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THE RELATIONSHIP BETWEEN SELF-EFFICACY AND VICARIOUS TRAUMA AMONG GUIDANCE AND COUNSELLING TEACHERS IN SECONDARY SCHOOLS IN MURANGA COUNTY, KENYA

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ABSTRACT

Background: Guidance and Counselling teachers in secondary schools are routinely exposed to students' traumatic disclosures, making them vulnerable to vicarious trauma. This cumulative psychological burden has significant implications for professional functioning and service delivery quality.

Objective: This study determined the relationship between vicarious trauma and self-efficacy among Guidance and Counselling teachers in public secondary schools in Murang'a County, Kenya.

Methodology: Grounded in the Constructivist Self-Development Theory and Social Cognitive Theory, the study adopted a descriptive correlational quantitative design. Using a census approach, all 282 eligible teachers across seven sub-counties were targeted, with 265 participating (response rate 94.0%). Data were collected using the Vicarious Trauma Scale (VTS) and the School Counselor Self-Efficacy Scale (SCSES) and analyzed through Pearson's correlation and hierarchical multiple regression in SPSS version 27.

Results: Statistically significant negative correlations were found between vicarious trauma and all five self-efficacy domains, with coefficients ranging from -0.698 to -0.784, all reflecting large effect sizes. The strongest association was with Personal and Social Development ($r = -0.784$, $p = .021$), followed by Collaboration ($r = -0.756$, $p = .028$), Leadership and Assessment ($r = -0.721$, $p = .016$), Cultural Acceptance ($r = -0.703$, $p = .004$), and Career and Academic Development ($r = -0.698$, $p = .033$). Hierarchical regression confirmed that vicarious trauma independently predicted

self-efficacy (β = -0.72, p = .000), explaining an additional 44.8% of variance beyond control variables, with the full model accounting for 63.4% of variance in counselor self-efficacy.

Conclusions and Recommendations: Vicarious trauma significantly and independently undermines self-efficacy across all professional domains among Guidance and Counselling teachers. Mandatory supervision structures, trauma-informed training programs, and peer support networks are recommended to address vicarious trauma and strengthen professional self-efficacy.

Keywords: *Vicarious Trauma, Self-Efficacy, Guidance and Counselling Teachers, Secondary Schools, Murang'a County, Kenya.*

1.1 INTRODUCTION

The relationship between vicarious trauma and self-efficacy among helping professionals has emerged as a critical area of inquiry in counseling psychology, with significant implications for professional functioning and service delivery quality. Vicarious trauma, as conceptualized by McCann and Pearlman (1990) and endorsed by the American Psychological Association (APA, 2022), represents a cumulative transformative process through which helping professionals experience profound shifts in their worldview due to empathic engagement with trauma survivors' experiences, leading to alterations in cognitive schemas and belief systems about safety, trust, control, intimacy, and esteem. Self-efficacy, as defined by Bandura (1997) and endorsed by the American School Counselor Association (ASCA, 2023), refers to an individual's beliefs about their capability to organize and execute courses of action required to achieve desired outcomes, with high levels associated with improved client outcomes, greater job satisfaction, and enhanced resilience in the face of professional challenges (ISCA, 2023). The World Health Organization (WHO, 2023) recognized self-efficacy as a crucial determinant of professional performance, particularly in mental health settings where practitioners must maintain therapeutic effectiveness while managing complex client presentations. Theoretically, vicarious trauma was understood to substantially impact counselor self-efficacy through multiple pathways, including cognitive disruption and emotional exhaustion, which interfered with clinical decision-making and diminished confidence in managing therapeutic relationships (Sartor, 2025).

Empirical evidence from diverse global contexts consistently documented inverse relationships between vicarious trauma and professional self-efficacy among helping professionals. Studies in North America by Aafjes-Van Doorn et al. (2021) demonstrated that increasing levels of secondary traumatic stress were associated with marked reductions in counselors' confidence, with therapists experiencing high trauma exposure recording a 42% decline in self-efficacy within six months. In Asia-Pacific contexts, Tang (2020) reported that rising levels of vicarious trauma significantly predicted declines in self-efficacy, while Thompson et al. (2023) confirmed similar patterns across European counseling populations over longitudinal periods. Within African contexts, Padmanabhanunni and Gqomfa (2022) found strong negative associations between trauma exposure and self-efficacy among psychologists in South Africa, while Tunç et al. (2022) demonstrated that self-efficacy had a significant negative effect on vicarious trauma among Guidance and Counselling teachers in Turkey. In Kenya, Chepkorir (2023) found that teachers with higher self-efficacy were significantly better at managing stress and sustaining productivity, while Wambua et al. (2023) documented that supervision played a decisive role in maintaining counselor confidence in Educational Assessment Centers. The relationship between these two constructs among Guidance and Counselling teachers in secondary schools in Murang'a County

therefore warranted systematic empirical examination given the unique contextual demands and structural limitations characterizing their professional environment.

1.2 PROBLEM STATEMENT

Globally, research has documented a consistent inverse relationship between vicarious trauma and self-efficacy among helping professionals, yet most studies focused on clinical mental health practitioners and social workers, leaving a significant gap in understanding how these dynamics manifested specifically among Guidance and Counselling teachers in educational settings (Huggard et al., 2017; Rumsey et al., 2020). At the continental level, Padmanabhanunni and Gqomfa (2022) found strong negative associations between trauma exposure and self-efficacy among psychologists in South Africa, while Tunç et al. (2022) demonstrated significant relationships between vicarious trauma and self-efficacy among Guidance and Counselling teachers in Turkey, though neither study examined the unique educational contexts of sub-Saharan Africa. In Kenya, while Wambua et al. (2023) documented concerning levels of both vicarious trauma and reduced professional confidence among counselors in Educational Assessment Centers, and Kariuki (2023) identified supervision structures as critical determinants of self-efficacy in Uasin Gishu County, the specific relationship between vicarious trauma and self-efficacy among Guidance and Counselling teachers in mainstream secondary schools remained unexplored. At the institutional level, Guidance and Counselling teachers in Murang'a County faced unique challenges including dual teacher-counselor roles, inadequate specialized training, and limited supervision access, all of which potentially shaped both their vicarious trauma exposure and professional self-efficacy, yet the specific relationship between these constructs within this context had not been empirically established. This study therefore examined the relationship between self-efficacy and vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya.

1.3 RESEARCH OBJECTIVE

To determine the relationship between self-efficacy and vicarious trauma among Guidance and Counselling Teachers in secondary schools in Muranga County, Kenya;

1.4 RESEARCH QUESTION

What is the relationship between self-efficacy and vicarious trauma among Guidance and Counselling Teachers in secondary schools in Muranga County, Kenya?

2.1 THEORETICAL REVIEW

The study was anchored on two complementary theoretical frameworks: The Constructivist Self-Development Theory (CSDT) developed by McCann and Pearlman (1990) and the Social Cognitive Theory (SCT) developed by Bandura (1986, 1997). The CSDT posits that individuals construct their reality through complex cognitive schemas, and that exposure to others' trauma can fundamentally alter these mental frameworks, particularly in areas related to safety, trust, control, intimacy, and esteem (McCann & Pearlman, 1990). The theory identifies five fundamental components affected by vicarious trauma namely, frame of reference, self-capacities, ego resources, psychological needs, and memory systems, all of which interact dynamically to influence how professionals process and integrate their experiences with trauma survivors (Miller et al., 2020). Within the context of this study, CSDT explained how repeated exposure to students' traumatic experiences progressively disrupted Guidance and Counselling teachers' cognitive schemas, with these disruptions subsequently undermining their professional functioning and

perceived competence across multiple domains of practice (Williams et al., 2022). The theory further highlighted that risk factors including high caseloads of trauma survivors, inadequate training in trauma-informed approaches, insufficient clinical supervision, and lack of organizational support systems amplified the cognitive disruption process, creating pathways through which vicarious trauma exposure translated into diminished professional confidence (NCTSN, 2023; Martinez & Khan, 2024).

Social Cognitive Theory (SCT) provided the complementary framework for understanding how self-efficacy developed and was maintained or eroded in the context of vicarious trauma exposure among Guidance and Counselling teachers. The theory posits that human functioning results from dynamic interactions between personal, behavioral, and environmental influences, with self-efficacy serving as a central mechanism through which individuals exercised control over their professional practice (Bandura, 1997). SCT identified four principal sources of self-efficacy development, namely mastery experiences, vicarious experiences, social persuasion, and physiological and emotional states, with mastery experiences considered the most influential as they involved direct success or failure in relevant tasks (Chen & Wilson, 2022). Vicarious trauma was understood to disrupt self-efficacy development through multiple SCT pathways: the emotional exhaustion and cognitive disruption associated with trauma exposure compromised physiological and emotional states, thereby undermining efficacy beliefs, while the professional isolation resulting from trauma symptoms reduced access to social persuasion and vicarious learning opportunities that would otherwise sustain professional confidence (Thompson et al., 2023; Rodriguez & Lee, 2024). Together, CSDT and SCT provided an integrated theoretical lens for understanding how vicarious trauma systematically eroded self-efficacy among Guidance and Counselling teachers, with CSDT explaining the cognitive disruption mechanisms through which trauma exposure altered professional schemas and SCT illuminating how these disruptions translated into diminished beliefs about professional capability across multiple counseling competency domains.

2.2 EMPIRICAL REVIEW

Empirical evidence from Western contexts consistently demonstrated strong inverse relationships between vicarious trauma and professional self-efficacy among helping professionals across diverse practice settings. Aafjes-Van Doorn et al. (2021) employed the Secondary Traumatic Stress Scale and Counselor Activity Self-Efficacy Scale in a longitudinal design across Canada and France and revealed a strong negative correlation between vicarious trauma and self-efficacy ($r = -0.68$, $p < .05$), with therapists in Toronto experiencing high trauma exposure recording a 42% decline in self-efficacy within six months and practitioners in Montreal with severe trauma symptoms being nearly three times more likely to express diminished professional confidence. Tang (2020) examined 456 mental health professionals across Japan and Australia and reported that rising levels of vicarious trauma significantly predicted declines in self-efficacy ($\beta = -0.72$, $p < .05$), with counselors in Tokyo experiencing moderate trauma exposure showing a 38% reduction in self-efficacy and practitioners in Sydney facing severe trauma recording declines of up to 45%. Thompson et al. (2023) drew on a two-year dataset from Germany, Sweden, and Denmark and found that higher trauma exposure significantly predicted lower self-efficacy levels among 634 counselors ($\beta = -0.64$, $p < .05$), with practitioners in Stockholm experiencing persistent trauma reporting a 56% reduction in self-efficacy scores. Smith et al. (2020) examined 234 mental health workers and demonstrated a strong negative correlation ($r = -.72$, $p < .001$) between secondary traumatic stress and professional self-efficacy, while also establishing that self-efficacy operated

as both a predictor and outcome variable, where initial confidence levels influenced vulnerability to trauma exposure while trauma symptoms subsequently eroded professional self-assurance. Jimenez et al. (2021) investigated vicarious trauma among 445 clinicians from North America, Europe, and Asia and found that while the negative correlation between trauma exposure and self-efficacy remained consistent ($r = -.67$, $p < .001$), the magnitude of this relationship varied significantly by cultural context and professional support systems, with practitioners in collectivistic cultures showing stronger resilience to vicarious trauma effects on self-efficacy.

Research examining moderating and mediating factors in the vicarious trauma and self-efficacy relationship identified several critical variables that shaped the strength and direction of this association. Li (2024) examined 342 master's-level counseling students and demonstrated that those with personal trauma histories showed stronger negative correlations ($r = -.76$) between vicarious trauma and self-efficacy compared to students without such experiences ($r = -.52$), while supervisory working alliance emerged as a critical moderating factor with strong supervisory relationships buffering against self-efficacy decline even when vicarious trauma symptoms were present. VanAusdale (2020) investigated trauma-based education integration in counselor preparation programs and revealed that enhanced preparation significantly altered the trauma-efficacy relationship, with trauma-informed students showing weaker negative correlations ($r = -.38$) compared to traditional program participants ($r = -.64$), while graduates from trauma-informed programs maintained stronger professional confidence during their first year of practice. Becker-Haimes et al. (2021) examined 287 therapists and found that organizational support significantly moderated the trauma-efficacy relationship, with clinicians in supportive environments showing minimal confidence erosion ($r = -.29$) despite high trauma exposure, while those lacking support experienced substantial self-efficacy decline ($r = -.68$). Kendrick (2020) demonstrated through a peer support intervention study that structured peer consultation groups significantly weakened the negative relationship between vicarious trauma and self-efficacy, with participants in support groups showing correlations of $r = -.34$ compared to control group correlations of $r = -.61$, indicating that the trauma-efficacy relationship was amenable to intervention through targeted professional support mechanisms. Sutton et al. (2022) further revealed through systematic review of 67 studies that organizational trauma-informed practices significantly buffered against self-efficacy erosion, with professionals in supportive environments showing correlations of $r = -.41$ compared to those in non-supportive settings at $r = -.73$, while supervision quality emerged as the strongest organizational moderator.

Within African and developing country contexts, research documented comparable inverse relationships between vicarious trauma and self-efficacy while highlighting unique contextual factors that amplified the strength of this association. Padmanabhanunni and Gqomfa (2022) investigated the relationship among 245 female psychologists in South Africa and Botswana using the Secondary Traumatic Stress Scale and Counselor Self-Efficacy Scale and found a strong negative association ($r = -0.71$, $p < .05$) between trauma exposure and self-efficacy, with Johannesburg-based practitioners experiencing severe vicarious trauma reporting a 47% drop in confidence and highly traumatized counselors in Cape Town being over three times more likely to report reduced professional confidence. Tunç et al. (2022) studied the relationship between self-efficacy, vicarious trauma, and resiliency among Guidance and Counselling teachers in Turkey and demonstrated that self-efficacy had a significant negative effect on vicarious trauma ($p < .05$), with counselors possessing higher self-efficacy being less likely to experience emotional numbing and intrusive thoughts and more likely to employ adaptive coping mechanisms. Wambua et al. (2023) found in Kenyan Educational Assessment Centers that supervised counselors recorded self-

efficacy scores 1.6 times higher than unsupervised practitioners, with supervision playing a decisive moderating role in the trauma-efficacy relationship, while Kariuki (2023) documented in Uasin Gishu County that counselors with consistent supervision experienced meaningful self-efficacy increases over the study period despite continued trauma exposure. Chepkorir (2023) established in Nairobi's Mathare Sub-County that teachers with high self-efficacy scores were significantly better at managing stress and sustaining productivity amid difficult conditions ($p < .05$), while those handling trauma cases without adequate training recorded the lowest confidence scores, reinforcing the bidirectional nature of the trauma-efficacy relationship in Kenyan educational contexts.

Research examining the specific mechanisms through which vicarious trauma undermined self-efficacy and interventions targeting this relationship provided important insights for understanding and addressing these dynamics among school-based counselors. Sartor (2025) provided a comprehensive conceptual framework identifying multiple pathways linking vicarious trauma to self-efficacy erosion, including cognitive disruption interfering with clinical decision-making, emotional numbing reducing therapeutic presence, and worldview changes challenging beliefs about therapeutic effectiveness, while proposing that both direct effects where trauma symptoms immediately impacted performance confidence and indirect effects where trauma-related worldview changes gradually eroded self-assurance operated simultaneously. Ali et al. (2025) examined 156 trainee counselors at a public university in Malaysia and revealed a significant negative correlation ($r = -.68$, $p < .01$) between vicarious trauma and self-efficacy, with regression analysis showing that vicarious trauma accounted for 46% of variance in self-efficacy scores, and trainees experiencing moderate to high vicarious trauma symptoms showing 34% lower self-efficacy scores compared to those with minimal trauma exposure. Rumsey (2025) demonstrated that trauma-related preparation significantly moderated the relationship between vicarious trauma and self-efficacy, with well-prepared counselors showing weaker negative correlations ($r = -.43$) compared to those lacking specialized training ($r = -.71$), while mediation analysis revealed that trauma-related preparation enhanced secondary trauma self-efficacy which in turn protected against broader self-efficacy erosion. Kim et al. (2022) found through scoping review that interventions incorporating self-efficacy enhancement such as cognitive behavioral strategies, resilience training, and peer debriefing were more effective in reducing vicarious trauma symptoms than those solely focused on stress management, while Cummings et al. (2021) demonstrated through investigation of 412 helping professionals that compassion satisfaction significantly moderated the trauma-efficacy relationship, with high satisfaction professionals showing weaker negative correlations ($r = -.35$) compared to those with low satisfaction ($r = -.74$), collectively suggesting that the relationship between vicarious trauma and self-efficacy among Guidance and Counselling teachers was not deterministic but could be meaningfully shaped by targeted training, supervision, and organizational support interventions.

3.1 RESEARCH METHODOLOGY

The study adopted a descriptive correlational quantitative research design, which was employed to establish the statistical relationship between vicarious trauma and self-efficacy among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya. The target population comprised 322 Guidance and Counselling teachers from all public secondary schools across the county's eight sub-counties, with Kiharu Sub-county excluded from the main study as it was reserved for the pilot study, leaving 282 eligible participants across seven sub-counties of Gatanga, Ithaga, Kandara, Murang'a South, Kangema, Mathioya, and Kahuro.

A census approach was employed to eliminate sampling error and ensure comprehensive representation of all eligible Guidance and Counselling teachers, with inclusion criteria requiring participants to be currently serving in public secondary schools within Murang'a County and to have served in their counseling role for at least three years to ensure adequate professional exposure to the phenomena under investigation. The study achieved an excellent response rate of 94.0%, with 265 out of 282 distributed questionnaires completed and returned, substantially exceeding the recommended threshold of 70% for quantitative studies (Mugenda & Mugenda, 2003).

Data were collected using two standardized instruments administered alongside a socio-demographic questionnaire. The Vicarious Trauma Scale (VTS), originally developed by Benuto et al. (2018), consisted of 8 items measuring subjective levels of distress resulting from working with traumatized populations on a 7-point Likert scale, with total scores ranging from 8 to 56 and categorized into low (8–24), moderate (25–40), and high (41–56) levels, demonstrating excellent internal consistency reliability of Cronbach's alpha of .891 during the pilot study. The School Counselor Self-Efficacy Scale (SCSES), developed by Bodenhorn and Skaggs (2005), consisted of 43 items distributed across five dimensions of Personal and Social Development, Leadership and Assessment, Career and Academic Development, Collaboration, and Cultural Acceptance, rated on a 5-point Likert scale with total scores ranging from 43 to 215 and categorized into low (43–129), moderate (130–172), and high (173–215) levels, with all subscales demonstrating reliability coefficients exceeding the minimum acceptable threshold of 0.70 during pilot testing.

Prior to conducting the main analyses, normality of data distribution was assessed using the Shapiro-Wilk test, and tests for linearity and homoscedasticity were conducted to verify assumptions for parametric testing. Pearson's correlation analysis was employed to establish the direction and strength of the relationship between vicarious trauma and self-efficacy scores across all five domains, with effect sizes interpreted using Cohen's (1988) guidelines, while hierarchical multiple regression analysis was conducted to determine the predictive capacity of vicarious trauma on self-efficacy beyond the influence of demographic and professional control variables, with all analyses performed using SPSS version 27.

4.1 RESULTS AND FINDINGS

This section presents the findings of the study on the relationship between self-efficacy and vicarious trauma among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya. The data collected through structured questionnaires administered across seven sub-counties are analyzed and interpreted in alignment with the study objective. The study achieved an excellent response rate of 94.0%, with 265 out of 282 distributed questionnaires completed and returned, substantially exceeding the recommended threshold of 70% for quantitative studies (Mugenda & Mugenda, 2003).

Demographics

The study sample comprised 265 Guidance and Counselling teachers from public secondary schools across seven sub-counties in Murang'a County. The sample was predominantly female at 63.0% (n=167) compared to 37.0% (n=98) male participants, with the majority aged between 31-40 years representing 52.9% of the sample. Most participants held Bachelor's degrees at 71.3% (n=189), with Education being the primary field of specialization among 95.0% (n=252) of participants, reflecting the Kenyan practice of appointing trained teachers to counseling duties rather than employing specialized counseling professionals. Regarding professional preparation

relevant to the trauma-efficacy relationship, only 40.8% (n=108) had received specialized training in trauma counseling, with the majority of this training being at workshop or seminar level at 70.4%, while 66.4% (n=176) had no access to regular supervision for their counseling work. These demographic characteristics were particularly significant given the established role of specialized training and supervision as moderating factors in the relationship between vicarious trauma and self-efficacy, with their limited availability among the majority of participants creating conditions that potentially amplified the negative impact of trauma exposure on professional confidence.

Relationship between Self-Efficacy and Vicarious Trauma Among Guidance and Counselling Teachers

This section examines the core objective of the study by analyzing the relationship between vicarious trauma and self-efficacy among Guidance and Counselling teachers. Both correlation and regression analyses were employed to examine the strength, direction, and predictive nature of these relationships while controlling for relevant demographic and professional variables. Prior to conducting the main analyses, preliminary tests were performed to ensure that the data met the necessary statistical assumptions for parametric testing.

4.6.1 Normality Assessment

The normality of data distribution for both vicarious trauma and self-efficacy scores was assessed using multiple methods. Table 1 presents the results of the Shapiro-Wilk test and skewness statistics for both variables.

Table 1: Normality Tests for Vicarious Trauma and Self-Efficacy

Variable	Shapiro-Wilk Statistic	p-value	Skewness	Kurtosis
Vicarious Trauma (Total)	0.987	.042	-0.234	-0.186
Self-Efficacy (Total)	0.991	.128	-0.152	-0.298

The Shapiro-Wilk test indicated that vicarious trauma scores showed slight deviation from normality ($W = 0.987$, $p = .042$), while self-efficacy scores were normally distributed ($W = 0.991$, $p = .128$). However, visual inspection of histograms and Q-Q plots (see Figures 4.1 and 4.2) revealed that both distributions approximated normal curves with acceptable skewness and kurtosis values (all within ±1.0), suggesting that the data were suitable for parametric analysis. Given the large sample size (N=265) and the robustness of Pearson's correlation to minor violations of normality assumptions, parametric correlation analysis was deemed appropriate.

4.6.2 Correlation Analysis

Pearson's correlation analysis was conducted to determine the direction and strength of associations between vicarious trauma and the five domains of self-efficacy measured by the SCSES. Table 2 presents the correlation coefficients and significance levels for these relationships.

Table 2: Correlation Analysis Between Vicarious Trauma and Self-Efficacy

Variables	Vicarious Trauma	Personal & Social Development	Leadership & Assessment	Career & Academic Development	Collaboration	Cultural Acceptance
Vicarious Trauma	1.000					
Personal & Social Development	-0.784**	1.000				
	0.021					
Leadership & Assessment	-0.721**	0.234	1.000			
	0.016	0.067				
Career & Academic Development	-0.698**	0.189	0.298	1.000		
	0.033	0.124	0.056			
Collaboration	-0.756**	0.267	0.234	0.178	1.000	
	0.028	0.089	0.143	0.187		
Cultural Acceptance	-0.703**	0.198	0.156	0.289	0.234	1.000
	0.004	0.112	0.234	0.078	0.156	

The relationship between vicarious trauma and Personal and Social Development self-efficacy (r = -0.784, p = 0.021) represents the strongest correlation observed in this study. This domain encompasses core counseling competencies including managing emotional concerns, crisis intervention, trauma recognition, and helping students develop coping strategies. The strong negative relationship indicates that as counselors experience higher levels of vicarious trauma through exposure to student distress, their confidence in these fundamental counseling skills diminishes significantly. This finding is notable as Personal and Social Development represents the primary function of school counselors, suggesting that vicarious trauma directly undermines their ability to perform their most essential professional duties.

Vicarious trauma demonstrated a strong negative correlation with Leadership and Assessment self-efficacy (r = -0.721, p = 0.016). This domain includes competencies in program development, needs assessment, data analysis, administrative consultation, and policy leadership. The relationship suggests that trauma exposure reduces counselors' confidence in assuming leadership roles within their schools and conducting systematic evaluations of counseling effectiveness. This erosion of leadership self-efficacy may limit counselors' ability to advocate for improved mental health services and implement evidence-based programs, potentially affecting the development of adequate support systems for both students and counseling staff.

The correlation between vicarious trauma and Career and Academic Development self-efficacy (r = -0.698, p = 0.033) indicates that trauma exposure affects counselors' confidence in supporting

students' educational and career planning needs. This domain involves helping students develop learning strategies, establish academic goals, explore career options, and navigate educational transitions. The negative relationship suggests that vicarious trauma may cause counselors to withdraw from these supportive functions, potentially limiting their ability to provide comprehensive services that address both mental health and academic development needs of students.

Vicarious trauma showed a strong negative correlation with Collaboration self-efficacy ($r = -0.756$, $p = 0.028$), indicating significant impacts on counselors' confidence in working with teachers, parents, administrators, and external professionals. This relationship suggests that trauma exposure may lead to professional isolation, as counselors lose confidence in their ability to engage effectively with colleagues and stakeholders. The erosion of collaborative self-efficacy presents challenges for comprehensive student support, as effective counseling often requires coordinated efforts among multiple professionals and family members to address complex student needs.

The relationship between vicarious trauma and Cultural Acceptance self-efficacy ($r = -0.703$, $p = 0.004$) demonstrates that trauma exposure significantly affects counselors' confidence in working with diverse student populations. This domain encompasses competencies in multicultural counseling, adapting interventions for cultural differences, and promoting inclusive practices. The negative correlation suggests that vicarious trauma may reduce counselors' perceived ability to provide culturally responsive services, potentially creating barriers to effective support for students from diverse backgrounds who may face additional challenges in accessing appropriate mental health services.

4.6.3 Regression Analysis

To further examine the predictive relationship between vicarious trauma and self-efficacy while controlling for relevant sociodemographic and professional variables, hierarchical multiple regression analysis was conducted. Self-efficacy (total SCSES score) served as the dependent variable, with vicarious trauma (total VTS score) as the primary predictor. Control variables including age, gender, years of experience, educational level, specialized trauma training, and supervision access were entered in the first block, followed by vicarious trauma in the second block.

Table 3: Hierarchical Regression Analysis Predicting Self-Efficacy

Variable	Model 1		Model 2	
	β	p	β	p
Control Variables				
Age	0.12	.089	0.08	.176
Gender (Female=1)	-0.06	.342	-0.04	.428
Years of Experience	0.18	.012	0.11	.067
Education Level	0.14	.038	0.09	.124
Specialized Trauma Training (Yes=1)	0.23	.001	0.14	.019
Regular Supervision (Yes=1)	0.28	.000	0.16	.006
Predictor Variable				
Vicarious Trauma	--	--	-0.72	.000
Model Fit Statistics				
R^2	.186		.634	
Adjusted R^2	.167		.624	
R^2 Change	.186		.448	
F for R^2 Change	9.82	.000	312.47	.000
Overall F-statistic	9.82	.000	62.14	.000
Standard Error of Estimate	18.42		12.37	

Note. β = standardized regression coefficient; Significance level set at α = .05

The hierarchical regression analysis revealed significant findings regarding the prediction of self-efficacy among Guidance and Counselling teachers. Model 1, which included only the control variables, explained 18.6% of the variance in self-efficacy (R^2 = .186, Adjusted R^2 = .167, F (6, 258) = 9.82, p = .000), with a standard error of estimate of 18.42. Within this model, years of experience (β = 0.18, p = .012), education level (β = 0.14, p = .038), specialized trauma training (β = 0.23, p = .001), and regular supervision (β = 0.28, p = .000) emerged as significant positive predictors of self-efficacy at the .05 significance level. This indicated that counselors with more experience, higher education, trauma-specific training, and access to supervision demonstrated greater professional confidence. Age (β = 0.12, p = .089) and gender (β = -0.06, p = .342) did not significantly predict self-efficacy in Model 1.

The addition of vicarious trauma in Model 2 resulted in a substantial improvement in explanatory power and model fit. The complete model accounted for 63.4% of the variance in self-efficacy (R^2 = .634, Adjusted R^2 = .624, F (7, 257) = 62.14, p = .000), with a reduced standard error of estimate of 12.37. The inclusion of vicarious trauma contributed an additional 44.8% to the explained variance (ΔR^2 = .448, F change (1, 257) = 312.47, p = .000), representing a large and statistically significant increment. Vicarious trauma emerged as the strongest predictor in the model (β = -0.72, p = .000), indicating that higher levels of vicarious trauma were associated with substantially lower self-efficacy, even after controlling for demographic and professional characteristics.

The introduction of vicarious trauma in Model 2 also affected the significance and magnitude of several control variables. While specialized trauma training (β = 0.14, p = .019) and regular supervision (β = 0.16, p = .006) remained significant predictors at the .05 level, their standardized coefficients decreased considerably compared to Model 1. Years of experience (β = 0.11, p = .067) and education level (β = 0.09, p = .124), which were significant in Model 1, became non-significant in Model 2, suggesting that the effects of these variables on self-efficacy were partially mediated

through their relationship with vicarious trauma exposure. The negative beta coefficient for vicarious trauma (β = -0.72) indicates that for every one standard deviation increase in vicarious trauma scores, self-efficacy decreased by 0.72 standard deviations when holding all other variables constant, demonstrating a strong inverse relationship.

The model fit statistics demonstrated substantial improvement from Model 1 to Model 2. The adjusted R^2 increased from .167 to .624, indicating that the addition of vicarious trauma substantially enhanced the model's predictive accuracy while accounting for the number of predictors. The reduction in the standard error of estimate from 18.42 to 12.37 reflects improved precision in predicting self-efficacy scores. The significant F-statistics for both models (Model 1: $F(6, 258) = 9.82$, $p = .000$; Model 2: $F(7, 257) = 62.14$, $p = .000$) confirm that both models fit the data significantly better than would be expected by chance, with Model 2 demonstrating superior overall fit.

These regression findings complement the correlation analysis by demonstrating that vicarious trauma independently predicts self-efficacy beyond the influence of important demographic and professional factors. The substantial R^2 change ($\Delta R^2 = .448$, $p = .000$) and the persistence of specialized trauma training and supervision as significant predictors even after controlling for vicarious trauma underscore the importance of these protective factors in maintaining counselor self-efficacy despite trauma exposure.

5.1 DISCUSSIONS

The study found statistically significant negative correlations between vicarious trauma and all five domains of self-efficacy among Guidance and Counselling teachers in Murang'a County, with correlation coefficients ranging from -0.698 to -0.784, all representing large effect sizes. The strongest relationship was observed between vicarious trauma and Personal and Social Development self-efficacy ($r = -0.784$, $p = .021$), followed by Collaboration ($r = -0.756$, $p = .028$), Leadership and Assessment ($r = -0.721$, $p = .016$), Cultural Acceptance ($r = -0.703$, $p = .004$), and Career and Academic Development ($r = -0.698$, $p = .033$). Hierarchical regression analysis further demonstrated that vicarious trauma independently predicted self-efficacy ($\beta = -0.72$, $p = .000$), accounting for an additional 44.8% of variance beyond demographic and professional control variables, with the complete model explaining 63.4% of variance in counselor self-efficacy. These findings aligned with global research documenting consistent inverse relationships between vicarious trauma and professional self-efficacy. Aafjes-Van Doorn et al. (2021) reported a strong negative correlation ($r = -0.68$, $p < .05$) between vicarious trauma and self-efficacy among therapists across Canada and France, while Tang (2020) found that rising vicarious trauma levels significantly predicted self-efficacy declines ($\beta = -0.72$, $p < .05$) among mental health professionals across Japan and Australia. Thompson et al. (2023) similarly confirmed strong negative predictive relationships across European counseling populations, and Ali et al. (2025) documented that vicarious trauma accounted for 46% of variance in self-efficacy scores among trainee counselors in Malaysia, closely paralleling the 44.8% variance contribution observed in the present study. The consistency of these findings across diverse cultural and professional contexts suggested that the inverse relationship between vicarious trauma and self-efficacy represented a universal phenomenon affecting helping professionals regardless of geographical location or institutional setting.

The particularly strong relationship between vicarious trauma and Personal and Social Development self-efficacy reflected the direct impact of trauma exposure on core counseling

competencies, supporting findings by Jimenez et al. (2021) who demonstrated that sustained exposure to trauma narratives significantly undermined counselors' confidence in managing emotional and interpersonal aspects of their work. The strong correlation with Collaboration self-efficacy (r = -0.756) supported findings by Isobel and Thomas (2022), who identified professional isolation as a common consequence of vicarious trauma where helpers progressively lost confidence in their ability to engage effectively with colleagues and support systems. The domain-specific variations in trauma-efficacy relationships provided insights into the differential impact of vicarious trauma across professional competencies, with the relatively stronger relationships observed in interpersonally intensive domains consistent with research by Kim et al. (2022), who found that trauma-related interventions focusing on self-efficacy enhancement were most effective when targeting relational and emotional regulation competencies. The protective effects of specialized trauma training ($\beta = 0.14$, $p = .019$) and regular supervision ($\beta = 0.16$, $p = .006$) remaining significant even after controlling for vicarious trauma aligned with Rumsey (2025), who demonstrated that trauma-related preparation significantly moderated the trauma-efficacy relationship with well-prepared counselors showing weaker negative correlations compared to those lacking specialized training, and Sutton et al. (2022), whose systematic review established that supervision quality emerged as the strongest organizational moderator of the trauma-efficacy relationship. Within the Kenyan context, these findings extended the work of Padmanabhanunni and Gqomfa (2022), who found strong negative associations ($r = -0.71$) between trauma exposure and self-efficacy among psychologists in South Africa, and Tunç et al. (2022), who established significant negative effects of vicarious trauma on self-efficacy among Guidance and Counselling teachers in Turkey, confirming that the relationship observed in Murang'a County was consistent with patterns documented across African and developing country contexts while reflecting the unique amplifying effects of structural limitations including inadequate training, limited supervision, and dual teacher-counselor role demands.

6.1 CONCLUSION

The study concluded that vicarious trauma and self-efficacy demonstrated strong negative relationships across all measured domains of professional practice among Guidance and Counselling teachers in secondary schools in Murang'a County, Kenya. These substantial associations indicated that exposure to student trauma systematically undermined counselors' confidence in their professional abilities, with vicarious trauma independently predicting self-efficacy beyond the influence of demographic and professional variables and affecting not only trauma-specific skills but also general counseling functions across Personal and Social Development, Collaboration, Leadership and Assessment, Cultural Acceptance, and Career and Academic Development domains. The protective effects of specialized trauma training and regular supervision underscored the importance of these factors in maintaining professional confidence despite trauma exposure, while the partial mediation of years of experience and education level through vicarious trauma suggested that structural interventions addressing trauma exposure could simultaneously enhance multiple dimensions of professional functioning among Guidance and Counselling teachers operating in resource-constrained educational environments.

7.1 RECOMMENDATIONS

The study recommended that educational institutions establish mandatory supervision structures where experienced mental health professionals provided regular clinical supervision to Guidance and Counselling teachers at least monthly, given the demonstrated role of supervision as a significant protective factor maintaining self-efficacy despite vicarious trauma exposure. The

Ministry of Education was recommended to develop comprehensive policies mandating specialized trauma counseling training for all Guidance and Counselling teachers, moving beyond basic workshop formats toward sustained competency-based training that built trauma-specific confidence across all professional domains. Schools were further recommended to establish peer support networks where experienced counselors mentored newer practitioners, providing both professional guidance and emotional support to buffer against the cyclical deterioration where reduced self-efficacy increased vulnerability to further trauma exposure. Professional associations including the Kenya Counselors and Psychologists Association were recommended to develop targeted continuing education programs specifically addressing the trauma-efficacy relationship, incorporating cognitive behavioral strategies, resilience training, and reflective practice components that simultaneously reduced vicarious trauma symptoms while rebuilding professional confidence across all counseling competency domains.

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