

Bracing for the Storm: The Imperative of Psycho-Trauma Training in Nigerian Seminaries

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Abstract – Seminary formation programmes in Nigeria do not include trauma training, consequently leaving seminarians completely unprepared to provide trauma care and counselling when they become priests. The present study is an attempt to build support for incorporating trauma training into seminary classrooms. The aim was to show that preparing seminarians for the emotional reactions they may experience while providing trauma care is a necessity, given the increasing prevalence of stress and trauma in Nigeria. A purposive convenience sampling technique was used to recruit senior seminarians from two Catholic major seminaries in Nigeria. Responding to a Likert-type survey created for this study, 83 seminarians provided usable data regarding the following variables: Trauma awareness levels; Perceived readiness to provide trauma care; and levels of experience garnered from annual (6-weeks) apostolic internship. The statistical package for social science research (SPSS) version 25 aided the analysis of data, including the measurement and correlation test of the variables. The results indicated that most of the seminarians ($n = 61$, 73.4% of the sample) were hardly aware of the potentially traumatizing aspects of pastoral work. Although they had slightly higher scores for their perceived readiness to provide trauma care than they had for trauma awareness, the results showed that these two variables had a statistically non-significant relationship. There was also no significant relationship between their experience from annual pastoral internships and their abysmally low trauma awareness scores. These results suggest the importance of targeted training in basic trauma awareness for seminarians in Nigeria. Implications for seminaries and future studies are discussed.

Keywords – Pastoral Work, Seminarians, Secondary Traumatic Stress, Trauma Awareness Training, Trauma Care, Trauma in Nigeria

I. Introduction

Trauma in Nigeria has become a topic of much discussion in recent times due to the increasing prevalence of distressing, life-altering events across the country, including ethnic conflict and the destruction of entire communities, terror attacks, exposure to killings and dismemberment of loved ones, kidnapping for ransom or political reasons, intimate partner violence, human rights abuses, and the general poverty in the land that has only aggravated the adverse impact of traumatic events. Beyond those who directly suffer these traumas, empirical evidence shows that individuals who provide formal or informal care to traumatised persons could also be traumatised by listening to the narratives of victims' trauma experiences. Such indirect experience of trauma is variously referred to as secondary traumatic stress [1], compassion fatigue [2], or vicarious trauma [3]. These terms generally describe a condition in which individuals are traumatised not by directly experiencing a traumatic event but by hearing about a traumatic event experienced by someone else. Numerous studies have documented the experience of secondary or indirect traumatising among helping professionals working in various fields, including the clergy [4], [5], [6].

Because pastoral work often involves providing care and support to vulnerable and suffering persons traumatised by emotionally stressful events and abuses [7], the clergy is often exposed to the distressing details of traumatic events. In many communities, the clergy is often the first contact for trauma victims. In Nigeria, for instance, where people are still reluctant to seek mental health care because of the perceived associated stigma, the clergy is often the available and affordable option. Pastors and priests are typically on call to minister to those in need regardless of circumstance, adverse conditions, or time, and because they see themselves as called or expected to be self-sacrificing, empathic caregivers, they can be at risk of psychological distress due to exposure to others' traumatic material [8].

Suffice it to add that, apart from sharing in the direct consequences of living in an unsafe environment, such as heightened fear, feelings of unease, sustained chronic stress, and posttraumatic stress disorder [9], the clergy in Nigeria have themselves been targets of heinous crimes – many of them have suffered from being kidnapped for ransom, and several others have been gruesomely murdered. These personal and direct trauma experiences with which members of the clergy may have to actively cope while helping their distressed parishioners can make them quite susceptible to developing negative emotional reactions. More so, the confluence of their repeated exposure to traumatising experiences and narratives and their inability (or unwillingness) to share the adverse psychological impacts of their pastoral engagement with family, friends, or colleagues can lead to presenting trauma-related symptoms, including emotional exhaustion, intrusive thoughts, disruptions in sleeping and eating patterns, losing concentration, avoiding trauma reminders, irritability, feelings of helplessness, anxiety, and depression [2], [10].

1.1 The Problem

Unfortunately, with little or no understanding of what encountering trauma could do to their well-being, newly ordained priests in Nigeria perform the general pastoral caregiving functions as counsellors, confessors, parish priests/pastors, and hospital or prison chaplains. These are caregiving functions that make them quite susceptible to trauma-related emotional reactions. Because competency in handling trauma is often not considered before priests are posted or assigned pastoral duties, trauma symptoms may surface in a priest as early as his first encounter with a traumatised parishioner. For a young priest, such early encounters with trauma could be the beginning of a priesthood with a sense of helplessness, incompetence, low self-esteem, loss of conviction, or feelings of depression. These emotional states may result in observable maladaptive coping behaviours, including substance use, passive aggressivity, anger, and social isolation. Even among many senior priests who seem to have developed some coping skills from their long years of pastoral experience, understanding the dynamics of psycho-trauma is generally lacking [11].

In addition to the potential harm that a lack of psycho-trauma awareness could do to priests and pastoral counsellors, there is the danger of worsening the emotional conditions of those they counsel and support. Without trauma awareness, pastoral care for traumatised persons could involve misdirected or deleterious counselling as well-meaning, but unprepared priests may over-spiritualise encounters with trauma survivors and fail to recognise trauma-related symptoms or fail to adequately focus on the impact of trauma during counselling sessions, thereby exacerbating trauma survivors' distress inadvertently [11]. Survivors of trauma often have difficulty regulating trauma-related symptoms and emotions. In cases involving complex trauma, survivors could have difficulty managing self-destructive behaviours like substance abuse, self-injury, and suicidal attempts [12]. Therefore, providing trauma-responsive or trauma-informed pastoral care will require the primary tasks of stabilising the safety of trauma-exposed individuals, understanding their preferences and needs, and improving their ability to regulate emotions before any explorations of their traumatic experience [13]. Thus, basic training in trauma awareness could help priests become more competent in providing trauma-responsive care to traumatised persons.

1.2 Purpose of the Study

This study aimed to investigate the level of trauma awareness among major seminarians (future priests in training) to show the necessity of incorporating elements of psycho-trauma training into seminary programmes. The need for this study is supported by the lack of research focused on trauma-related emotional reactions from seminarians' perspectives. As seen in the following review of literature, whereas researchers have begun to document the psychological effects of exposure to trauma among members of the clergy, no studies have investigated whether the young men graduating from seminaries are even aware of the possible psychological consequences of the *call* they are answering. This study attempts to fill that gap. The following is a review of some studies examining the connection between pastoral work and trauma, and the possible psychological cost of pastoral caregiving. Literature indicating the role of trauma training in mitigating the adverse psychological impact of trauma is also reviewed. Finally, the findings of the study with major seminarians are discussed.

II. Literature Review

2.1 The Traumatization of the Clergy

Although few studies have examined the impact of encountering trauma within pastoral work, the findings consistently indicate that the clergy is as vulnerable to indirect trauma as any professional mental health worker. The earliest study found in the literature was Holaday et al.'s [14] research amongst 30 male and female pastors in the United States who specifically provided counselling as part of their ministry. Using the Traumatic Stress Institute Belief Scale [15], the researchers compared clergy scores to those of mental health professionals and students. They found that clergy totals (181.60) were higher than the totals for mental health professionals (166.83) but lower than the totals for the student sample (192.41). Thus, Holaday et al. suggested there was evidence that these clergy experienced disruption in their lives due to their pastoral counselling practice. Similarly, after the 9/11 terrorist attacks, Roberts et al. [16] examined compassion fatigue among 317 participants of which 79% were clergy. The remaining participants were disaster relief workers, including mental health practitioners, mental health executives, and others from disaster relief agencies. Using the Compassion Satisfaction and Fatigue Test [1], the researchers found that most of the respondents were at high risk of compassion fatigue.

In another study that discussed the hidden cost of trauma work, Hendron et al. [5] considered the potential physical and emotional impact trauma work could have on the clergy. Hendron et al. reviewed several studies on the supportive function of the clergy during distressing, traumatic, and life-altering events. The authors argued that the clergy who play the roles of the counsellor and the mental health worker could be vulnerable to similar effects of working with suffering people because exposure to harmful material increases the experience of compassion fatigue or vicarious trauma among mental health professionals. Likewise, in their work with chaplains who provide support to patients and family members experiencing the emotional distress of loss and grief, Hotchkiss and Leshner [6] acknowledged clergy exposure to secondary traumatization. Although Hendron et al. based their argument

on the review of articles that rarely addressed questions regarding the actual experiences of secondary trauma among the clergy, their article provided insight into how the members of the clergy might be susceptible to indirect traumatising.

Additionally, Jacobson et al. [17] explored the risk of burnout and compassion fatigue among 95 members of the clergy from a cluster of Lutheran churches. The authors also examined the potential for compassion satisfaction in the same sample. The predictive model for burnout, compassion fatigue, and compassion satisfaction included gender, number of years rostered, satisfaction with salary, size of the congregation, and depression. The participants completed the surveys anonymously. The findings suggested that the clergy were at low and moderate risk for burnout and compassion, respectively. The results also indicated that the participants' potential for compassion satisfaction was moderate, and the variables of reported depression and the number of years working predicted burnout significantly.

Jacobson et al.'s [17] research seems to be one of the first empirical studies that examined the risk for burnout and compassion fatigue among the clergy, including the potential for compassion satisfaction. The findings provide insight into secondary traumatising in pastoral ministry. However, the generalizability of the findings seems limited because the participants were from a single cluster of churches. Also, some of the findings contradicted those from previous research. The researchers reported that more years in ministry predicted an increased risk for compassion fatigue and reduced the potential for compassion satisfaction than fewer years. This result seems inconsistent with several previous studies that suggested an increase in years of experience associated with a low risk for secondary traumatising [18], [19], [20]. This inconsistency notwithstanding, these studies show that the clergy can suffer traumatic reactions due to their indirect exposure to trauma within pastoral work.

Although research evidence suggests the association of religion or spirituality and spiritual resources with enhanced physical and mental well-being (Lewis & King, 2019; Tan & Castillo, 2014), the reviewed studies indicate that, given the adverse effects of trauma work, the practice of religion or spirituality alone, even by priests, does not guarantee the absence adverse traumatic reactions. Instead, they confirm that anyone who empathically engages in helping traumatized individuals could experience trauma symptoms themselves, including those who consider trauma work as part of their divine assignment [4].

2.2 The Mitigating Role of Trauma Education and Training

Research shows that training in trauma awareness and intervention can help increase the trauma worker's competency and diminish the impact of traumatic experiences, thus protecting against the more devastating emotional consequences of traumatic exposure. For instance, Flannelly et al. [21] examined the impact of trauma work among clergy who provided disaster relief after the September 11 attacks in the United States. The researchers found that the clergy who had previously undergone formal training in clinical pastoral education (CPE) – a supervised 10-week to 1-year experiential training designed to facilitate pastoral identity and competency – were less likely to be overwhelmed and traumatised than those who did not receive formal training. In the same study, the researchers noted that the clergy who volunteered to work with the American Red Cross, which utilises a formal training programme to reduce the adverse emotional effects of exposure among its volunteers, had lower levels of traumatising than the clergy who self-deployed to disaster scenes. In other words, the trauma training received prior to their engagement with victims of the September 11 disaster served as a buffer against the experience of emotional devastation that often comes with such trauma work.

Similarly, in a longitudinal study that investigated the impact of pastoral crisis intervention (PCI) on resilience and compassion fatigue in the clergy, Noullet et al. [22] found that the clergy who had received training in (PCI) had significantly higher resilience scores and significantly lower burnout and secondary traumatic stress scores approximately 1 year after the training. These findings support education and training as plausible mechanisms to mitigate the adverse emotional effects of trauma work on the clergy.

Apart from these studies that focused specifically on the clergy, several other studies have documented encouraging results that show the buffering power of trauma education against the adverse effects of trauma work among various populations. Ballenger-Browning et al. [23] found that 83% of military psychologists who had pre-deployment training in trauma awareness were resilient and did not develop compassion fatigue as they treated deployed soldiers. In another study, Donohoe [24] found that 93% of the participants reported developing sufficient skills to inquire about trauma and manage patients' reactions to possible trauma disclosures following a 1-day training. Moreover, 77% of the participants thought the training course had positively impacted their practice, and 44% said they began to inquire about trauma with most patients after the seminar. Greenwald et al. [25] also studied the impact of a structured trauma training program aimed at improving treatment providers' ability to conceptualise, plan, and implement treatment for trauma-exposed individuals in a series of six pilot studies. Following the training, participants reported less distress when responding to challenging vignettes depicting scenarios with patients who have experienced trauma. Participants likewise reported greater empathy, more comfort, and improved trauma-informed interaction with patients.

Although the above studies analysed and reported the subjective reactions of trainees, the imperative of trauma awareness training for competency and self-care is not diminished by the lack of objectively measured changes in knowledge and practice. Instead, these studies clearly show that trauma issues need to be broadly incorporated into the foundational training curriculum of human service professionals, including the clergy, and refresher programs on trauma and effective pastoral interventions are needed as supplements to this training.

III. The Present Study

Despite the empirical evidence that skills from psycho-trauma training could buffer against the negative impact of trauma work, no such training has been incorporated into the programmes of seminaries in Nigeria. Therefore, the present study was an attempt to provide quantifiable data to demonstrate the necessity of psycho-trauma training in seminaries. The objective of the present study was to determine whether seminarians in Nigeria were aware of the potential psychological and emotional consequences of pastoral work with traumatised or distressed persons.

To achieve the study's objective, a quantitative survey was used to address the following questions:

1. How aware are seminarians of the potentially traumatising aspects of pastoral work?
2. How does seminarians' trauma awareness relate to their perceived emotional readiness to provide pastoral care?
3. How does seminarians' trauma awareness relate to their accumulated experience from annual pastoral internships (apostolic work)?

IV. Methodology

4.1 Participants

Major seminarians from the upper-level classes were targeted for this study to obtain a sample comprised of those who, perhaps, had been exposed to trauma during their annual apostolic work. Additionally, those in the senior classes are most likely serious about their decision to answer the call to be priests. Therefore, a purposeful convenience sample of senior seminarians was recruited from two major seminaries in Nigeria. An email invitation was sent to a contact person identified in each seminary, and after receiving their consent, the surveys were sent to the seminarians via email. The recruitment of willing participants and the collection of data through survey questionnaires were done concurrently over a period of 10 weeks.

4.2 Survey Instrument Design

An initial 25-item Likert-type survey was developed to measure the participants' level of trauma awareness. The survey items were compiled from interviews with 20 Catholic priests in an earlier study during the Fall of 2020 [4]. The survey included statements such as "I will have to comfort and counsel a widowed parishioner who loses an only child within my first six months in the priesthood," "I may feel sad or distressed on account of my helplessness in the face of a parishioner's pain and suffering," and "I may start avoiding a parishioner or his family because his/her stories of painful life experiences disturb me emotionally." On a scale of 1 (strongly disagree) to 5 (strongly agree), the seminarians were to rate their agreement with each statement. The scale was pilot tested with 43 major seminarians (29 from senior classes and 14 from junior classes) from two Catholic major seminaries in Nigeria. Cronbach's alpha showed initial reliability of .69. Although this alpha was slightly lower than desired, it was considered acceptable because it was a new scale measuring what had not been previously measured. However, following this test of reliability, the scale was revamped to collect more data. Thus, the final survey for the study contained 29 Likert-type items with the same scale (See Appendix). Overall, the survey was designed to measure three key variables: 19 questions were intended to measure psycho-trauma awareness, three questions to measure experience or training (from annual apostolic work or in class), and 4 questions to measure the participants' perceived emotional readiness for trauma work. The last three questions were to measure personal attitudes.

4.3 Sample Characteristics

Eighty-three (83) seminarians provided usable data for the study. At least 61 (73%) were in senior (Theology) classes, and at least 20 (24%) were in senior philosophy classes (three seminarians did not indicate a class). The average age of the seminarians was 25 years ($M = 25.15$, $SD = 2.05$).

4.4 Data Analysis Procedures

A total of 89 surveys were collected from the respondents. Six surveys were deleted from the sample because the responses were incomplete. So, the data-cleaning process yielded 83 surveys for the study. The survey contained 29 items, of which 19 were specifically to measure trauma awareness. Each participant's psycho-trauma awareness total was obtained by summing their scores for each of these 19 items. The rating scale was designed such that a participant who was psycho-trauma aware would score either a 4 (agree) or 5 (strongly agree) on each item. So, the higher the score, the more psycho-trauma aware the participant was.

Participants who answered a 4 or 5 for each of the 19 psycho-trauma awareness items would score between 76 and 95, and when converted to percentages, the scores would be between 80% and 100%, suggesting an excellent or high level of psycho-trauma awareness. But for participants who answered 3 (neither agree nor disagree) for each of the 19 items, the total would be an average score of 57, which would amount to 60% when converted to a percentage. The same logic applied to the other two variables in the survey, that is, the participants’ apostolic work experience and their perceived emotional readiness for trauma work. All the participants’ scores were computed and converted to percentages, and the statistical package for social science research (SPSS) version 25 aided the analysis of survey data, including the measurement and correlation test of the variables.

V. Results

RQ 1 asked how aware seminarians were of the potentially traumatising aspects of pastoral work. The total trauma awareness scores were computed and converted to percentages, and the SPSS descriptives statistics output (See Table 1) showed that the mean percentage score for this sample on Psycho-Trauma Awareness was 45.75%, with a standard deviation of 8.36. Both the median and the mode for Psycho-Trauma Awareness were 40%. Only 8.4% (n = 7) of the participants (n = 83) had average scores from 60% to 66% on Psycho-Trauma Awareness; an overwhelming majority (n = 61, 73.4%) of the respondents scored 49% and below, indicating that most of the respondents were scarcely aware of the potentially traumatising aspects of pastoral work.

RQ 2 asked whether there was a relationship between seminarians’ trauma awareness and their perceived emotional readiness to provide pastoral care. A Pearson correlation coefficient was performed using SPSS to assess the linear relationship between the two variables. As shown in Table 2, there was a negative correlation between the seminarians’ trauma awareness and their perceived emotional readiness to provide pastoral care, $r(81) = -.07, p = .514$ (2-tailed). Given that the seminarians’ perceived emotional readiness could be influenced by other variables, such as self-concept and accumulated experience from annual apostolic work, this correlation can be considered statistically non-significant. Therefore, the seminarians could feel emotionally ready to provide pastoral care irrespective of their abysmally low levels of psycho-trauma awareness.

Table I: Descriptive Statistics of Survey Scores in Percentage

	Mean	Median	Mode	St. Deviation	Minimum	Maximum
Trauma Awareness	45.75%	40%	40%	8.36	33%	66%
Emotional Readiness	48.85%	46%	43%	5.31	38%	81%
Apostolic Experience	56.80%	35%	33%	6.46	20%	60%

Table II: Pearson’s Correlation Matrix

		Psycho-Trauma Awareness	Perceived Emotional Readiness	Apostolic Work Experience
Psycho-Trauma Awareness	Pearson Correlation	1	-.073	.043
	Sig. (2-tailed)		.514	.696
	N		83	83
Perceived Emotional Readiness	Pearson Correlation	-.073	1	
	Sig. (2-tailed)	.514		
	N	83	83	
Apostolic Work Experience	Pearson Correlation	.043		1
	Sig. (2-tailed)	.696		
	N	83		83

RQ 3 asked about a possible relationship between the seminarians’ trauma awareness and their accumulated experience from annual pastoral internships (apostolic work). Again, a Pearson correlation coefficient was computed to assess the linear

relationship between the seminarians' psycho-trauma awareness scores and their experience from annual apostolic work. As shown in Table 2, there was a very weak positive correlation between both variables, $r(81) = .04$, $p = .696$ (2-tailed), indicating an insignificant chance that the more experience seminarians gather from apostolic work, the more their trauma awareness levels will increase.

As part of the survey items measuring experience, the seminarians were asked to indicate how much they agreed or disagreed with the statement: "My seminary formators and professors have taught me how to deal with the stress or emotional distress that I might feel in pastoral caregiving." It is worth noting that 96.3% ($n = 80$) strongly disagreed or disagreed with the statement, suggesting that the topic of trauma in pastoral care is not being discussed in seminary classrooms.

VI. Discussion

Trauma awareness has become an important factor to consider in the helping professions, as dealing with distressed individuals and groups often requires understanding and providing appropriate responses to the complex impacts of traumatic events on the neurological, psychological, physical, and social well-being of many today. Yet, the topic of trauma is virtually lacking in seminary programmes in Nigeria, where most of the population is increasingly being exposed to multiple traumatic events due to widespread insecurity and worsening economic conditions. No research addressing this concern has been conducted. Thus, to highlight this problem and thereby add to the mental health literature, this survey study investigated the need to incorporate psycho-trauma training into seminary programmes in Nigeria. The survey provided a general overview of trauma awareness and contained items that aimed to measure the seminarian's pastoral caregiving experience as well as their perceived emotional readiness for trauma work. The findings indicated that the seminarians had not received any formal training in trauma as part of their seminary formation programmes, and as the survey showed, most of the seminarians were not aware of the traumatic aspects of providing pastoral care to distressed individuals.

Oddly, the seminarians had higher scores in their perceived emotional readiness for trauma work than they had in their trauma awareness survey. This inconsistency is suggestive of a particular attitude of trauma caregivers that should be considered. Conceivably, the seminarians were either unwilling to admit to not being prepared to deal with trauma within pastoral work, or they actually believed they were prepared despite lacking the necessary training and experience on which to base this conclusion. Even if this feeling of preparedness was based on their annual pastoral internships or apostolic work, their abysmally low scores on the trauma awareness survey would suggest a lack of deliberate effort to train them in trauma.

Young helping professionals often have this romanticised notion about working with trauma without knowing what trauma really entails. They claim to be ready to handle the emotions that come with trauma work, but they do not really have any idea what types of emotions they may experience [26]. The seminarians who took the survey possibly felt they were prepared, despite not being trained to deal with trauma. However, effectively working with traumatised persons demands more than just feeling prepared; it requires being well-informed and equipped to deal with the potential adverse effects of being repeatedly exposed to trauma. Many young priests do not realise they are unprepared until it is too late. As they encounter potentially traumatising cases and narratives among their parishioners, sometimes very early in their ministry, they could become adversely impacted by the emotional and psychological cost of caring for distressed persons. Therefore, if seminarians have a false belief about their trauma preparedness, they may unknowingly expose themselves to the potentially harmful psychological effects of trauma work, such as secondary traumatic stress and posttraumatic stress disorder. Training these seminarians on psycho-trauma awareness could help address their false beliefs about their readiness while also preparing them for what could happen during their pastoral ministries. This study has ethical implications for the church, the seminaries, and theological intuitions, as well as for all pastoral care providers. If priests and pastors are providing support for individuals with trauma histories without basic training in trauma awareness, the care they provide may inadvertently be ineffective or even harmful, regardless of their good intention, and this violates the ethical principles of competency and nonmaleficence [27]. We hope that seminary programmes for the formation of priests and pastors in Nigeria will soon integrate elements of trauma and trauma-informed pastoral care. Additionally, given that most of those already in ministry did not undergo any formal trauma training, the importance of continuing education programmes about trauma cannot be overemphasised.

6.1 Study Limitations

This study had some limitations as follows. Firstly, the survey instrument designed for this study should be considered a work in progress. The insight provided by the current study could be used to enrich and refine the instrument to improve its reliability and clarity. Secondly, because the survey data were obtained from a convenient sample, the generalisability of the findings beyond this sample is limited. Future studies that use other samples are needed. Thirdly, like other research methods, survey research has its downsides. Although the surveys were taken anonymously for this study, biased responses due to social desirability could not be ruled out. Thus, future research exploring this topic with qualitative interviews may provide a better understanding, and different

results from other studies may even strengthen the argument for incorporating psycho-trauma training into seminary programmes in Nigeria.

VII. Conclusion

This study is an important step in highlighting the imperative of psycho-trauma training in Nigerian seminaries, despite the above limitations. If seminary programmes required the incorporation of trauma-related information into some of the seminar courses and classroom discussions, priests would be more knowledgeable about trauma. Such awareness of trauma would benefit traumatised individuals who would be more likely to obtain trauma-informed pastoral care from their pastors. Moreover, the pastors' heightened awareness of trauma could serve to protect them against the adverse psycho-emotional impacts of their often-continuous exposure to the traumatic material of their church members.

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APPENDIX

RICHARD EHUSANI'S PSYCHO-TRAUMA AWARENESS SCALE (PTAS) FOR SEMINARIANS		
<p>Instruction: The following is a collection of statements regarding your understanding and beliefs about your future pastoral engagements. Using the scale ([1] Strongly Disagree, [2] Disagree, [3] Neither Agree nor Disagree, [4] Agree, [5] Strongly Agree), please circle the number that indicates the degree to which each statement reflects your understanding, belief, or experience.</p>		
1	I will have to comfort and counsel a widowed parishioner who loses an only child within my first six months in the priesthood.	1 2 3 4 5
2	My emotions may interfere with my work with distressed individuals who meet me for support.	1 2 3 4 5
3	I may feel sad or distressed on account of my helplessness in the face of a parishioner's pain and suffering.	1 2 3 4 5
4	My parishioners may experience extreme emotional distress following tragic events resulting in either serious injuries or death.	1 2 3 4 5
5	My seminary formators and professors have taught me how to deal with the stress or emotional distress that I might feel in pastoral caregiving.	1 2 3 4 5
6	I may lack appropriate words of comfort for victims of tragic events or their families.	1 2 3 4 5
7	I will be able to deal with any emotions or stress I feel when counselling someone who is emotionally hurting or grieving.	1 2 3 4 5
8	It is possible that my approach may increase the emotional distress of a person who meets me for help or counselling.	1 2 3 4 5
9	Experiences from my annual apostolic work or attached attachment to parishes have prepared me for any emotionally distressing situations in the future.	1 2 3 4 5
10	I may be by the bedside of an aged, terminally ill or injured patient when he/she takes the last breath.	1 2 3 4 5
11	It is okay if I feel stress or emotional distress while I counsel or care for a parishioner whose family member has been seriously hurt or killed.	1 2 3 4 5
12	I will be comfortable performing the funeral rites of a parishioner who dies in a vehicle accident.	1 2 3 4 5
13	I may be emotionally upset or disturbed over a parishioner's gory narratives of her/his experience of intimate partner abuse.	1 2 3 4 5
14	I will have to keep my emotions in check when counselling someone who is going through the same emotionally distressing situation as I am.	1 2 3 4 5
15	Some of the distressing stories I will hear during confessions or counselling may trigger or remind me of my own emotionally painful current or past experiences.	1 2 3 4 5
16	As may be required of me, I will be comfortable being posted to work at a parish from which a priest was kidnapped or killed	1 2 3 4 5
17	It is okay for priests in general to feel stress or emotional distress while caring for suffering or distressed people.	1 2 3 4 5
18	I may feel sad or emotionally troubled to hear the tragic story of a close and active parishioner's death.	1 2 3 4 5
19	I do not know how to counsel or give emotional support to friends or the family of someone who has died	1 2 3 4 5
20	I could get too emotionally involved and lose my sleep over a parishioner's distressing circumstance.	1 2 3 4 5
21	As a priest, I will have to bear the trouble of keeping emotionally distressing secrets entrusted to me by my parishioners.	1 2 3 4 5
22	I may start avoiding a parishioner or his family because his/her stories of painful life experiences disturb me emotionally.	1 2 3 4 5
23	Consulting senior priests will help me prepare to meet victims or the families of victims of a tragic event.	1 2 3 4 5

24	I don't really like the fact that confronting emotionally distressing situations could be part of a priest's pastoral ministry.	1 2 3 4 5
25	I know how to comfort a distressed and hurting person without causing him/her emotional harm.	1 2 3 4 5
26	I will be comfortable counselling family members whose relatives are victims of a mass shooting in my church.	1 2 3 4 5
27	I will not have to deal with any situations in which someone is seriously hurt or killed during my first year as a priest.	1 2 3 4 5
28	Pastoral agents (i.e., priests or pastors) do not experience feelings of sadness or emotional distress when confronted with situations where someone has died.	1 2 3 4 5
29	My seminary formators and professors have taught me how to approach and provide pastoral support to victims or the families of victims of serious crimes or fatal events.	1 2 3 4 5