme on occupational stress, personal strain, and coping resources of newly appointed United States magistrate judges. Dissertation Abstract International, (612-3A), 4185.
- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. Social Work, 52, 63-70.
- Bride, B. E., Robinson, M. R., Yegidis, B., & Figley, C. R. (2003). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, 13, 1-16. doi: 10.1177/1049731503254106
- Chamberlain, J., & Miller, M. K. (2009). Evidence of secondary traumatic stress, safety concerns, and burnout among a homogeneous group of judges in a single jurisdiction. *The Journal of the American Academy of Psychiatry and the Law, 37*, 214-224.
- Childers, R. L. (2006). Got Stress? Using CoLAP and its New Judicial assistance project. *The Judges' Journal*. Fall 2006.
- Davis, M. H. (1994). *Empathy : A social psychological approach*. Dubuque, U.S.A: Wm. C. Brown Communication Inc.
- Derubeis, R. J., Tang, T. Z., & Beck, A. T. (2001). Cognitive therapy. In K. S. Dobson (Ed.), *Handbook of cognitive behavioural therapies* (pp. 349–392). New York: Guilford Press.
- Deshpande, A., & Chopra, R. K. (2007). Fundamentals of organizational behaviour. New Delhi: Sun India Publications.
- Dillman, D.A. (2000). Mail and internet surveys: The tailored design method. New York: John Wiley & Sons.
- Everly, G. S., & Benson, H. (1989). Disorders of arousal and the relaxation response: Speculations on the nature and treatment of stress-related diseases. *International Journal of Psychosomatics*, *36*, 15-21.
- Figley, C. R. (1989). Helping traumatised families. San Francisco: Jossey-Bass.
- Figley, C. R. (1995a). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised. New York: Brunner/Mazel.
- Figley, C. R. (1995b). Compassion Fatigue: Secondary traumatic stress disorders from treating the traumatised. New York: Brunner/Mazel.
- Figley, C. R. (1999). Police compassion fatigue (PCF): Theory, research, assessment, treatment, and prevention. New York: Brunner/Mazel.
- Flores, D. M., Miller, M. K., Chamberlain, J., Richardson, J. T., & Bornstein, B. H. (2007). Judges' perspectives on stress and safety in the courtroom: An exploratory study. *Court Review*, 45, 76-89.
- Hall, L. C., & Simmons, W. C. (1973). The POW wife: A Psychiatric Appraisal. *Archives of General Psychiatry*, 29, 690-694.
- Iliffe, G., & Steed, L. G. (2000). Exploring the counsellor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence*, 15, 393-412.
- Jaffe, G. P., Crooks, V. C., Dunford-Jackson, L. B., & Town, M. (2003). Vicarious trauma in judges: The personal challenge of dispensing justice. *Juvenile and Family Court Journal*, Fall 2003, 1-9.
- Kathuri, J. N., & Pals. (1993). Introduction to educational research. Egerton: EMC.
- Kenya Law Reports (2010). Laws of Kenya. The Constitution of Kenya, Revised Edition. The National Council for Law Reporting.
- Kerlinger, F. N. (1986). Foundations of behaviour research. New York: Holt Rinehart & Winston Inc.
- Kokonya, D. A. (2004). Compassion Fatigue and Burnout Syndrome among Medical Workers in Kenyatta



- National Hospital, Kenya. (Unpublished Masters Dissertation). University of Nairobi, Nairobi.
- Levin, A. P., & Greisberg, S. (2003). Vicarious Trauma in Attorneys, Pace Law Review, 24, 245.
- Lustig, L. S., Karnik, N., Delucchi, K., Tennakoon, L., Kaul, B., Marks, D. L., & Slavin, D. (2009). Inside the judges' chambers: Narrative responses from the national association of immigration judges stress and burnout survey. *Georgetown Immigration Law Journal*, 23, 57.
- Marczyk, G., Dematteo, D., & Festinger, D. (2005). Essentials of research design and methodology. New Jersey: John Wiley & Sons Inc.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious Traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*, 131-149.
- Melgosa, J. (2006). Less stress. Spain: Editorial Safeliz.
- Miller, M. A., & Rahe, R. H. (1997). Life changes scaling for the 1990s. *Journal of Psychosomatic Research*, 43(3), 279-292.
- Mumah, S. J. (2009). Secondary traumatic stress among young people orphaned by AIDS in Kenya: Prevalence, Severity and Predictors. (Unpublished Doctorate Thesis), Kenyatta University, Nairobi.
- Parker, P. A., & Kulik, J. A. (1995). Burnout, self and supervisory job performance, and absenteeism among nurses. *Journal of Behavioural Medicine*, 18(6), 581-599.
- Peebles-Kleiger, M. (2000). Pediatric and neonatal intensive care hospitalization as traumatic stressor: Implications for intervention. *Bulletin of the Menninger Clinic*, 64, 257-280.
- Republic of Kenya. (2014). Judiciary case audit and institutional capacity survey, Volume 1, Performance Management Directorate, Nairobi, Kenya.
- Richardson, J. I. (2001). A Guidebook on vicarious trauma: Recommended solutions for anti-violence workers. Ottawa ON: Health Canada.
- Siegfried, C. (2008). Child welfare work and secondary traumatic stress. Retrieved October 7, 2010 from http://www.nctsnet.org/nccts/asset.do?id=1332
- Statt, D. A. (1994). Psychology and the world of work. NewYork: Palgrave.
- Swanson, V., Power, K., & Simpson, R. A. (1998). Comparison of stress and job satisfaction in female and male GPs and consultants. *Stress Medicine*, 12: 17-26.
- Ting, L., Jacobson, J. M., Sanders, S., Bride, B. E., & Harrington, D. (2005). The Secondary Traumatic Stress Scale (STSS): Confirmatory factor analyses with a national sample of mental health social workers. *The Journal of Human Behaviour in the Social Environment*, 11, 177-194.
- Townsend, M. C. (2003). *Psychiatric Mental Health Nursing: Concepts of Care* (4th ed.). Philadelphia: F. A. Davis Co.
- Varvogli, L., & Darviri, C. (2011). Stress management techniques: Evidence-based procedures that reduce stress and promote health. *Health Science Journal* 5(2), 74-89.
- WHO, (2007). Raising awareness of stress at work in developing countries. A modern hazard in a traditional working environment. Protecting Workers' Health Series, No. 6, WHO Press.
- Zimmerman, I. M., (2006). Helping judges in distress. Judicature, 90 (1), 10-15.