Prevalence of Secondary Traumatic Stress among Probation Officers in Nairobi County, Kenya

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ABSTRACT

Probation officers occupy an essential position within criminal justice systems. Their routine interaction with clients who have experienced various forms of trauma, such as abuse, violence, and incarceration-related distress, may indirectly expose them to secondary traumatic stress (STS). An important first step in mitigating STS among probation officers is to assess the prevalence levels and trends. The study sought to determine the prevalence of STS among probation officers in Nairobi County, Kenya with a view to explore the symptoms and patterns that offer critical baseline data to underpin the development of relevant policy interventions. Cross-sectional survey design was used to explore the prevalence levels, trends, and STS symptoms. The population of the study was 108 probation officers distributed across eight workstations. Data was collected using the STS Scale. A total of 84 probation officers responded to the study. Data was analyzed by generating percentage frequencies, mean and standard deviation scores. A high prevalence rate of 72.6% was observed, with 40.5% of respondents reporting either high or severe levels of STS. Probation officers were more likely to experience intrusive thoughts and avoidance reactions related to clients' traumatic experiences than heightened physiological arousal symptoms. Thus, probation officers operated in a psychologically demanding environment that placed them at significant risk of STS. However, demographic and work-related factors did not significantly predict STS prevalence. The study underscores the need for strengthened institutional support and targeted mental health interventions within the probation service. Recommendation is made that the State Department for Correctional Services and the Probation and Aftercare Service institutionalize a comprehensive trauma-informed workplace mental health policy for all probation officers.

Keywords: Secondary Traumatic Stress, Probation Officers, Occupational Trauma, Criminal Justice, Kenya

INTRODUCTION

Probation officers occupy a critical position within criminal justice systems worldwide through preparing court reports, supervising offenders on non-custodial sentences, and facilitating the rehabilitation and reintegration of offenders into society (Omodanisi, 2025). In carrying out these duties, they frequently interact with individuals who have experienced trauma, committed offences, or struggle with substance use and mental illness, thereby exposing officers indirectly to distressing narratives and traumatic experiences (Gillani & Anjum, 2024). Prolonged and repeated exposure to such experiences may lead to secondary traumatic stress (STS), a condition characterized by psychological symptoms similar to those experienced by persons directly exposed to trauma (Tsirimokou et al., 2023). Unlike direct trauma, where a person witnesses or experiences a traumatic event firsthand, STS affects those such as close relatives or professionals like therapists and probation officers who support primary trauma victims (Kim et al. 2022). In other literature, "STS" is used interchangeably with "secondary traumatic stress" or "compassion fatigue" (Ormiston et al., 2022). Because STS victims are not directly involved in the traumatic event, the impact may take longer to be identified (Smith et al., 2023).

Globally, evidence indicates that STS among probation officers and related justice personnel is a growing concern. Studies conducted in the United States, Ireland, Scotland, and Poland reported notable proportions of probation personnel experiencing STS and trauma-related symptoms (Ogińska-Bulik et al., 2021). In Canada, approximately 58.2% of probation officers were found to experience psychological difficulties associated with

demanding work environments and continual exposure to convicted offenders (Carleton et al., 2020). Comparable trends have also been documented in Asia and the Middle East. In India, probation officer trainees were found to be vulnerable to STS due to inadequate preparation and limited awareness of the condition (Shikhar & Bhardwaj, 2024). In Indonesia, correctional personnel reported sleep disorders linked to continuous interaction with offenders (Saefudin et al., 2024). In South Korea, a majority of probation officers interviewed in a study conducted by Chon (2024) reported psychological distress after exposure to traumatic client experiences, including cases involving self-harm. In Iran, documented evidence puts the prevalence of trauma-related distress among security and helping professionals between 43.3% and 60.9% (Fallahnejad, 2024).

Within Africa, trends similarly reveal significant trauma burdens among probation and related criminal justice personnel. In South Africa, probation and police officers were reported to experience high levels of STS due to cognitive overload, demanding workloads, poor logistical support, and personal stressors (Tshivhase, 2025). In Nigeria, police and prison officers were found to experience substantial trauma-related challenges, worsened by poor working conditions and increasingly complex crime patterns (Lawal, 2025). In Zimbabwe, the impact of STS among probation officers was noted as significant, although often obscured by cultural interpretations of mental distress (Chiobvu et al., 2025). These findings suggest that probation officers across Africa face similar occupational risks linked to continual exposure to traumatic circumstances.

Probation officers are professionals within the justice department responsible for supervising offenders who have been placed on probation instead of serving their sentence in prison (Ruhland & Scheibler, 2022). Their primary role is to ensure that these individuals comply with the conditions of their probation order and avoid further criminal activity (Norman & Ricciardelli, 2022). Working within the criminal justice system, probation officers monitor offenders, provide them with resources and support to aid their rehabilitation, and ensure public safety (Schaefer & Brewer, 2021). They regularly meet with offenders, conduct home visits, and collaborate with other social service agencies to offer comprehensive support (Norman et al., 2022). Additionally, probation officers prepare reports for the courts regarding the progress and behavior of those under their supervision (Smith et al., 2023). However, their responsibilities expose them to significant stress and the distressing experiences of their clients, potentially leading to STS and adverse psychological consequences (Ko & Memon, 2023; Songu-Mbriwa, 2024).

Because probation officers are likely to listen to trauma stories as well as narratives of perpetration of violence, they are particularly susceptible to adverse effects on their well-being (Sanders, 2025). Probation officers' routine interaction with clients who have experienced various forms of trauma, such as abuse, violence, and incarceration-related distress, may indirectly expose them to STS (Engstrom, 2021). In such circumstances, probation officers may display conditions characterized by cognitive, emotional, and behavioral changes due to the empathic engagement with trauma survivors (Bahuman, 2021). Accordingly, probation officers often display STS due to indirect exposure to the results of human cruelty (Sanchez, 2021).

An important first step in mitigating STS among probation officers is to assess the prevalence levels and trends. Such data can inform the development of targeted interventions that are evidence-based. However, despite the vital role played by probation officers in supervising offenders, ensuring compliance with court orders, and promoting rehabilitation, research evidence on the prevalence and levels of STS among probation officers in Kenya remains limited. Existing studies (Wafula, 2024; Omodanisi, 2025) have largely focused on other criminal justice personnel, leaving insufficient data on the psychological burden experienced by probation officers, particularly in Nairobi County where workload demands and urban crime complexities may heighten exposure to traumatic experiences. In addressing this gap, the present study sought to determine the prevalence of STS among probation officers in Nairobi City County.

METHODOLOGY

Cross-sectional survey design was used to explore the prevalence levels, trends, and STS symptoms. This research design was suitable because it facilitated the systematic collection, analysis, and presentation of findings about the current status, characteristics, prevalence, and patterns of STS as it naturally existed among probation officers without manipulating variables. The design focuses on answering questions such as what exists, how often it occurs, and to what extent it is experienced within a target population (Shakery et al.,

2021). Since the study sought to obtain factual data from respondents at a specific point in time rather than test causal relationships, the research design provided an effective framework for generating accurate baseline information that can guide policy, mental health programming, and future intervention studies.

The population of the study comprised all probation officers working in Nairobi County. The total population of the study was 108, distributed across eight workstations. Since the target population was small, all the probation officers were included in the study, thus representing 100% of the population. Data was collected using the Secondary Traumatic Stress Scale (STSS). The Secondary Traumatic Stress Scale (STSS) was originally developed by Bride et al. (2004). The Italian version was subsequently validated by Fumagalli et al. (2025) and has 17 items that was administered to measure the level of STS. The items were classified into three classes, with the Intrusion Subscale having 5 items, the Avoidance Subscale having 7 items, and the Arousal Subscale having 5 items. The items were measured using a five-scale Likert scale ranging from 1, denoting "never"; 2, signifying "rarely"; 3, shown by "occasionally"; 4, represented by "often"; and 5, denoting "very often." A score of 28 or less showed little or no STS, a score of 29 to 37 showed mild STS, a score between 38 and 43 showed moderate STS, A score of 44-48 showed high STS, and a score of 49 or more shows severe STS. Prior reliability analysis of the tool reports a high Cronbach's alpha of 0.92, which meets the statistical threshold of 0.7 (Jacobs et al., 2019), signifying high internal consistency of the tool. In the present study, the results showed a Cronbach's Alpha coefficient of 0.94, indicating a very high level of internal consistency among the items in the scale. The obtained reliability coefficient demonstrates that the items in the STSS scale were highly consistent in measuring STS, suggesting that the instrument was reliable for use in the main study.

Ethical clearance was obtained from the Institutional Review Board at the United States International University – Africa. A research permit was then obtained from the National Commission for Science, Technology, and Innovation. Further, formal permission to conduct the study was sought from the Secretary of Probation and Aftercare Service. Before administering the tool, participants received a clear explanation of the study. They were assured of confidentiality and voluntary participation. A total of 84 probation officers agreed to participate in the study, representing 78% response rate. Probation officers with severe STS were referred to clinical support offered by the Probation and Aftercare Service (PACS) in the State Department for Public Service and Human Capital Development which is under the Ministry of Public Service, Human Capital Development and Special Programmes of the Republic of Kenya.

Afterwards, data analysis entailed generation of mean and standard deviation scores as well as percentage frequencies. These were presented using tables, bar graphs, and pie charts. Mean comparison was conducted to assess whether STS levels varied by various demographic factors such as gender, age, case load, and years of experience.

FINDINGS

Exploratory data analysis of the demographic profile showed that the majority of respondents were female (61.9%), indicating a predominantly female probation workforce, while males constituted 35.7%. Most respondents were aged 30–39 years (50.0%). In terms of education, the majority of the respondents held a Bachelor's degree (79.8%), while 20.2% had a Master's degree. Regarding work experience, majority (52.4%) of the respondents had served as probation officers for at least 4 years. Concerning workload, the majority managed 1–10 cases (64.3%) while 35.7% handled more than 10 caseloads. Most respondents had not previously received training on trauma or mental health (69.0%), lacked access to workplace counselling services (64.3%), and had not received professional psychological support for work-related stress (69.0%), highlighting limited psychosocial support systems. In relation to client exposure, the most frequently handled cases involved adult offenders (90.5%), followed by juvenile offenders (64.3%), victims of crimes (63.1%), and community cases (41.7%).

Prevalence of STS Symptoms

Table 1 presents the descriptive summary of STS symptoms. The results showed that intrusion symptoms had the highest mean score (M = 2.43, SD = 0.85), followed closely by avoidance symptoms (M = 2.39, SD =

0.92), while arousal symptoms recorded the lowest mean score (M = 2.14, SD = 0.84). These findings indicate that probation officers were more likely to experience intrusive thoughts and avoidance reactions related to clients' traumatic experiences than heightened physiological arousal symptoms. The relatively similar mean scores for intrusion and avoidance suggest that cognitive and emotional responses were more prominent manifestations of STS within the sample.

Table 1 Descriptive Summary of STS Symptoms

STS symptoms	Mean	Std. Deviation
Intrusion	2.43	.851
Avoidance	2.39	.915
Arousal	2.14	.843

Prevalence of STS

Figure 1 presents the prevalence of STS among probation officers in Nairobi County, Kenya. The results showed that the majority of respondents were classified as experiencing STS (72.6%), while a smaller proportion were classified as having no STS (27.4%). These findings indicate that STS was highly prevalent among probation officers, suggesting that most participants were affected by psychological distress associated with repeated exposure to clients' traumatic experiences. The high prevalence underscores the emotionally demanding nature of probation work and the potential occupational risks faced by officers in helping professions.

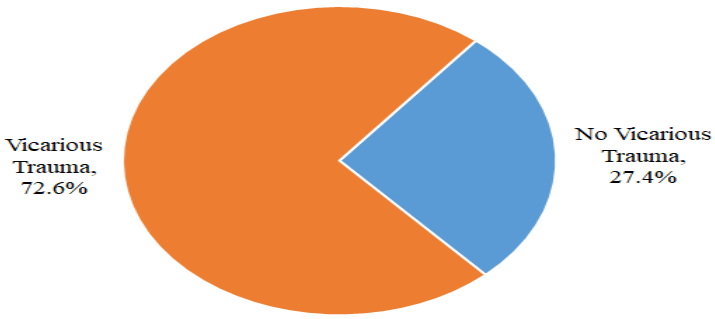

Figure 1 Distribution of Respondents by STS

Prevalence of STS by Gender

Figure 2 presents the prevalence of STS by gender among probation officers in Nairobi County, Kenya. The results showed that STS was reported by 66.7% of male respondents, 75.0% of female respondents. These findings indicate that STS was prevalent across all gender categories, with female respondents showing a higher prevalence than male respondents.

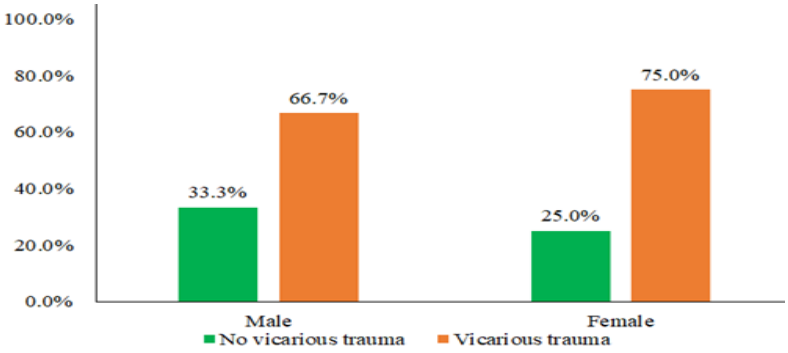

Figure 2 Prevalence of STS by Gender

Prevalence of STS Severity

Table 2 presents the distribution of respondents by severity levels of STS. The results showed that 27.4% of respondents experienced little or no STS, 16.7% reported mild STS, and 15.5% reported moderate STS. When high STS (13.1%) and severe STS (27.4%) were combined, a substantial 40.5% of respondents were found to be experiencing elevated levels of STS. These findings indicate that while some probation officers reported minimal symptoms, a considerable proportion were functioning under serious psychological strain associated with repeated exposure to clients' traumatic experiences. The high combined prevalence of intense stress underscores the occupational vulnerability of probation officers and the need for timely psychological support.

Table 2 STS Severity

Level of stress	Frequency	Percent	Valid Percent	Cumulative Percent
Little or no STS	23	27.4%	27.4%	27.4%
Mild STS	14	16.7%	16.7%	44.0%
Moderate STS	13	15.5%	15.5%	59.5%
High STS	11	13.1%	13.1%	72.6%
Severe STS	23	27.4%	27.4%	100.0%
Total	84	100.0%	100.0%	

STS Trends by Age Groups

Table 3 presents the mean comparison of STS scores across age groups among probation officers in Nairobi City County, Kenya. Table 3 shows that officers aged 20–29 years recorded the lowest mean score (M = 33.15, SD=11.22, n = 20), which falls within the mild STS. Respondents aged 30–39 years had a mean score of M = 41.00 (SD=15.77, n = 42), while those aged 40–49 years recorded M = 42.07 (SD=10.65, n = 14), with both groups reflecting moderate STS. Probation officers aged 50 years and above had the highest mean score (M = 44.25, SD=11.74, n = 8), indicating high STS. The findings reveal an increasing trend in STS severity with advancing age, suggesting that older probation officers may experience greater cumulative psychological burden due to prolonged occupational exposure to clients' traumatic experiences and work-related stressors.

Table 3 STS Scores across Age Groups

Age bracket	Mean	Std. Deviation	N
20-29 years	33.15	11.22	20
30-39 years	41.00	15.77	42
40-49 years	42.07	10.65	14
50 years and above	44.25	11.74	8

STS Trends by Level of Education

Table 4 presents the mean comparison of STS scores across education levels among probation officers in Nairobi County, Kenya. Probation officers with a Bachelor's degree recorded a mean score of M = 38.79 (SD=14.22; n = 67), which falls within the moderate STS. Similarly, respondents with a Master's degree reported a higher mean score of M = 42.88 (SD=12.82, n = 17), which also indicates moderate STS. Although both groups experienced moderate levels of STS, officers with postgraduate qualifications showed comparatively higher trauma scores than those with undergraduate qualifications.

Table 4 STS Scores across Education Levels

Level of Education	Mean	Std. Deviation	N
Bachelor's Degree	38.79	14.22	67
Master's Degree	42.88	12.82	17

STS Trends by Level of Education

Table 5 presents the mean comparison of STS scores across years of work as a probation officer in Nairobi County, Kenya. The results show that officers with less than one year of experience recorded the lowest mean score (*M* = 31.00, SD=10.29, *n* = 17), which reflects mild STS. Those with 1–3 years of service reported a mean score of *M* = 35.78 (SD=11.34, *n* = 23), also within the mild STS. In contrast, officers with 4–6 years of experience had the highest mean score (*M* = 47.33, SD= 16.31, *n* = 24), indicating high STS, followed closely by those with 7–10 years of service (*M* = 45.18, SD=11.21, *n* = 11), which also reflects high trauma levels. Respondents with over 10 years of experience recorded a mean score of *M* = 38.33 (SD=10.72, *n* = 9), indicating moderate STS. The findings suggest that STS tends to rise during mid-career stages, particularly between four and ten years of service.

Table 5 STS Scores across Years of Probation Office Work

Years of Work as a Probation Officer	Mean	Std. Deviation	N
Less than 1 year	31.00	10.29	17
1-3 years	35.78	11.34	23
4-6 years	47.33	16.31	24
7-10 years	45.18	11.21	11
Over 10 years	38.33	10.72	9

STS Trends by Caseload

Table 6 presents the mean comparison of STS scores across average case workload per month among probation officers in Nairobi City County, Kenya. Table 6 shows that officers handling 1–10 cases per month recorded a mean score of *M* = 38.69 (SD= 11.35, *n* = 54), which reflects moderate STS, while those managing 11–20 cases reported a slightly lower mean score of *M* = 37.82 (SD= 16.08, *n* = 22), indicating mild STS. In contrast, respondents handling 21–30 cases per month had the highest mean score of *M* = 51.17 (SD= 23.37, *n* = 6), representing severe STS, followed by those managing 31 cases and above with a mean score of *M* = 50.00 (SD= 8.49, *n* = 2), which also indicates severe trauma levels. The findings suggest that STS severity increases substantially with heavier caseloads. However, given that probation officers with average caseload of 31 and above were only 2, the implied variation in STS prevalence by average monthly caseload can only be preliminary.

Table 6 STS Scores across Years of Probation Office Work

Average monthly caseload	Mean	Std. Deviation	N
1-10	38.69	11.35	54
11-20	37.82	16.08	22
21-30	51.17	23.37	6
31 and above	50.00	8.49	2

STS Trends by Background Knowledge

Table 7 presents the mean comparison of STS scores by background knowledge on trauma and mental health training among probation officers in Nairobi City County, Kenya. The table shows that probation officers who had previously received training on trauma or mental health recorded a mean score of *M* = 40.81 (SD= 15.00, *n* = 26), which falls within the moderate STS. Similarly, respondents without prior training reported a mean score of *M* = 39.09 (SD= 13.58, *n* = 58), also indicating moderate STS. The findings suggest that previous training alone may not be sufficient to prevent STS and may instead reflect that trained officers are more likely to occupy demanding roles or have greater exposure to trauma cases.

Table 7 STS Scores by Background Knowledge

Have you previously been trained on Trauma or Mental Health?	Mean	Std. Deviation	N
Yes	40.81	15.00	26
No	39.09	13.58	58

STS Trends by Access to Workplace Counselling Services

Table 8 presents the mean comparison of STS scores by access to workplace counselling services among probation officers in Nairobi City County, Kenya. Table 8 shows that probation officers who reported having access to workplace counselling services recorded a mean score of *M* = 37.30 (SD=12.64, *n* = 30), which falls within the mild STS. In contrast, respondents without access to workplace counselling services reported a higher mean score of *M* = 40.91 (SD=14.61, *n* = 54), indicating moderate STS. The findings show that officers lacking counselling support experienced comparatively greater levels of STS than those with access to such services. This suggests that workplace counselling services may play a protective role by helping probation officers manage STS.

Table 8 STS Scores by Access to Workplace Counselling Services

Do you have access to workplace counselling services?	Mean	Std. Deviation	N
Yes	37.30	12.64	30
No	40.91	14.61	54

STS Trends by Previous Psychological Support

Table 9 presents the mean comparison of STS scores by previous professional psychological support due to work-related stress among probation officers in Nairobi City County, Kenya. The results show that probation officers who reported having previously received professional psychological support recorded a mean score of *M* = 42.73 (SD=16.85, *n* = 26), which falls within the moderate STS. Similarly, respondents who had never received professional psychological support reported a lower mean score of *M* = 38.22 (SD= 12.38, *n* = 58), which also indicates moderate STS. Although both groups experienced moderate levels of STS, officers who had sought psychological support showed comparatively higher trauma scores than those who had not. An explanation for this finding is that officers with more severe or persistent work-related stress symptoms may have been more likely to seek professional help, indicating that psychological support may often be accessed reactively after distress has already intensified rather than preventively.

Table 9 STS Scores by Previous Psychological Support

Have you ever received professional psychological support due to work-related stress?	Mean	Std. Deviation	N
Yes	42.73	16.85	26
No	38.22	12.38	58

Regression Analysis of Influence of Demographic and Work-related Characteristics

Table 10 presents the results of a multiple linear regression analysis conducted to determine whether selected demographic and work-related characteristics predicted the prevalence of STS among probation officers in Nairobi County, Kenya. The table shows that the demographic characteristics and work-place factors combined did not significantly explain variations in STS prevalence, $F(7, 77) = 1.57$, $p > .05$. The model accounted for 12.7% of the variance in STS prevalence ($R^2 = .127$), suggesting that only 4.6% of the variance was explained. Examination of the individual regression coefficients further showed that none of the predictor variables significantly predicted STS prevalence: age (B = 0.157, β = .010, t = 0.05, p >.05), gender (B = 0.203, β = .008, t = 0.07, p >.05), level of education (B = 2.552, β = .074, t = 0.67, p >.05), work experience (B = 2.698, β = .240, t = 1.24, p = .219), caseload (B = 2.927, β = .154, t = 1.36, p >.05), psycho-education (B = 0.606, β =

.020, t = 0.18, p>.05), and access to counselling (B = −3.560, β = −.123, t = −1.12, p >.05). These findings indicate that none of the demographic or work-related characteristics were significant predictors of STS prevalence among probation officers.

Table 10 Regression of STS Prevalence on Demographic and Work-related Characteristics

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.356[a]	.127	.046	13.644
a. Predictors: (Constant), Access to Counselling, Psycho-education, Caseload, Level of Education, Gender, Age, Work Experience				

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2049.949	7	292.850	1.573	.156[b]
	Residual	14147.860	77	186.156		
	Total	16197.810	84			
a. Dependent Variable: STS Prevalence						
b. Predictors: (Constant), Access to Counselling, Psycho-education, Caseload, Level of Education, Gender, Age, Work Experience						

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.343	14.127		1.440	.154
	Age	.157	3.016	.010	.052	.959
	Gender	.203	2.940	.008	.069	.945
	Level of Education	2.552	3.827	.074	.667	.507
	Work Experience	2.698	2.178	.240	1.239	.219
	Caseload	2.927	2.149	.154	1.362	.177
	Psycho-education	.606	3.305	.020	.183	.855
	Access to Counselling	-3.560	3.183	-.123	-1.118	.267
a. Dependent Variable: STS Prevalence						

DISCUSSION

The study established a high prevalence of STS, with various demographic underpinnings. STS severity increased with age, with probation officers aged 20–29 years reporting the lowest mean score (M = 33.15) and those aged 50 years and above recording the highest mean score (M = 44.25). However, inferential results showed that age of probation officers did not significantly predict STS prevalence (B = 0.157, p >.05). This finding agrees with Mengin et al. (2024), who found no significant moderating effects of age on trauma-related outcomes among health workers, suggesting age did not influence symptom severity following intervention. It also agrees with Vernmark et al. (2024) who reported no meaningful differences in treatment outcomes across age groups. The inconsistency with previous studies signal the presence of contextual nuances and country differences. In light of Constructivist Self-Development Theory, these findings suggest that vulnerability to STS is potentially shaped more by individuals' cognitive processing of trauma and the meanings they construct from repeated exposure than by age.

The finding that both probation officers with Master's degrees (M = 42.88) and those with Bachelor's degrees (M = 38.79) fell within the moderate STS agrees with Biliunaite et al. (2024), who reported no significant variation in STS levels by level of education. This was also observed in the inferential analysis which showed that the effect of level of education on STS prevalence was not statistically significant (B = 2.552, p >.05). It also agrees with Bisson et al. (2022), who found no significant interaction effect of education on the reduction of STS and PTSD symptoms among counselors. Similarly Owusu Ansah et al. (2025) reported no meaningful differences in trauma-related outcomes based on level of education. Thus, higher educational attainment may not automatically protect against STS if probation officers continue to experience emotional burden in

response to repeated traumatic exposure. The results firm Constructivist Self-Development Theory, which posits that professional qualifications alone do not determine resilience to secondary trauma.

The study established that probation officers handling 21–30 cases per month (M = 51.17) and 31 cases and above (M = 50.00) experienced severe STS, while those managing fewer cases reported mild to moderate trauma levels. This agrees with Deblinger et al. (2024), which emphasized that heavy caseloads and repeated engagement with traumatized clients contributed to burnout and reduced coping capacity among mental health professionals. It also aligns with Kirk et al. (2022), where health professionals exposed to persistent trauma-related stress exhibited severe symptoms of STS prior to intervention, suggesting that frequent exposure intensifies psychological burden. However, examination of the regression coefficients revealed that caseload was not a significant predictor of STS prevalence (B = 2.927, p >.05). This contradicts Biliunaite et al. (2024) who reported that prolonged exposure to others' suffering increased stress, burnout, and compassion fatigue, thereby worsening trauma severity. It means that repeated exposure to traumatic content does not necessarily reinforce maladaptive cognitions and emotional responses, especially when coping resources are insufficient. Nevertheless, sharp increase in trauma severity among officers with heavier caseloads signal that excessive workload may overwhelm cognitive coping mechanisms, leading to heightened psychological distress.

Results showed that both probation officers with prior trauma or mental health training (M = 40.81) and those without prior training (M = 39.09) fell within the moderate STS. This was confirmed by regression analysis which found no statistically significant effect of psycho-education on STS prevalence ((B = 0.606, p>.05). This finding disagrees with Kirk et al. (2022), Bisson et al. (2022) who reported prior knowledge of mental health was a protective factor against STS. This may be explained by likely differences in the level of mental health awareness and the quality of prior knowledge. It is possible that prior training may have been theoretical, brief, or lacking practical coping components. Additionally, officers with training may be more likely to hold specialized roles involving more complex or trauma-intensive cases, thereby increasing exposure despite their background knowledge.

Probation officers with access to workplace counselling services reported lower STS scores (M = 37.30, mild STS) than those without access to counselling services (M = 40.91, moderate STS). This finding aligns with Biliunaite et al. (2024) whose study reported that psychological interventions reduced STS symptoms, stress, and burnout while improving emotional well-being. However, regression coefficients found no statistically significant association between access to counselling and prevalence of STS (B = −3.560, p >.05). This contradicts Owusu Ansah et al. (2025), who concluded that trauma-focused interventions enhanced resilience and improved participants' ability to cope with compassion fatigue and secondary trauma. The results of the present study also contrast Kirk et al. (2022), whose study showed substantial reductions in secondary trauma severity professional psychological support. This suggests that officers who sought professional psychological support may have done so because they were already experiencing more severe or persistent symptoms, making support-seeking a reactive response to distress rather than evidence of ineffective intervention. The disagreement may also be explained by self-selection, where individuals with greater psychological burden are more likely to seek help than those with milder symptoms.

CONCLUSIONS

Secondary Traumatic Stress is highly prevalent among probation officers in Nairobi County and is experienced across diverse demographic and occupational groups. Descriptive patterns suggested differences in STS severity across age groups, educational levels, caseloads, psycho-education status, and access to counselling services. Descriptive patterns suggested that heavier caseloads and access to structured psychosocial support were associated with differences in STS severity; however, regression analysis showed these factors did not significantly predict STS prevalence. Officers handling heavier caseloads consistently experienced severe STS indicating that frequency and volume of exposure are key risk factors. Conversely, access to workplace counselling was associated with reduced trauma levels, suggesting its role as a stabilizing protective resource within high-stress environments. Thus, STS among probation officers is primarily shaped by occupational exposure rather than individual demographic characteristics such as education and, to a lesser extent, age. Although older officers exhibited higher levels of STS, the pattern points to cumulative exposure over time as the likely mechanism driving increased severity. The lack of meaningful protective effect from higher

educational attainment further reinforces the inference that formal qualifications alone are insufficient to buffer officers from the emotional demands of repeated engagement with traumatized clients. This means that although descriptive patterns suggested differences in STS severity across diverse demographic and occupational groups these factors did not significantly determine the prevalence of STS. This indicates that demographic characteristics and the selected work-related factors are insufficient to explain why some probation officers experience higher levels of secondary traumatic stress than others. The findings therefore signify that STS is a pervasive occupational health issue within probation practice that is not confined to particular categories of officers based on age, educational attainment, workload, prior mental health training, or access to counselling services.

The study recommends that Probation and Aftercare services should prioritize organizational-level interventions to reduce STS by implementing strict caseload management policies that ensure officers are not assigned excessive numbers of clients, particularly those involving high levels of trauma exposure. Probation and Aftercare services should also institutionalize routine access to workplace counselling and structured psychological support programs so as to make them an integral and continuous component of staff welfare. In addition, a comprehensive trauma-informed workplace mental health policy for all probation officers that mandate regular trauma-informed supervision and psychological resilience-building that is practical to be put in place. Also, the probation service should establish clear guidelines for the early identification, referral, and management of officers experiencing STS

In retrospect two salient limitations are acknowledged, which provide grounds for future research extension. Firstly, the focus on probation officers in Nairobi County limited the generalizability of the findings to probation officers in other counties or to people in other helping occupations. Thus, research should replicate the study across multiple counties and diverse helping professions to enhance the generalizability of the findings. Secondly, the use of quantitative methodology resulted in the exclusion of lived experiences that would have provided deeper insights into STS prevalence patterns. Therefore, future research should adopt a qualitative approach to explore the prevalence and dynamics of STS among probation officers.

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