

Age Differences in Secondary Traumatic Stress Levels among Judges and Magistrates in Rift Valley Region, Kenya

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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 age. 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 ANOVA, at .05 alpha levels. Analysis task was accomplished through the Statistical Package for the Social Sciences (SPSS) programme, version 22.0. The study established that level of STS associated with traumatising court cases increased with increase in respondents' age. However, this tendency reversed beyond 50 years of age. Further, the effect of traumatising court cases was more pronounced in intrusive related experiences compared with avoidance and arousal linked experiences. Additionally, a statistically significant difference in regard to experiences of intrusive experiences was established between respondents in 31-35 years and 46-50 years age bracket. A similar observation was found for respondents in 41-45 years and 46-50 years age brackets. This seems to indicate that judicial officers in 46-50 years age range are more likely to suffer from dissociative reactions from thoughts or memories of traumatising court cases. The study is useful to The Judiciary in that it can gain understanding on how traumatizing court cases impacts on officers with different age categories. 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 younger 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, Age, 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 associated 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 traumatized, 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 Pearlman (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.

1.4 Influence of Age on the Level of STS

Another factor that seems to contribute to the experience of STS symptoms is age (though potentially this factor may be confounded with experience). Younger persons seem to be more vulnerable to STS (Arvay, 2001; Karlsson & Christianson, 2003; Lerias & Byrne, 2003). Marmar, Weiss, Metzler and Delucchi (1996), for instance, observed that younger emergency service personnel were comparatively more likely to suffer from intrusive images in addition to displaying stress-related physical symptoms such as insomnia, frequent colds, headache and low energy. This finding seems to suggest that capacity to overcome stress increases with increase in age (Ensel & Lin, 1998). A likely explanation of the noted differential pronity to stress is that older employees tend to be in supervisory positions and hence are less likely to be exposed to work-related stressors on a day-to-day basis compared with their younger counterparts (Marmar *et al.*, 1996). It is also possible that older workers have better stress coping styles in comparison with younger employees (Riedel-Heller, Busse, and Angermeyer, 2006).

The finding that susceptibility to stress is negatively related with age is corroborated by other studies (e.g., Adams, Boscarino, & Figley, 2006; Adams, Matto, & Harrington, 2001; Bober & Regehr, 2005). In an attempt to explain the likely reason why younger workers may easily experience more STS through working with traumatised clients, Neumann and Gamble (1995) argued that younger workers may have had limited

opportunity to integrate traumatic stories and experiences in their belief systems as well as to develop effective stress coping strategies in comparison with older and hence more experienced workers. Some studies (e.g., Adams & Riggs, 2008; Baird & Jenkins, 2003; Way, VanDeusen, Martin, Applegate, & Jandle, 2004) however did not establish a direct relationship between workers age and susceptibility to stress.

A study by Muli (2006) on prevalence of vicarious trauma among caretakers in Kakuma refugee camp in North West Kenya found that prevalence of vicarious trauma among the caretakers was high (mean = 3.175) where 63% of the respondents (n = 68) had high levels of vicarious trauma. Further, the study established that 74% of the 50 respondents above 28 years of age had extremely high levels of vicarious trauma compared to their counterparts below this age. These findings are consistent with Kokonya's (2004) findings which found a significant relationship between age variable and the level of vicarious trauma. The study showed that increase in age, increased the possibility of developing vicarious trauma.

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 age. 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 age. 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 age 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 establish whether age has any statistically significant influence on the level of STS among judges and magistrates in Kenya
- ii. To establish whether age has any statistically significant influence on the level of intrusion, arousal and avoidance symptoms among judges and magistrates in Kenya

2.1 RESEARCH METHODOLOGY

This study adopted an *ex post facto* research design. Hence, the existing relationship between independent and dependent variables was established retrospectively since the variables had already interacted in a more or 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, Transzoia, 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

The study utilised a self-delivered questionnaire. The questionnaire captured information on officers' personal profile including age, 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.

Table 3

Expected STS Mean Score Ranges by Level of STS

Mean Score	LSTS
4 – 5	Very High
3 – 3.99	High
2 – 2.99	Low
1 – 1.99	Very Low

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 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 the influence of age 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' Distribution by Age

The distribution of respondents according to age is summarized in Table 4.

Table 4

Age-wise Distribution of Respondents

Age (in Years)	F	%	Cumulative %
31-35	29	45	45
36-40	8	13	58
41-45	12	19	77
46-50	9	14	91
51-55	6	9	100
Total	64	100	

An inspection of the data captured in Table 4 reveals that the largest majority of the respondents (45%) were in the 31-35 years age bracket followed by respondents (19%) who were in the 41-45 years of age bracket. Very few respondents (9%) were over 50 years of age. The observed age profile clearly shows that judicial officers in the study area were relatively young in the sense that 58% were below 41 years of age. The youthful nature of the officers may be linked to the ongoing judicial reforms in the country whereby older judges and magistrates may have opted to retire from judicial service prior to execution of the study as provided for by the Vetting of Judges and Magistrates Act (Republic of Kenya, 2011). Alternatively, some of the older judges and magistrates are likely to have been compelled to leave the service by the Judges and Magistrates Vetting Board (JMVB) due to their contravention of chapter six of the constitution (Republic of Kenya, 2011). It needs to be mentioned that chapter six of Kenya's constitution provides that officers holding public office must uphold the highest integrity in the course of service delivery (Kenya Law Reports, 2010).

3.1.3 Results and Discussions in Line with the Objectives of the Study

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

Research objective 1: To establish whether age has any statistically significant influence on the level of STS among judges and magistrates in Kenya

The first objective aimed at finding out whether traumatising court cases had an effect on respondents' STS levels as measured in relation to age. To realize this objective, the first hypothesis was developed and stated thus; **Ho₁ Chronological age 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, held the assumption that respondents' level of STS was independent of age. To confirm this proposition, mean scores generated by the 17 likert scale items for respondents in different age categories were computed and analysed through ANOVA statistic. The results of this analysis are summarized in Table 5.

Table 5

Respondents' Mean level of STS by Age

Age in Years	N	Mean	SD	Standard Error
31-35	29	2.4949	.69947	.12989
36-40	8	2.5147	.67784	.23965
41-45	12	2.4804	.54541	.15745
46-50	9	3.0131	.34523	.11508
51-55	6	2.1078	.83721	.34179
Total	64	2.5313	.66526	.08316

A perusal of the data presented in Table 5 clearly shows that the highest STS mean score was attained by respondents in the 46-50 age category (mean = 3.013) while the lowest (mean = 2.108) was attained by their counterparts in the 51-55 age group. This implies that the effect of traumatising court cases on level of STS was

highest among respondents aged between 46-50 years while it was lowest among respondents aged over 50 years. A closer examination of the mean scores reveals a pattern worth noting: the mean scores increased with increase in age, reaching a maximum at 46-50 years of age bracket before declining towards 51-55 years age bracket. This pattern appears to suggest that respondents' capacity to manage STS emanating from adjudication of traumatised clients cases decreased with increase in age. The converse however, appears to be the case when respondents enter the 51-55 years age bracket. Although this finding differs with earlier studies by Adams and Riggs (2008), Baird and Jenkins, (2003), and Way *et al.* (2004) it parallels the findings by Arvay (2001), Karlsson and Christianson (2003) and, Lerias and Byrne (2003).

In order to establish whether the observed STS mean score differences in Table 5 were statistically significant; *F*-value was computed and subsequently presented in Table 6.

Table 6

ANOVA Summary on Respondents' Mean Scores by Age

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.236	4	.809	1.937	.116
Within Groups	24.646	59	.418		
Total	27.882	63			

$p = .116 > .05$

The data captured in Table 6 indicates that the observed STS mean score differences in Table 5 were not statistically significant ($p = .116 > .05$). Consequently H_0 was not rejected and conclusion made that the effects of adjudicating traumatising cases on STS levels among the respondents was not dependent on age.

Research objective 2: To establish whether age has any statistically significant influence on the level of intrusion, arousal and avoidance symptoms among judges and magistrates in Kenya

The second objective aimed at finding out whether traumatising court cases had an effect on respondents' intrusion, arousal and avoidance symptom levels as measured in relation to age. To realize this objective, a second hypothesis was developed and stated thus;

H_0 : Chronological age has no statistically significant influence on the level of intrusion, arousal and avoidance symptom levels associated with adjudication of traumatised clients' court cases among judicial officers in Rift Valley region, Kenya.

The effect of traumatising court cases on the three domains of STS (intrusion, avoidance and arousal) among respondents as measured in relation to age was also investigated. This involved computation of respondents' means in each STS domain and *p*-values with a view to determining whether any noted mean differences in each domain was statistically significant. These analyses are presented in Tables 7 and 8 respectively.

Table 7

Respondents' Mean Scores on STS Domains by Age

STS DOMAIN	A G E IN YEARS										Total MS Total
	31-35		36-40		41-45		46-50		51-55		
	Mean score (MS)	SD	MS	SD	MS	SD	MS	SD	MS	SD	
Intrusion	2.7517	.76840	3.0000	.63246	2.5500	.42747	3.6889	.65659	2.4333	.96678	2.8469
Avoidance	2.3695	.80497	2.2679	.85863	2.5238	.74439	2.7619	.51010	2.0714	.98457	2.4129
Arousal	2.4138	.81579	2.3750	.74402	2.3500	.61570	2.6889	.49103	1.8333	.57155	2.3813
Total	2.510	1.163	2.549	1.072	2.474	1.004	3.033	1.025	2.112	1.084	2.535

A look at the data presented in Table 7 reveals that the highest total mean score (mean = 2.847) was in intrusion STS domain while the lowest was in the arousal domain (mean = 2.381). This implies that respondents captured by the study (irrespective of age) were more likely to experience higher intrusion related effects of stress through adjudication of traumatised clients cases compared with avoidance and arousal STS effects. It is also notable that the most affected respondents in regard to intrusion STS symptoms were those in the 40-50 years of age brackets (mean = 3.000) while the least affected were those in the 51-55 age category (mean = 2.4333).

In order to establish whether the observed intrusion, arousal and avoidance symptom level mean score differences in Table 7 were statistically significant; *F*-value was computed and subsequently presented in Table 8.

Table 8
ANOVA Summary on Respondents Mean Scores on STS Domains by Age

STS Domain	Symptom	Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Intrusion		Between Groups	8.915	4	2.229	4.463	.003*
		Within Groups	29.465	59	.499		
		Total	38.379	63			
Avoidance		Between Groups	2.166	4	.542	.880	.482
		Within Groups	36.328	59	.616		
		Total	38.495	63			
Arousal		Between Groups	2.696	4	.674	1.315	.275
		Within Groups	30.242	59	.513		
		Total	32.938	63			

*significant at .05

An examination of the data displayed in Table 8 indicates that respondents mean differences in regard to avoidance and arousal stress domains were not statistically significant ($p > .05$). This implies that the effect of adjudicating traumatised court cases with respect to the two categories of STS was more or less the same across respondents in the four age brackets. It is, however worthwhile to observe that the mean score difference in regard to intrusion STS domain was statistically significant ($p < .05$).

In order to establish the pairs whose mean scores were significantly different with respect to intrusion STS domain in the four sub-populations, *post-hoc* test using Tukeys statistic was carried out. The result of this analysis is summarized in Table 9.

Table 9
Tukeys' Test on STS Intrusion Domain Mean Scores by Respondents' Age

Dependent Variable: Intrusion									
(I) respondents	Age of respondents	(J) Age of respondents	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval		Lower Bound	Upper Bound
31-35		36-40	-1.207	1.479	.925	-5.37	2.95		
		41-45	.210	1.271	1.000	-3.37	3.79		
		46-50	-4.540	1.413	.017*	-8.52	-.56		
		51-55	.126	1.661	1.000	-4.55	4.80		
36-40		31-35	1.207	1.479	.925	-2.95	5.37		
		41-45	1.417	1.690	.918	-3.34	6.17		
		46-50	-3.333	1.799	.354	-8.40	1.73		
		51-55	1.333	2.000	.963	-4.29	6.96		
41-45		31-35	-.210	1.271	1.000	-3.79	3.37		
		36-40	-1.417	1.690	.918	-6.17	3.34		
		46-50	-4.750	1.633	.039*	-9.34	-.16		
		51-55	-.083	1.851	1.000	-5.29	5.13		
46-50		31-35	4.540	1.413	.017*	.56	8.52		
		36-40	3.333	1.799	.354	-1.73	8.40		
		41-45	4.750	1.633	.039*	.16	9.34		
		51-55	4.667	1.952	.132	-.83	10.16		
51-55		31-35	-.126	1.661	1.000	-4.80	4.55		
		36-40	-1.333	2.000	.963	-6.96	4.29		
		41-45	.083	1.851	1.000	-5.13	5.29		
		46-50	-4.667	1.952	.132	-10.16	.83		

* Significant at .05 level

It can be seen in Table 9 that the significant difference ($p < .05$) in mean scores with regard to STS intrusion domain was between respondents in the 46-50 and 31-35 years age brackets and similarly respondents in the 46-50 and 41-45 years age brackets. The data shows that respondents in the 46-50 years age bracket exceeded their counterparts in the 31-35 years and those in the 41-45 years age bracket by an average of 4.540 and 4.750 points respectively. It can therefore be deduced that compared to respondents in 31-35 and 41-45 years age brackets, respondents in the 46-50 years age category had a higher capacity to manage stress relating to adjudication of traumatised clients cases.

4.1 CONCLUSIONS OF THE STUDY

The study sought to explore age 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 age as the independent variables. The extent to which age may impact on officers level of STS provided the investigation path ways. Conclusions drawn from these investigations are discussed below.

The study established that level of STS associated with traumatising court cases increased with increase in respondents' age. However, this tendency reversed beyond 50 years of age. It can therefore be concluded that an increase in age may impact negatively on judicial officers' capacity to cope with traumatising court cases related stress. However, STS coping capacity may be enhanced when an officer reaches 51 years of age. Furthermore, the effect of traumatising court cases was more pronounced in intrusive related experiences compared with avoidance and arousal linked experiences. Additionally, a statistically significant difference in regard to experiences of intrusive experiences was established between respondents in 31-35 years and 46-50 years age bracket, with the latter exceeding the former by an average of 4.54 points. A similar observation was found for respondents in 41-45 years and 46-50 years age brackets, with the later exceeding the former with an average of 4.750 points. This finding seems to indicate that judicial officers in 46-50 years age range are more likely to suffer from dissociative reactions from thoughts or memories of traumatising court cases.

4.2 RECOMMENDATIONS OF THE STUDY

In view of the fact that STS coping capacity appeared to decrease with age (save for respondents who had worked for more than 50 years) this study recommends that, there is a need for The Judicial Service Commission, Kenya to have a well designed judicial officers' occupational stress counselling curriculum which should be implemented in stages as the officers progress through the judicial career. This will go a long way in enhancing the officers' capacity to strengthen their stress coping-mechanism irrespective of age when working in the judiciary.

REFERENCES

- Adams, K. B., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103-108.
- Adams, K. B., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, 2(1), 26-34.
- Adams, K. B., Matto, H. C., & Harrington, D. (2001). The traumatic stress institute belief scale as a measure of vicarious trauma in a national sample of clinical social workers. *Families in Society: The Journal of Contemporary Human Services*, 82(4), 363-371.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. text rev.). Washington, DC: APA.
- Arvay, M. J. (2001). Secondary traumatic stress among trauma counsellors: What does the research say? *International Journal for the Advancement of Counselling*, 23, 283-293.
- Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71-86.
- Baird, K., & Kracen, A. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, 19(2), 181-188.
- Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71-86.
- Bordens, K. S., & Abbott, B. B. (2011). *Research design and methods: A process approach*. Eighth Edition, New York, McGraw Hill.
- 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.
- 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.
- Ensel, W., & Lin, N. (1998). Age, the stress process and physical distress: the role of distal stressors. *Journal of*

- Aging and Health*, 12, 139-168.
- 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.
- 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.
- Karlsson, I., & Christianson, S. A. (2003). The phenomenology of traumatic experiences in police work. *Policing: An International Journal of Police Strategies and Management*, 26, 419-438.
- 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.
- Kokonya, D. A. (2004). *Compassion Fatigue and Burnout Syndrome among Medical Workers in Kenyatta National Hospital, Kenya*. (Unpublished Masters Dissertation). University of Nairobi, Nairobi.
- Lerias, D., & Byrne, M. K. (2003). Vicarious traumatization: Symptoms and predictors. *Stress and Health*, 19, 129-138.
- Levin, A. P., & Greisberg, S. (2003). Vicarious Trauma in Attorneys, *Pace Law Review*, 24, 245.
- Marczyk, G., Dematteo, D., & Festinger, D. (2005). *Essentials of research design and methodology*. New Jersey: John Wiley & Sons Inc.
- Marmar, C. R., Weiss, D. S., Metzler, T. J., & Delucchi, K. (1996). Characteristics of emergency services personnel related to peritraumatic dissociation during critical incident exposure. *The American Journal of Psychiatry*, 153, 94-102.
- 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.
- Muli, M. E. K. (2006). *Prevalence of Vicarious Traumatization among Caretakers in Kakuma Refugee Camp, Kenya*. (Unpublished Masters Dissertation). University of Nairobi, Nairobi.
- Neumann, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Counter-transference and vicarious traumatization in the new trauma therapist. *Psychotherapy*, 32, 341-347.
- 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.
- Neumann, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Counter-transference and vicarious traumatization in the new trauma therapist. *Psychotherapy*, 32, 341-347.
- Siegfried, C. (2008). *Child welfare work and secondary traumatic stress*. Retrieved October 7, 2010 from <http://www.ncetsnet.org/ncets/asset.do?id=1332>
- Statt, D. A. (1994). *Psychology and the world of work*. New York: Palgrave.
- 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.

- Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence*, 19(1), 49-71.
- Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence*, 19(1), 49-71.
- 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.