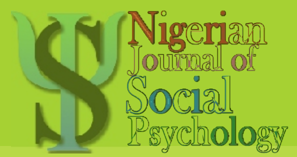

2024

NIGERIAN JOURNAL OF SOCIAL PSYCHOLOGY

Online ISSN: 2682-6151 Print ISSN: 2682-6143

Volume 7, Issue 2, 2024

Editor-in-Chief
Prof. S.O. Adebayo
Managing Editor
Prof. B.E. Nwankwo

Published by
Nigerian Association of Social Psychologists
www.nigerianjsp.com

Prevalence of Secondary Traumatic Stress among Social Workers handling Traumatized Service Users in Nigeria

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ABSTRACT

Social workers are regularly obligated to put the needs of others above their own. This coupled with a tendency for social workers to engage with clients' trauma, often lead to secondary traumatic stress (STS) disorder being an occupational hazard resulting from working to help those who have been traumatized. This study interrogated the prevalence of secondary traumatic stress among social workers handling traumatized service users and identifying ways that social work employers could assist their employees to mitigate the effects of STS among social workers. Relational theory and professional quality of life model were therefore adopted for this study. The paper used primary data sourced from 323 samples drawn from 1600 licentiate Members of the Chartered Institute of Social Work Practitioners of Nigeria as at 2022. Convenience random sampling technique was used. Relevant empirical literatures were also explored. Findings revealed that STS experienced by social workers and the cumulative effect of it affects service delivery to service-users most especially, STS affects their professional life which has unintended negative impact on service-users. The study however recommended that the issue of STS blindness among many social work organizations should be addressed; training on trauma-informed practices put in place vis-a-vis constant education, mitigation and funding devoted to this important subject through periodic interventive workshops and education.

Keywords: Stress, Secondary Traumatic Stress, occupational hazard, service users, STS blindness.

INTRODUCTION

Stress is one of the most significant extents of human understanding. When a clear understanding of how persons react under extremes of stress is realized, many of the more delicate and unstretched manners of behaviour will directly be obvious as stress is one of the realities of life, but contrary to popular understanding, stress is not always a bad thing. Indeed, the capacity to adapt to and respond to various conditions of existence can be a definition of life itself (Hancock, 2018). Stress is the body's response to anything that requires attention or action, although the way each person react to stress to some degree differs which makes a huge difference to one's overall well-being (Elizabeth, 2022). Stress connotes physical, chemical or emotional factor and mental tension that may alter existent equilibrium and exerting a kind of pressure; it is a state of mental or emotional strain or tension resulting from adverse or demanding circumstances (OALD, 8th edition). Stress is also an unpleasant state of emotional and physiological arousal that people experience in situations that they perceived as dangerous or threatening to their wellbeing; Stress is divided into constructive stress "eustress" and destructive stress "distress". Constructive stress can arise from vital difficulties caused by pleasant activities. Destructive stress can arise when there are unpleasant situations that need to be adapted (Brule, 2018) emphasizing Selye (1976) that stress is a state within the organism,

characterized by general adaptation syndrome to the effect that it is an excessive demand that produce disturbance of physiological, sociological and psychological systems. In their view, stress may be acute or chronic in nature which exists in different forms that may be psychological, emotional, social, occupational related stress that is experienced at work which is also known as job stress (Akinboye, 2002). Stress as explained by Filiz (2019) is a state of reaction to a person's impairment of biological and psychological balance. As an inevitable consequence of life, all living creatures experience stress, which is a state of change that occurs automatically as a result of physical, mental and emotional stresses that causes positive and negative emotions and has physical and mental consequences (Filiz and Nurdilan, 2019).

Although, there can be many sources of stress factors, our living and work environment, body, thoughts, and our world view can also be part of the stress factors, hence when we understand how individuals react under precarious stress, it would enable us to decode many of the more subtle forms of behaviour that is intense. Stress is also seen as a defense mechanism which responds to emotional or physical state of the human body that may causes a complex physiological response which could be obvious and yet not fully understood, hence it is important to understand the biology of stress response and when it has become pathological. Stress therefore, has multidimensional effects as its related symptoms can be physical, emotional, mental and social (Filiz and Nurdilan, 2019). A number of reasons like poor working condition, heavy-work load, work-shift, role conflicts, role ambiguity, poor working relationships with the boss, colleagues or subordinate officers; risk and danger, to mention a few (Filiz and Nurdilan, 2019).

Stress factors can be caused by a person or his or her environment. Individual stress sources are formed by his or her needs, capability and personality. Variances in perception, experiences, family glitches, relations between family members, nurturing, education, spouses bringing work problems to home, divorce and death are factors that create individual stress. Environmental stress sources are stress sources related to the general environment of a person and stress sources other than occupational life. Family and economic challenges in the country and the world generally, a monotonous routine, socio-cultural changes and transportation problems are also stress factors relating to general environment. The sources of job-related stress are connected to stressful job environment, heavy workload, danger of insecurity, acclimatization to one's work environment and family relationships (Hasit, 2015; Goksel, 2016 and Al-Gamel, 2018).

Consequently, the symptoms of stress as opined by Filiz (2019) include continuous anxiety, excessive smoking and alcohol consumption, insomnia, feelings of inadequacy, emotional disproportion, digestive problems, and high blood pressure. Coping with stress, improve the quality of life and changing the state or reactions is known as stress management. Stress often disorganizes the entire balance of persons affected and coping with stress can be achieved by engaging the individual's own inner power with mental regulations and by teaching the stress-relieving body and mind relaxation exercises. The national institute of occupational safety (NIOSH) and health is of the view that there are certain responses that indicate the presence of job stress in an individual, or group which may manifest by the presence of headache, sleep disturbances, difficulty in concentration, short temper, upset stomach, job dissatisfaction and low morale (NIOSH, 1998). Common physical symptoms of stress includes tiredness, dizziness, insomnia, upset stomach, muscle tension, excessive sweating, low sexual desire, increase in breathing rates, etc.

Therefore, secondary traumatic stresses are reactions to emotional demands on social workers from exposure to trauma survivors' traumatic experiences; strong, chaotic distress like kidnapping, Boko haram insurgence, communal clashes, etc.; and intrusive traumatic memories. These concepts are often used interchangeably, however despite some overlaps; there are some differences (Jenkins & Baird, 2002). Secondary traumatic stress (STS) therefore, is the consequence of having witnessed listened to a traumatic event or sequence of traumatic events, which can lead to PTSD-like symptoms. Hence, STS is a risk sustained when social workers engage empathically with persons who have been traumatized. According to Charles Figley (1995), secondary traumatic stress is "the natural consequent behaviours resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person" (Figley, 1995).

The professional life of a social worker is based on the fact that social work is a profession in which trained and licensed professionals are dedicated to serving vulnerable, indigent individuals, families, groups and communities to navigate through the challenges they face in everyday life, practicing in a wide range of settings and united with other multidiscipline professionals and committed to advocating for sustainability and improvement in the lives of individuals, families, groups and society at large, hence the social work profession offer encounters that may be fulfilling and often stressful because, social workers are committed to serving vulnerable and disadvantaged populations. They usually work with victims of family violence, childhood abuse and neglect, trauma, crime, and serious mental challenges (Bride, 2007; Collins & Long, 2003; Gately & Stabb, 2005).

Hence, social workers in organizations where they are repeatedly exposed to traumatic experiences or work with individuals who face traumatic experience are more likely to develop primary trauma (PT), secondary traumatic stress (STS), compassion fatigue (CF), and burnout (Badger et al., 2008; Bride, 2007; Meadors & Lamson, 2008) with attending symptoms which may include feelings of terror, grief, anger, etc. Other indicators of post-traumatic stress disorder (PTSD) may include: insomnia, exhaustion, intrusive thoughts, hallucinations and distractive concentration. Therefore, STS in the professional life of social workers handling traumatized service-users is a pathophysiological condition that conceals an extensive array of phenomena, from minor irritation to extreme dysfunction that lowers productivity as a result of severe health interruption, this suggests negative reaction which the social workers may undergo per time with situations varying from mental to emotional or physical demands, whether definite or imaginary, which may trigger the release of stress hormones, including adrenaline and cortisol. Center for Integrated Health System (2023) alluded that stress response comprises of physical and thought reactions to perceptions of several circumstances; when this stress response is turned on, the body may release substances like adrenaline and cortisol. The organs are actually wired to react in certain ways to circumstances that are seen as challenging or hostile. Such stress reaction is the body's way of protecting the social worker against emerging conditions like STS which resultant effect could reduce the productivity level of social workers by obstructing basic physiological and psychosocial parameters (CIHS, 2013).

Trauma stages however, are determined by closeness, time, and intensity of exposure to trauma which could precipitate a social worker's experience of STS if he is affected by the individual facing primary trauma thereby impacting the social workers' personal relationships, professional work and other areas until it is adequately addressed (Badger et al., 2008; Bride, 2007). Because, Social workers intervene consistently with individuals and families of trauma survivors and as well intermingle with their individual families, who are not protected from the

effects of having to work with traumatized service-users hence, assisting survivors of trauma though essentially significant may have conflicting consequences on social workers. Premised on above, this study therefore posit to examine the prevalence of STS among social workers handling traumatized service users and how social work employers could assist their employees in mitigating the effects of STS among social workers.

STATEMENT OF THE PROBLEM

According to the global peace index of 2022, Nigeria was ranked among the violent and traumatized societies, having been ranked 143 among other nations (Odeniyi, 2022). Social workers among other multidisciplinary team of care workers are at the vanguard of providing psychosocial support to affected service users, but in the course of their intervention, social workers are often confronted with secondary trauma which affects their personal well-being and service delivery (Francoise, 2012). The increasing and changing effects of working with service users may result into mental shifts with continuous effect on social workers' cognitive frame of mind including identity, world view, beliefs, and psychological needs (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995) thus, contributing to STS. The examination of social workers' responses to treating service users is relatively new in Nigeria, with ongoing efforts to address the injurious effects of STS and its impact on service users.

Obviously, the burden of intervention on social workers will continue to be on the increase, because their duties entails listening to service users' traumatic experience in order to diagnose, evaluate and plan for how best to effectively handle their intervention, hence these intense engagement and the negative consequence of having to listen to copious human-induced cruelty and abuse that elicit strong emotional expressions from the service users unintentionally have been found to affect the psychological health and well-being of social workers due to these intense engagement; Steed and Downing (1998) noted that the phenomenon of STS has received a great deal of theoretical and clinical attention, but there is a scarcity of empirical research investigating the impact of exposure to traumatic clinical intervention on social workers working with traumatized service users in Nigeria, hence the need for this study.

MATERIALS AND METHODS

The population for this study is the registered members of the chartered institute of social work practitioners of Nigeria (C-ISOWN). Hence, the population is made up of social workers who are officially registered and licensed members of the institute. The population size was 1,600 members of C-ISOWN as at November, 2021, with the use of questionnaire to illicit information from the respondents. This study used google online structured questionnaire. The questionnaires comprised of both close and open ended questions which were sent online to the sample participants on the social communication platforms of the institute having received authorization from the management for questionnaire to be administered, filled and returned online; this was accompanied with assurance of confidentiality to the participants.

RESULTS AND DISCUSSION OF FINDINGS

This section deals with the presentation, analysis and discussion of data collected from the field survey. A total of 323 responses were received from the online survey questionnaire prepared by the researcher. This task is however, undertaken in three parts. First, is the socio-demographic characteristic of the respondents, second, is the presentation of data and

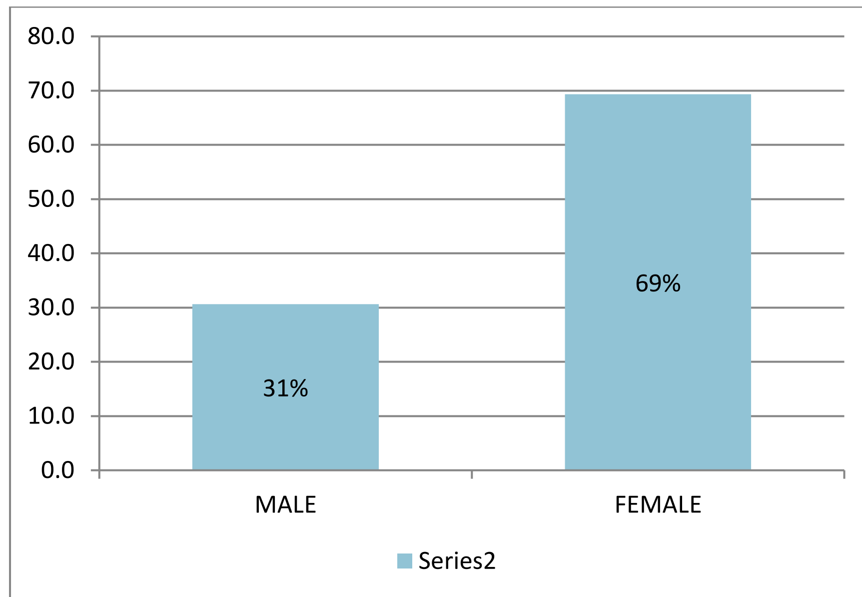
discussion of findings on the social workers felt experience of STS, while the third, is presentation of data and discussion of findings on the factors contributing to social workers STS and their effects.

Demographic characteristics of respondents

Data were obtained on the gender of respondents. Figure one shows the chart on result generated on their gender.

Figure 1: Distribution of respondents based on their gender

323 responses

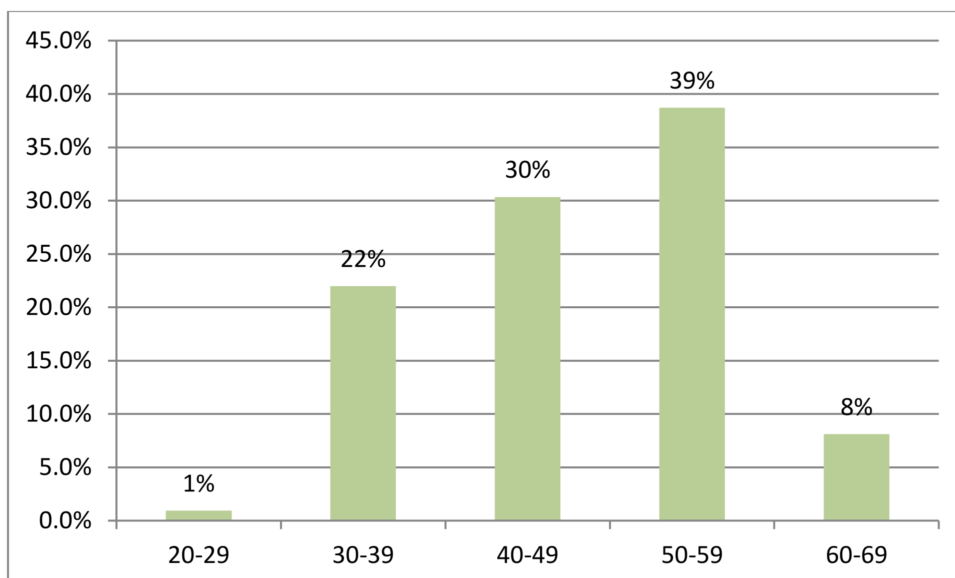


Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on Social Work practice in Nigeria)

Figure above shows the distribution of the respondents based on their gender. Out of the 323 respondents, ninety nine (31%) were males, while two hundred and twenty four (69%) were females. However, female respondents were more than the male respondents.

Figure 2: Distribution of respondents based on their age

323 responses

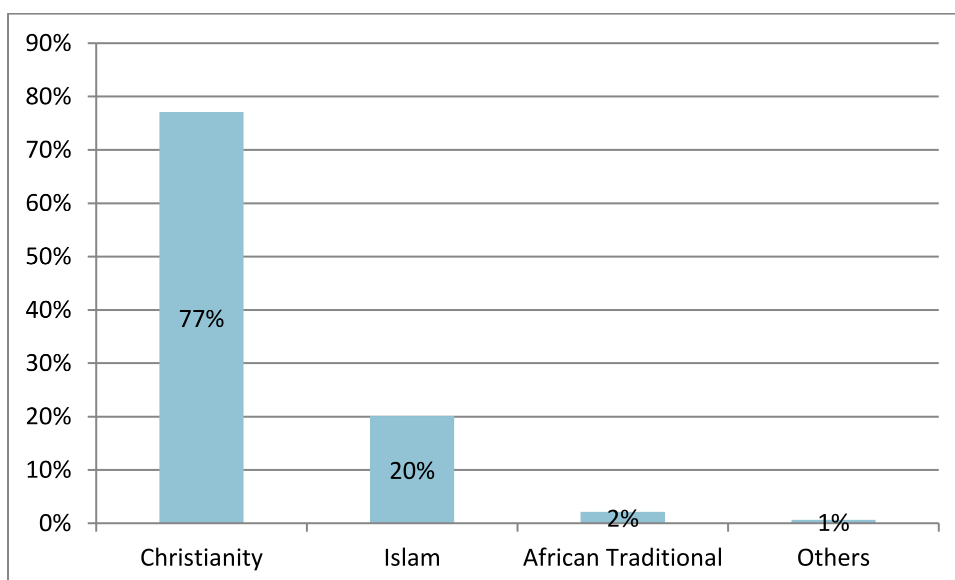


Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on Social Work practice in Nigeria)

Figure 2 shows the distribution of respondents based on their age. Three (1.0%) of the respondents were within the age range of 20-29years, seventy one (22%) of the respondents were within the age range of 30-39years, 98 (30%) of the respondents were within ages 40-49years, one hundred and twenty five (39%) of the respondents were within ages 50-59years, and twenty six (8%) were within ages 60-69 years. However, majority of the respondents fall within the age range of 50-59 years.

Figure 3: Distribution of respondents based on their religion

323 responses



Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on the Professional Life of Social Workers in Nigeria)

Figure 3 above shows the response of respondents based on their religion. Two hundred and fifty nine (77%) of the respondents were Christians, fifty four (20%) Muslims, seven (2%) African Traditional religion while three (1%) practices other religions. However, majority of the respondents were Christians.

Table 1: Distribution of respondents based on their States of origin

S/n	State of origin	Frequency	Percentage (%)
01	Abia State	12	3.7%
02	Akwa-Ibom State	39	12.1%
03	Anambra State	9	2.8%
04	Bauchi State	4	1.2%
05	Benue State	6	1.9%
06	Borno State	3	0.9%
07	Cross River State	9	2.8%
08	Delta State	4	1.2%
09	Ebonyi State	15	4.6%
10	Ekiti State	6	1.9%
11	Enugu State	15	4.6%
12	Imo State	6	1.9%
13	Kaduna State	9	2.8%
14	Kano State	3	0.9%
15	Kebbi State	6	1.9%
16	Kogi State	6	1.9%
17	Kwara State	3	0.9%
18	Lagos State	45	13.9%
19	Ogun State	18	5.6%
20	Ondo State	18	5.6%
21	Osun State	60	18.6%
22	Oyo State	18	5.6%
23	Rivers State	6	1.9%
24	Taraba State	3	0.9%
	Total	**323**	**100%**

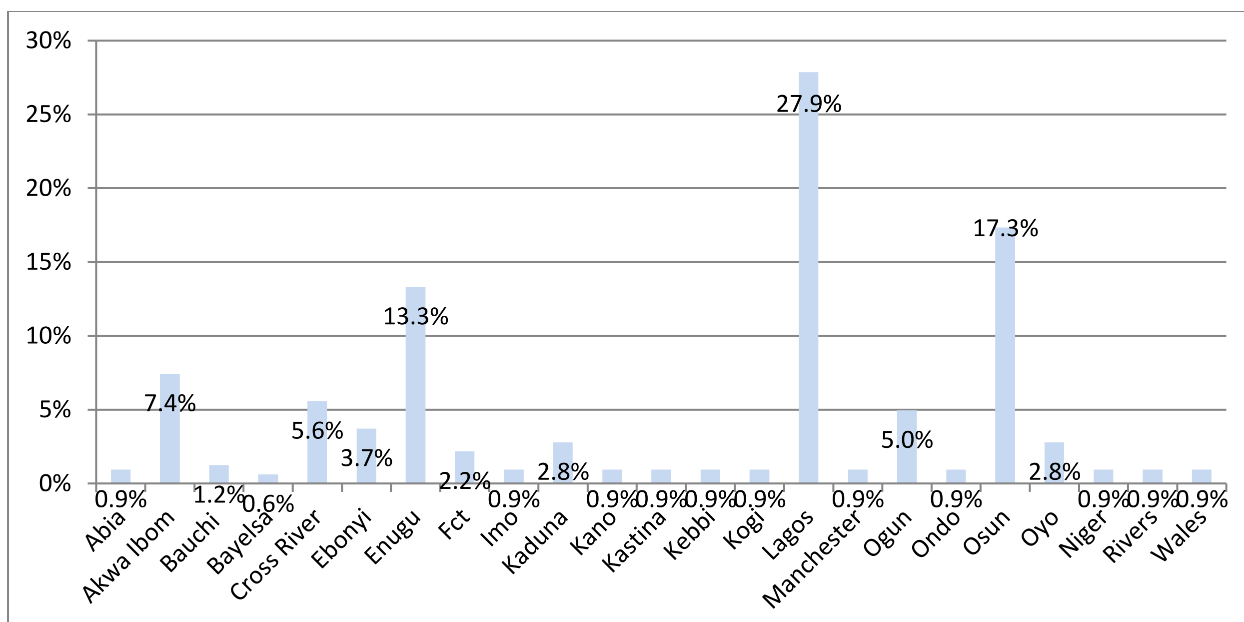
Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on Social Work practice in Nigeria)

Table 1 above shows the State of origin of the respondents. Out of the 323 respondents, sixty (18.6%) were from Osun State which formed the height percentage of those who responded to the survey, forty five (13.9%) were from Lagos State, eighteen (5.6%) each were Ogun, Ondo and Oyo States, fifteen (4.6%) from Ebonyi and Enugu respectively. Nine (2.8%) responded from Anambra, Cross Rivers and Kaduna States. Whereas, six (1.9%) persons responded from Benue, Ekiti, Imo, Kogi and Rivers State while three (0.9%) formed the least percentage of respondents from Borno, Kano, Kwara and Taraba States.

The figure below expressed the States where the respondents are presently practising.

Figure 4: Distribution of respondents based on their States of practice

323 responses



Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on Social Work practice in Nigeria)

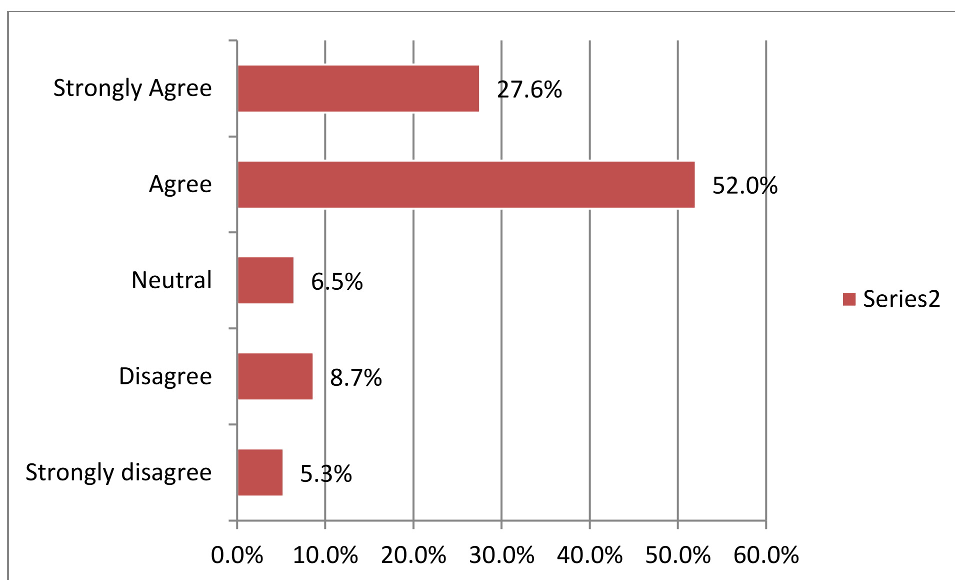
Out of the 323 respondents, 0.6% of the respondents practice in Bayelsa State, 0.9% practices in Abia State, Imo State, Kano State, Katsina State, Kebbi State, Kogi State, Ondo State, Niger State, Rivers State, Wales and Manchester,1.2% practice in Bauchi State, 2.2% practice in FCT Abuja, 2.8% practice in Kaduna and Oyo States respectively, 3.7% practice in Ebonyi State, 5.0% practice in Ogun State, 5.6% practice in Cross River State, 7.4% practice in Akwa Ibom State, 13.3% practice in Enugu State,17.3% practice in Osun State and 27.9% practice in Lagos State representing the height of respondents from their States of practice.

DISCUSSION OF FINDINGS

This part of the study displayed the felt experiences of social workers and the factors contributing to social workers' STS and their effects.

Figure 5: In my work experience with traumatized service-users, I have experienced STS

323 responses



Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on the Professional Life of Social Workers in Nigeria)

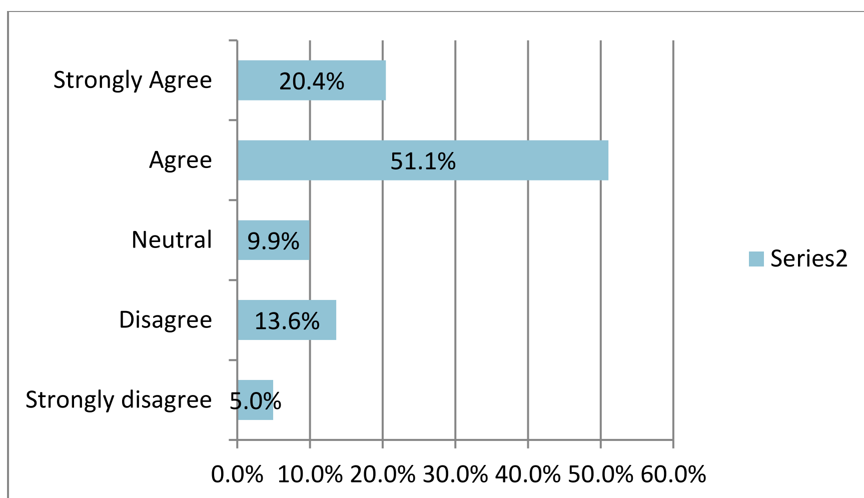
In figure 5 above, the distribution of respondents on whether they have experienced STS while working with traumatic service-users was shown. It is however deduced that majority of the respondents agreed that they have experienced STS in their work with traumatic service users, as indicated by 52.0% of the respondents while 8.7% disagreed. 27.6% of the respondents strongly agreed that, they have experienced STS in their work with traumatic service users while 5.3% strongly disagreed. It is hence obvious that, the summation of respondents in the affirmative responses totaled 79.6% alluding to the fact that they experienced STS as a result of their intervention engagements with service users.

This revelation is consistent with the findings of Badger et al. (2008); Bride (2007) and Meadors et al. (2008) who stated in their studies that individuals such as social workers who work in a setting where they are repeatedly exposed to traumatic experiences or work with individuals who face traumatic experience are more likely to develop primary trauma (PT), secondary traumatic stress (STS), compassion fatigue (CF), and burnout with attending symptoms which may include feelings of terror, grief, anger, exhaustion, insomnia, hallucinations and distractive concentration. These are harmful symptoms that pose danger to the life, health and wellbeing of persons so affected at both shot and long run and would consequently affect the quality of service being rendered to service users if proactive measures are not taken to mitigating it by both the workers and organizations who engage them. Buttressing this is an excerpt of what one of the responds said in the course of this research, in his word:

"An accident victim was brought in, very traumatic seeing the patient in severe pain and near death as life was ebbing out of him. We tried calling his acquaintances from the recent call log on his mobile phone and no one seem to want to take responsibility of him. This pained me and got me traumatized for weeks, the victim eventually passed on. It was a severe traumatic experience for me after many months of his demise. That his family will not be able to ever trace him again".

Figure 6: Social workers who attend to traumatized service users usually have STS

323 responses



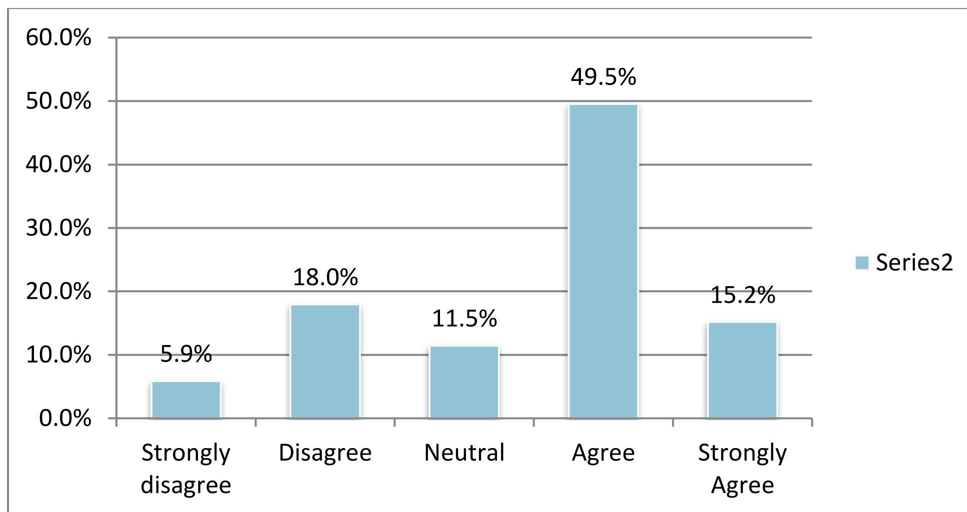
Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on the Professional Life of Social Workers in Nigeria)

Figure 6 shows the response of respondents on whether social workers who attend to traumatized service users usually have STS. From this figure, majority of the respondents stated that they usually have secondary traumatic stress disorder as a result of attending to traumatized service users, which is mostly the case for majority of social workers because they attend especially to vulnerable populations. This was however indicated by 51.1% of the respondents agreeing that they do have STS as a result of attending to trauma victims while only 13.6% disagreed to that fact. Whereas, 20.4% strongly agreed to have STS as a result of their intervention engagements with victims of trauma and 5.0% strongly disagreed. From chart, it is evidenced that a total of 71.5% affirmed that intervention with victims of trauma possess a compassionate challenge of having STS in their life.

The above findings further reinforces what Badger, K. et al (2007) postulated that, "Trauma stages however, are determined by closeness, time, and intensity of exposure to trauma which could precipitate a social worker's experience of STS if he is affected by the individual facing primary trauma thereby impacting the social workers' personal relationships, professional work and other areas until it is adequately addressed.

Figure 7: My organization does not have provisions for psychosocial assistance to social workers who face secondary traumatic stress

323 responses

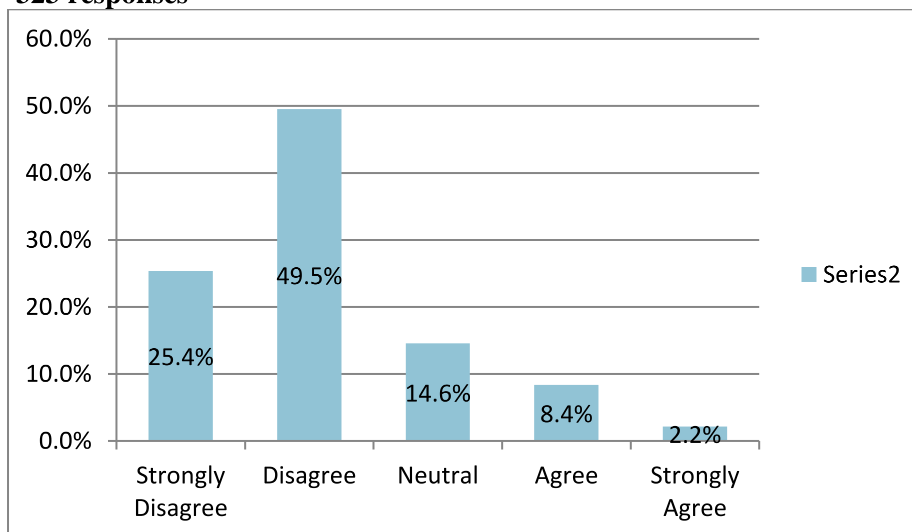


Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on the Professional Life of Social Workers in Nigeria)

Figure 7 shows the response of respondents on whether their organization does not make provisions for psychosocial assistance to social workers who face secondary traumatic stress. The findings from this figure show that 49.5% that their organizations do not make provisions for psychosocial support of social workers while 18% said they do. However, 15.2% strongly agreed while only 5.9% strongly disagree respectively. Looking at the importance of this aspect, a total of 64.7% of the respondents actually alluded that their organization does not make provisions for psychosocial support to social workers who face secondary traumatic stress.

Figure 8: I feel like quitting the Social Work profession because of the psychosocial effect of STS often experienced.

323 responses



Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on Social Work practice in Nigeria)

Figure 8 shows the distribution of respondents on whether they felt like quitting the social work profession because of the psychosocial effect of STS often experienced. This figure shows that majority of the respondents never felt like quitting the social work profession because of the psychosocial effect of STS often experience as reflected by disagree, 49.5% while 8.4% agreed that, they felt like quitting the social work profession because of the psychosocial effect of STS

often experienced while and 25.4% strongly disagreed and 2.2% strongly agreed respectively, A total of 74.9% affirmed that they never felt like quitting their jobs inspite of the STS experienced.

The social workers' resilience and positive aspect of the findings of this study shows that majority of the respondents never felt like quitting the social work profession inspite of the negative psychosocial effect of STS often experienced This is however, consistent with the findings of Meg (2016) who stated in her research that though social workers experienced negative reactions from their work with traumatized service-users, their positive reactions seemed to help them to increase their resiliency in their work. Again, it is in consistence with national association of social workers code of ethics (NASW, 2021) which posit that one of the social work core values and principles of social work is service, which requires social workers to help people in need and to address social problems, elevating service to others above self-interest.

Table two below afforded respondents to select options of what they consider as factors that increases STS in their intervention engagements with victims of trauma.

Table 2: Factors contributing to social workers STS and their effects

323 responses

Response	Frequency	Percent (%)
Lack of social support	188	10.48
Pre-existing conditions in the worker himself	151	08.42
Lack or less experience on the job	126	07.03
Lack of awareness of secondary trauma within the workplace	170	09.48
In-conducive workplace conditions	176	09.82
Heavy workload	191	10.65
Lack of self-care	110	06.14
Poor supervision	91	05.08
Lack of therapeutic counseling or intervention for the social worker in the work place	177	09.87
Lack or poor protection policy for social workers	205	11.43
Lack of hazard or peculiar allowance for social workers	208	11.60
Total options selected	1,793	100%

Source: Atere Olawale @ 2022 (Impact of Secondary Traumatic Stress on Social Work Practice in Nigeria)

From the above analysis, respondents selected lack of hazard or peculiar allowance two hundred and eight times (11.60%) as the highest factor contributing to the felt experience of STS. Next in the highest factors was the selection of two hundred and five times (11.43%) of lack or poor protection policy for social workers and third in the ranking of factors was the selection of one hundred and ninety one times (10.65%) indicating heavy workload. One hundred and eighty eight (10.48%) times, the respondents selected lack of social support; one hundred and seventy one times (09.87%) indicated lack of therapeutic counseling or intervention for the social worker in the work place, one hundred and seventy six times (09.82%) indicated in-conducive workplace conditions, one hundred and seventy times (09.48%) indicated lack of awareness of secondary trauma within the workplace, One hundred and fifty one times (08.42%) indicated pre-existing conditions in the worker himself, and ranking lowest were the selection of one hundred and twenty six times (07.03%) indicating lack or less experience on the job, one hundred and ten times (06.14%) indicating lack of self-

care while the least selection of factors contributing to STS was ninety one times (05.08%) indicating poor supervision.

It is however expedient to say that the lack of appropriate remuneration commensurate to the work done by social workers, lack of protection policy to guaranty their safety and the pressure of heavy workload is a heavy burden on social workers in Nigeria that could lead to breakdown in the economic, health and social life of social workers. This was in tandem with the view of the Nigerian labour congress (NLC) president - Ayuba Wabba who was of the opinion the that "many health workers have fallen victim to diseases in taking care of patients, the payment of hazard allowance will boost the morale of our health workers in the country" (Ayuba, 2022), Hence, social workers being members of the multidisciplinary healthcare team and the fact that social work practice is more clinical in nature should across board be accorded hazard allowance. Payment of hazard and peculiar allowance as an additional compensation for social workers performing this onerous uncomfortable, physically and emotionally tasking and draining job is to boost their morale, health and psychosocial vibes like their counterpart in the health sector and other climes like Australia, United Kingdom, America, Canada and other developed nations.

CONCLUSION

Conclusively, this study observed that majority of the respondents agreed that they have experienced STS in their work with traumatic service users; majority of the respondents stated that they usually have secondary traumatic stress disorder as a result of attending to traumatized service users, which is mostly the case for majority of social workers because they attend especially to vulnerable populations, inspite of these, their organization does not make provisions for psychosocial support to them. It is the service users who are supposed to be the primary focus of social workers profession and intervention who suffers the effect both in the short and long run. Although, social workers experienced these negative reactions from their work with traumatized service-users, yet their positive reactions seemed to make them resilient in their work; this however shows the mark of their love for the profession and service users. Hence adequate attention is required at the levels of organization and public policy to mitigate the effects of STS on social workers who engage traumatized service users in Nigeria.

RECOMMENDATIONS

In view of the findings of this study, the following recommendations are hereby posited that:

i). Psychosocial needs, awareness and support for workers are crucial at mitigating STS within the social work profession, it is important to emphasize the needs for self-awareness, self-compassion and creating an expectation for proactive self-care which is cardinal in the professional standards. Social workers should be made to be conscious of the fact that, STS is one of the baggages on the practice, hence should be encouraged to always be open and to speak-up when STS set in for adequate care and attention by approaching a psychopathology specialist the same way one would approach a specialist physician when in need of medical attention.

ii). Personal reflective practice should be well encouraged, especially at the organizational level, the STS scale should be made available by every social work organization to social workers for timely and regular debriefing (checkup) on weekly or quarterly basis and this should be one of the roles of supervisors' to sensitize staff under them through timely, regular, and qualitative supervision to enable psychosocial health of workers, this will serve as a vital-sign checkup for social workers, to ensure adequate care and be able to arrest any form of adverse STS experienced in the course of engagements with service users at job site.

iii). The issue of STS blindness of many social work organizations should be addressed, training on trauma-informed practices put in place vis-a-vis constant education, prevention, mitigation and funding devoted to this important subject through periodic interventive workshops, education to address this 'invisible' needs; developmental partners and funders who fund organizations working with vulnerable and traumatized service users could partner with such organizations to enable them move away from STS blindness to become STS competence and with the long run aim of some of them becoming STS proficient organizations, hence could be instrumental to helping other organizations to provide better care and support for social workers; this will lead to social work organizations making necessary progress for sustainability and wellbeing of social workers.

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