

Secondary Traumatic Stress Levels of Professionals Providing Psychosocial Support Services After Disaster

Afet Sonrası Psikososyal Destek Hizmeti Sağlayan Profesyonellerin İkincil Travmatik Stres Düzeyleri

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Çıkar Çatışması / Competing Interests

Yazar(lar), çıkar çatışması olmadığını beyan eder. / The author(s) declares that have no competing interests.

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Abstract

Working with individuals who have experienced trauma increases the risk of secondary traumatic stress for professionals. This study aims to examine the levels of secondary traumatic stress experienced by professionals providing psychosocial support in the disaster area following the Kahramanmaraş earthquakes on February 6, 2023 in relation to various variables. The study employed a quantitative correlational survey method. The sample consisted of 341 psychosocial support team professionals working in the disaster area who voluntarily participated in the study. The following factors were found to be protective against secondary traumatic stress: male gender; a high level of knowledge about post-disaster psychosocial support; education in post-disaster psychosocial support services beyond undergraduate level; previous experience in post-disaster psychosocial support; short periods of time spent in the psychosocial support team in the disaster area (8–14 days); accepting the role voluntarily; and an absence of personal trauma history. The study's results have identified variables that may be risk or protective factors for professionals providing post-earthquake psychosocial support. Notably, a high level of knowledge about post-disaster psychosocial support, relevant training, and experience in this field are important factors in supporting the mental health of professionals working in this area.

Keywords: Disaster, Earthquake, Psychosocial support, Social worker, Secondary traumatic stress.

Öz

Bu çalışmada, 06 Şubat 2023 Kahramanmaraş depremleri sonrası afet bölgesinde psikososyal destek sağlayan profesyonellerin ikincil travmatik stres düzeylerinin çeşitli değişkenler açısından incelenmesi amaçlanarak nicel araştırma yöntemlerinden ilişkisel tarama modeli kullanılmıştır. Örneklem, afet bölgesinde psikososyal destek ekibinde çalışan ve araştırmaya gönüllü olarak katılan 341 profesyonelden oluşmaktadır. Erkek cinsiyet, katılımcıların daha yüksek afet sonrası psikososyal destek bilgisi ve lisans eğitimi dışında afet sonrası psikososyal destek hizmetine yönelik eğitim almış olması, daha önce afet sonrası psikososyal destek deneyimi bulunması, afet bölgesinde psikososyal destek ekibinde geçirilen kısa sürelerle (8-14 gün), görevi gönüllü olarak kabul etme ve kişisel travma yükünün bulunmamasının ikincil travmatik stres için koruyucu faktörler olabileceği bulunmuştur. Çalışmanın sonuçları, deprem sonrası psikososyal destek sağlayan profesyoneller için risk faktörü veya koruyucu faktör olabilecek değişkenleri ortaya koymaktadır. Özellikle afet sonrası psikososyal destek konusundaki yüksek bilgi düzeyi, konu ile ilgili alınan eğitimler ve afet sonrası psikososyal destek sağlama deneyimi bu alanda çalışan ruh sağlığı profesyonellerine destek olması açısından önemli sonuçlar sunmaktadır.

Anahtar Kelimeler: Afet, Deprem, Psikososyal destek, Sosyal hizmet uzmanı, İkincil travmatik stres.

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Introduction

Disasters leave deep scars in the lives and history of individuals, families, and society. Considering the individual and social problems that arise after disasters, it is crucial to understand the effects of the disaster and take necessary precautions to mitigate the risk of secondary trauma. Disasters in developing countries cause various negative effects not only economically but also sociologically and psychologically (Çakmak et al., 2010, p. 83; Gülyol, 2024, p.42).

It appears that earthquakes are among the most destructive disasters. In the history of Türkiye, many significant earthquakes are recorded, such as the 1930 Hakkari earthquake, the 1939 Erzincan earthquake, the 1967 Adapazarı earthquake, the 1971 Bingöl earthquake, the 1999 Düzce earthquake, the 2011 Van earthquake, the 2020 Elâzığ earthquake, the 2020 İzmir earthquake, and the 2023 Kahramanmaraş earthquake (Gülyol, 2024, p. 41). The Kahramanmaraş earthquakes, which occurred on February 6, 2023, in Türkiye, affected 11 different cities. The earthquake was recorded as the last in Türkiye. This large-scale disaster, in which more than 50 thousand people lost their lives, was called the "disaster of the century" (AFAD, 2023, 2nd paragraph; TRT Haber, 2023, 2nd & 9th paragraph).

Such disasters can affect individuals in various ways. Three of the categories in which Uğurlu et al. (2003) list these effects are as follows: 1. Those who directly experienced the disaster and survived, 2. Family members and close friends of victims, and 3. Aid workers responding to the disaster may experience a significant emotional impact (p. 204).

Trauma may occur as a result of events that threaten the physical integrity of the individual, such as injury or death threats, or exposure to intense stress that disrupts psychological integrity (Çolak et al., 2010, p. 21; Yanbolluoğlu, 2019, p. 142). The post-earthquake trauma level has been linked to various factors, including the experience of being trapped under rubble during the earthquake itself, injuries, and the death of a family member, a friend, or a neighbor in the aftermath of the seismic event (Özkan Bardakcı et al., 2025, p. 7). According to the DSM-5, post-traumatic stress disorder can arise from directly experiencing or witnessing serious events like death, injury, or sexual violence, learning about such events affecting loved ones, or being repeatedly exposed to distressing details (APA, 2022). Traumatic experiences can arise from disasters such as earthquakes and floods, as well as from human-induced events such as violence and bereavement. Given the multifaceted nature of trauma responses, characterised by variations in mental health history, genetic predispositions, physical characteristics, motivation, and coping skills among individuals, this underscores the need to recognise heterogeneity in reactions to trauma (Özgen & Aydın, 1999, p. 34). Individuals may also develop feelings of responsibility for, or be affected by, potentially traumatic events experienced by others. (Gülyol, 2024, p. 47; Yanbolluoğlu, 2019, p. 142). Learning about a potentially traumatic event affecting a close relative may result in changes in emotions and behaviors, which may prompt individuals to offer help or support (Akcanbaş & Keskiner, 2020, p. 164).

"Primary traumatic stress" refers to responses from direct potentially traumatic experiences, while "secondary traumatic stress" (STS) arises from indirect exposure to such events (Aktaş-Ceyhan, 2023, p. 21; Figley, 1995; Yanbolluoğlu, 2019, p. 142). In addition to individuals who directly experienced the earthquake, mental health professionals working with affected populations may also be vulnerable to this form of trauma, referred to as STS. The concept was first introduced in 1990 under the term vicarious traumatization and conceptualised within the framework of constructivist self-development theory (McCann & Pearlman, 1990, p. 147). Subsequently, the notion of compassion fatigue came to the fore (Figley, 1995). The term has been employed to elucidate the phenomenon of burnout experienced by professionals exposed to STS (Figley, 1995; Gülyol, 2024, p. 47; Joinson, 1992, p. 116; Özkul & Çalık-Var, 2018, p. 51). Emotional responses to both primary (direct) and secondary (indirect) trauma are similar; however, primary threats directly target the individual, whereas secondary threats involve harm to someone close to them (Kahil, 2016, p. 19; Kahil & Palabıyıköğlu, 2018, p. 62). Exposure to another's traumatic experiences can lead to STS for helping professionals (Gürkan & Yalçın, 2017). All three concepts demonstrate substantial conceptual overlap and highlight the challenges faced by professionals working with trauma survivors. However, STS differs from vicarious traumatization and compassion fatigue in one key respect. The key distinction is that, despite the lack of direct exposure to trauma, professionals are exposed to information about the trauma through their clients during their intervention, observe it, and may subsequently present symptoms consistent with post-traumatic stress disorder (Figley, 1995; McCann and Pearlman, 1990; Rauvola et al., 2019).

Studies on aid workers exposed to STS reveal varying factors influencing its effects. Research in Türkiye (2007-2017) found that search and rescue workers with higher education levels exhibited more post-traumatic stress symptoms than those with lower education. In the lower education group, married individuals showed higher stress symptoms than single individuals (Yanbolloğlu, 2019, p. 118; Yılmaz & Hisli Şahin, 2007, p. 128). In healthcare workers, STS was found to decrease with increased psychological resilience, with a positive correlation between age and resilience (Pak et al., 2017, p. 643-644). Female personnel in disaster areas were more anxious than males (Çakmak et al., 2010, p. 87), while psychologists experienced lower STS levels than other professionals, although those with a trauma history had higher levels (Yanbolloğlu, 2019). In healthcare professionals, STS was found to decrease with increased psychological resilience, and a positive correlation was observed between age and resilience (Pak et al., 2017, p. 643-644). Female personnel in disaster areas reported higher anxiety levels than males (Çakmak et al., 2010, p. 87), while psychologists experienced lower STS levels than other professionals; however, those with a prior trauma experience exhibited higher levels (Çakmak et al., 2010, p. 87). Additionally, lawyers with traumatic childhood experiences faced greater challenges in managing traumatic stress (Akcanbaş & Keskiner, 2020, p. 177). In conclusion, psychological resilience (Pak et al., 2017, pp. 643-644), gender (Baum, 2014, p. 232; Baum et al., 2014, p. 117; Greinacher et al., 2019, p. 9; Sehlükoglu et al., 2024, Section Discussion), age (Kalkan 2021; Mesârosovâ, 2018), marital status (Sevim & Öksüz Poplata, 2024, p. 70; Yılmaz, 2006, p. 125), occupation (Altınekin, 2014, p. 137; Mesârosovâ, 2018, p. 51), volunteerism (Kahil, 2016, p. 59; Tuncay, 2004; pp. 139-140), educational level (Mesârosovâ, 2018; p. 51 Yanbolloğlu, 2019, p. 118; Yılmaz & Hisli Şahin, 2007, p. 128), experience, knowledge and education of post-disaster psychosocial support (Altınekin, 2014, p. 137-138; Kahil, 2016, p. 63; Kalkan, 2021, p. 48; Pulido, 2012, p. 307), length of work in post-disaster psychosocial support (Wang et al., 2020, p. 7) and personal history of trauma (Akcanbaş and Keskiner, 2020 p.177; Kahil, 2016, p. 60; Yılmaz and Bekaroglu, 2025) emerge as variables that may function as either protective or risk factors for STS.

The roles of social workers differ pre and post disasters. Before the occurrence of a disaster, social services are responsible for raising public awareness and training volunteers to reduce disaster risks and increase the community's resilience to disasters (Kılıç Ceyhan, 2023, p. 785; Özçelik, 2020, p. 54). In the aftermath of a disaster, social service professionals are tasked with the provision of assistance to disadvantaged individuals and communities with a view to improving their living conditions. Therefore, social work is an effective science and professional practice that is applied to help people lead a healthy, happy and balanced life (Kılıç Ceyhan, 2023, p. 785). Professionals exposed to traumatic stressors are at an increased risk of burnout, depression, and symptoms of STS. (Budeva, 2016, p. 35). Such professionals frequently experience intrusive thoughts related to their clients' traumatic experiences, which may lead to sleep disturbances, particularly in the conditions of heavy workloads and emotionally demanding work environments (Carvalho et al., 2023, p. 11). Although STS may occur immediately following contact with clients, individual factors such as a history of childhood trauma may increase susceptibility (Simon et al., 2005, p. 11). Bachelor of Social Work (BSW) students engaged in direct client work may also develop STS during field training (Zengin & Sağlık Tuğrul, 2024). Promoting professional development and healthy self-care practices plays an important role in the retention of social workers (Owens-King, 2019, p. 45). In addition, social service organisations can support this process by enhancing workers' psychological empowerment, and developing targeted strategies to support them is warranted (Weiss-Dagan et al., 2022, p. 182; Choi, 2017). Consequently, examining STS levels among social workers and professionals working with disaster-affected individuals is necessary to protect their well-being.

This study aims to examine the STS levels of mental health professionals providing post-disaster psychosocial support (PDPS) services in terms of some variables. In this context, the dependent variable of the study is the STS level of the professionals providing the service in question. The independent variables are the gender, age, marital status, profession, type of institution/organisation, education level, length of professional experience, level of knowledge about post-disaster psychosocial support, training on post-disaster psychosocial support during their undergraduate education, training on post-disaster psychosocial support other than their undergraduate education, participation in the post-disaster psychosocial support team before the February 6, 2023 earthquakes, willingness to join the psychosocial support team after the February 6, 2023 earthquakes, the number of days of participation in the psychosocial support team after the February 6, 2023 earthquakes, the time elapsed after the

psychosocial support duty ended, and presence of any personal trauma history. Within the scope of the sub-objectives of the study, the following questions will be answered:

1. Do the STS levels of professionals providing post-disaster psychosocial support services differ according to the variables of gender, age, marital status, educational level, and presence of personal trauma history?
2. Do the STS levels of professionals providing post-disaster psychosocial support services differ according to the variables of profession, type of institution, length of professional experience, receiving PDPS training during undergraduate education, or receiving PDPS training other than undergraduate education?
3. Do the STS levels of professionals providing post-disaster psychosocial support services differ according to the participation in the PDPS team before the February 6, 2023 earthquakes, volunteer status in participating in the psychosocial support team in the February 6, 2023 earthquakes, how long they have served in the earthquake zone and how long it has been since the end of their duty?

2. Method

This quantitative, exploratory study used a relational research method to explore the phenomenon. In relational research, the relationship between two or more variables is investigated without any intervention in the variables to be examined (Büyüköztürk et al., 2012, p. 184).

2.1. Data Collection Tools

The data were collected electronically using a personal information form containing questions about the independent variables of the study and a questionnaire form containing scale questions to measure the dependent variable of STS.

2.1.1. Personal Information Form

The form included questions on the study's independent variables to define participant characteristics, such as gender, marital status, type of institution, duration of service in the earthquake zone, end so on.

2.1.2. Secondary Traumatic Stress Scale Turkish Form

The Turkish validity and reliability study of Bride et al.'s (2004) scale, conducted by Kahil (2016), involved a 17-item Likert-type scale with a single-factor structure. Participants respond using options ranging from "Never" to "Very often." Scores range from 17 to 85, with higher scores indicating greater impact. The Cronbach's α coefficient was found to be 0.94 in the Turkish adaptation and in this study also.

2.2. Sample

The sample consisted of professionals who worked in the psychosocial support team in the disaster area during the February 6, 2023 earthquakes and volunteered to participate in the study. Descriptive data on the participants were presented in Table 1. The study included a total of 341 participants.

Participants were invited to take part in the study via WhatsApp, Telegram, Instagram, and Twitter instant messaging applications. The inclusion criterion was to have provided psychosocial support in the earthquake zone, with those who did not provide psychosocial support, or who offered psychosocial support outside the earthquake zone excluded from the study.

The inclusion criterion was to have provided psychosocial support in the earthquake zone. Professionals who did not provide psychosocial support, or who offered psychosocial support outside the earthquake zone were excluded from the study. Furthermore, the professionals providing psychosocial support were required to be social workers, sociologists, psychologists, psychological counsellors and guidance teachers, child development specialists, teachers, or family and consumer economists.

2.3. Data Collection and Analysis

The study received approval from Afyon Kocatepe University Social and Human Sciences Research Committee on July 21, 2023 (No. 2023/202). Data were collected electronically via Google Forms from July 25, 2023 to December 18, 2023. Prior to participation, informed consent was obtained from all participants. Informed consent was obtained from all participants before the participation. Final

sample size was 341. Normal distribution analysis using Skewness, Kurtosis, Histogram and Normal Q-Q Plot allowed the normal distribution of data and the use of parametric tests. Independent groups t-test and One-Way Analysis of Variance tests were used to analyse the relationships between scale and variables.

Table 1. Descriptive information of participants

	n	%			
Gender					
Female	240	70.4			
Male	101	29.6			
Marital Status					
Single	220	64.5			
Married	121	35.5			
Profession					
Social Worker	195	57.2			
Other	146	42.8			
Institution					
Public	314	92.1			
Private or Non-Governmental Organisations (NGOs)	27	7.9			
Education Level					
Bachelor's degree	292	85.6			
Master's Degree	49	14.4			
PDPS Knowledge					
Low	44	12.9			
Medium	157	46.0			
High	140	41.1			
PDPS Training in Undergraduate					
Yes	125	36.7			
No	216	63.3			
PDPS Training Other than Undergraduate					
Yes	205	60.1			
No	136	39.9			
Previous PDPS Experience					
Yes	141	41.3			
No	200	58.7			
Participation Type					
Volunteer	195	57.2			
Not Volunteer	146	42.8			
Personal Trauma History					
Yes	137	40.2			
No	204	59.8			
PDPS Duration (Days)					
1-7	55	16.1			
8-14	93	27.3			
15-21	59	17.3			
22-28	30	8.8			
29 and more	104	30.5			
Variables	n	\bar{x}	ss	Min	Max
Age	341	29.73	5.33	21	60
Professional Experience (Years)	341	5.10	4.76	1	34
Time After PDPS (Weeks)	341	12.13	9.30	0	60

2.4. Limitations

The generalisability of the study is limited to the study group. It should be noted that the research approach employed is cross-sectional. One of the limitations of the sample is that the data was collected

through online forms. The findings need to be supported by further studies, especially longitudinal studies.

3. Findings

As shown in Table 2, there was no significant difference ($p>0.05$) between the STSS-TF score and the variables such as marital status of the participants, being a social worker or being from other professions, working in public or private institutions and non-governmental organisations, being a bachelor's or master's degree graduate, and receiving PDPS training in undergraduate education.

Table 2. The relationship between demographic variables and STS levels

Variables		n	\bar{x}	ss	t/F	p	Cohen's d/η^2
Gender	Female	240	40.47	14.35	2.167	0.031*	0.27
	Male	101	36.97	11.70			
Marital Status	Single	220	39.24	12.95	0.351	0.726	
	Married	121	39.79	15.00			
Profession	Social Worker	195	39.81	12.94	0.578	0.564	
	Other	146	38.94	14.67			
Institution	Public	314	39.31	13.67	-0.560	0.576	
	Private or NGOs	27	40.85	14.12			
	Bachelor's degree	292	39.85	13.53			
Education Status	Master's Degree	49	36.96	14.56	1.369	0.172	
PDPS Training in Undergraduate	Yes	125	37.67	11.83	-1.917	0.056	
	No	216	40.45	14.60			
PDPS Training Other than Undergraduate Education	Yes	205	37.95	12.88	-2.482	0.014*	0.27
	No	136	41.68	14.61			
Previous PDPS Experience	Yes	141	37.34	12.01	-2.387	0.018*	0.27
	No	200	40.91	14.62			
Participation Type	Volunteer	195	36.73	11.85	4.170	0.000**	0.46
	Not Volunteer	146	43.04	15.14			
Personal Trauma Story	Yes	137	41.91	14.91	2.765	0.006**	0.30
	No	204	37.77	12.58			
PDPS Knowledge	Low (L)	44	43.59	14.77	4.539	0.011*	0.026
	Medium (M)	157	40.36	13.47			
	High (H)	140	37.09	13.25			
Significant Difference: LSD H>M (Cohen's $d=0.25$), H>L (Cohen's $d=0.46$)							
Duration of PDPS	0-7 Days	55	38.44	12.46	2.732	0.029*	0.032
	8-14 Days	93	36.01	13.04			
	15-21 Days	59	40.29	12.30			
	22-28 Days	30	42.90	12.80			
	29 and more	104	41.54	15.33			
Significant Difference: LSD 8-14<22-28 (Cohen's $d=0.53$), 8-14<29+ (Cohen's $d=0.39$)							
STSS-TF Score							
Variables	r	p					
Age	-0.087	0.109					
Professional Experience	-0.079	0.147					
Time After PDPS	0.008	0.880					

* $p<0.05$, ** $p<0.01$

However, females' STSS-TF score ($\bar{x}=40.47$) was significantly higher than males' ($\bar{x}=36.97$) ($t=2.167$, $p=0.031$). The effect size between genders was small (Cohen's $d=0.27$). This finding suggests

that female professionals may be at a relatively higher risk of STS compared with the male counterparts. Those who received PDPS training other than undergraduate education ($\bar{x}=37.95$) had a statistically significantly lower STSS-TF score than those who did not ($\bar{x}=41.68$) ($t=-2.482$, $p=0.014$). The effect size was small (Cohen's $d=0.27$). This finding suggests that post-graduate training in PDPS may act as a protective factor against STS. This finding suggests that post-graduate training in PDPS may serve as a protective factor against STS. Before the 6/2 earthquakes, the STSS-TF score of the participants with PDPS experience ($\bar{x}=37.34$) was significantly lower than that of those without experience ($\bar{x}=40.91$) ($t=-2.387$, $p=0.018$). The effect was small (Cohen's $d=0.27$). This finding suggests that prior PDPS experience may be associated with a protective effect against STS. The STSS-TF score of those who participated in the PDPS team without volunteering ($\bar{x}=43.04$) was higher than that of those who volunteered ($\bar{x}=36.73$) ($t=4.170$, $p=0.000$). The effect size was medium (Cohen's $d=0.46$). This medium effect size underlines the potential importance of voluntary participation in psychosocial support teams in disaster contexts. The STSS-TF score of those who had personal trauma history throughout their lives ($\bar{x}=41.91$) was also statistically significantly higher than those who did not have a trauma history ($\bar{x}=37.77$) ($t=2.765$, $p=0.006$). The effect was small (Cohen's $d=0.30$). The presence of a personal history of trauma among professionals may be regarded as a risk factor for STS. A significant relationship was found between the PDPS knowledge level of the participants and the STSS-TF score ($F=4.539$, $P=0.011$). The effect size was small ($\eta^2=0.026$). LSD, one of the post hoc tests, was applied to determine the direction of the difference and it was concluded that those with a high level of PDPS ($\bar{x}=37.09$) had lower STSS-TF scores than those with medium level ($\bar{x}=40.36$, Cohen's $d=0.25$) and low level ($\bar{x}=43.59$, Cohen's $d=0.46$). The effect size of the difference between the high and medium knowledge levels was small, while the effect size of the difference between the high and low knowledge levels was medium. It was observed that there was a statistically significant relationship between the time the participants spent on PDPS in the earthquake zone and their STSS-TF scores ($F=2.732$, $p=0.029$). The effect size was medium ($\eta^2=0.032$). As a result of LSD post hoc analysis, it was found that the STSS-TF scores of those who worked in the earthquake zone for 8-14 days ($\bar{x}=36.01$) were lower than those who worked for 22-28 days ($\bar{x}=42.90$, Cohen's $d=0.53$) and those who worked for 29 days or more ($\bar{x}=41.54$, Cohen's $d=0.39$). The effect size of this analysis was medium. This finding suggests that prolonged involvement in the post-earthquake psychosocial teams may be associated with an increased risk of STS. There was no statistically significant relationship between the participants' STSS-TF score and their age, length of professional experience and the time elapsed after the PDPS in the disaster area.

Discussion

The role of gender in STS has received considerable attention in the traumatic stress literature. In addition to studies indicating that gender is among the predictors of STS, it is internationally accepted that gender is a variable that should be taken into account in traumatic stress research (Gökçen et al., 2024, p. 4-5; Langevin et al., 2024; Munishvaran & Booyesen, 2022, p. 3-4). In this study, females in the post-earthquake psychosocial support team exhibited higher levels of STS than men, aligning with existing literature (Baum, 2014, p. 232; Baum et al., 2014, p. 117; Greinacher et al., 2019, p. 9; Sehlirkoglu et al., 2024, Section Discussion). According to Baum's (2016) systematic review, women are more susceptible to STS (p. 232). However, it should be noted that this does not imply that male professionals are unaffected; men can also experience significant difficulties. A further study indicates that there is a significant and strong relationship between Turkish male mental health professionals' perception of coping with trauma and their psychological resilience and that this relationship affects STS levels (Özbay & Eliştük Bülbul, 2024, p. 14). Creamer and Liddle (2005) and Kahil (2016) found no significant link between gender and STS.

The present study found no significant relationship between age and STS. This finding supports other studies conducted in Türkiye and conclusions following the February 6, 2023 earthquakes (Kahil, 2016, p. 49; Sevim & Öksüz Poplata, 2024, p. 70). However, this study contradicts that of Kalkan (2021) and Mesârosovâ (2018), who noted a negative relationship between age and post-traumatic stress. The absence of a statistically significant relationship between age and STS in this study may be attributed to the predominance of younger participants in the sample.

Additionally, in this study, no differences in STS based on marital status were observed, consistent with Can (2020) and Kalkan (2021), though other studies indicated that single individuals may experience higher levels of traumatic stress (Sevim & Öksüz Poplata, 2024, p. 70; Yılmaz, 2006, p. 125).

In a context where exposure to complex and sequential disasters is increasing, social work practitioners worldwide are grappling with extremely challenging personal and professional issues (Boetto, 2024, p. 1137). Quinn (2016) suggested that personal annual income, caseload size, degree of anxiety, and quality of supervision may either protect social workers against the onset of STS symptoms or leave them vulnerable (p. 42). This study examined the relationship between STS levels of social workers and other professionals, but no significant results were found. Kalkan (2021) also found no significant results in terms of post-traumatic stress among professional groups working in the field of social work (p. 49). In other studies conducted with mental health workers, social workers had the highest risk in terms of STS (Altınekin, 2014, p. 137; Mesârosovâ, 2018, p. 51).

The results of the study indicate that working in public institutions, private institutions, or NGOs did not result in differences in participants' STS. However, STS levels were significantly higher among professionals who were assigned compulsorily compared to those who participated voluntarily. This finding is consistent with the results reported by Kahil (2016), who stated that professional aid workers exhibited higher STS levels than volunteer aid workers (p.59). In a relation, Tuncay's (2004) study conducted after the 1999 Marmara and Düzce earthquakes indicated that social workers who were reluctant to participate in psychosocial support teams reported lower levels of job satisfaction levels (p. 139-140), suggesting that willingness to participate may play an important role in psychosocial outcomes following disaster-related work. In the present study, volunteerism refers to participation based on the individual's own consent. Many professionals assigned to psychosocial support teams after the earthquake were affiliated with official institutions or NGOs. While most agreed to participate, some did so without volunteering.

A bachelor's or master's degree and training on PDPS during undergraduate education were not linked to STS levels, corroborating earlier findings (Kahil, 2016, p. 59; Sevim & Öksüz Poplata, 2024, p. 70). However, those who had taken PDPS training outside of undergraduate education had lower STS levels. Mesârosovâ (2018) states that those with a bachelor's degree tend to report higher STS than those with a master's degree (p. 51). Additionally, in this study, individuals with greater knowledge of psychosocial support after disasters reported lower STS levels. Altınekin (2014) found that increased education and field training on trauma were associated with decreased indirect traumatic stress, emphasizing the protective role of both theoretical and practical training (p. 137-138). In this study, participants who had prior PDPS experience before the February 6, 2023 earthquakes also exhibited lower STS levels. This finding is consistent with previous research highlighting the role of prior experience in shaping responses to traumatic work. For instance, clinicians aiding affected individuals after September 11, attacks reported minimal prior experience and support, and no significant correlation was observed between the elapsed time after providing psychosocial support and STS levels (Pulido, 2012, p. 307).

In this study, no significant relationship was found between the length of professional experience and the level of STS. Kalkan (2021) stated that those with less than one year of work experience had higher post-traumatic stress levels than those with more than one year (p. 48), and Kahil (2016) stated that those with 11-15 years of experience had higher STS levels than those with 1-5 years of experience (p. 63). In this regard, the present study found significant relationships were found between the time spent in the earthquake zone and the level of STS. Accordingly, the STS levels of those who worked for 22-28 days and 29+ days were significantly higher than those who worked for 8-14 days. Wang et al. (2020), in a study conducted with nurses, stated that as the daily working time of the participants increased, their STS levels also increased (p. 7). This finding is consistent with the results of the present study.

Overall, participants with a personal history of trauma exhibited higher levels of STS than those without such a history. This finding is consistent with the previous research (Akcanbaş & Keskiner, 2020, p. 177; Kahil, 2016, p. 60; Yılmaz & Bekaroglu, 2025). In contrast, Creamer and Liddle (2005) reported no significant relationship between personal trauma history and STS (p.93). Taken together, these findings highlight the need to establish systems that support the psychosocial resilience of professionals providing psychosocial support (Benavides et al., 2024; Girgin, 2025, p.1549).

Conclusion and Recommendations

Understanding STS risks is crucial for professionals working with vulnerable groups to minimize harm to workers. This study aimed to examine the STS levels of professionals who provided

psychosocial support services in the disaster area immediately after the February 6, 2023 Kahramanmaraş-centred earthquakes, in terms of various variables. Results indicated that being a female, having a low level of knowledge about PDPS, having less experience, not receiving any training on the subject during undergraduate education and, other than undergraduate education, spending more time in the psychosocial support team in the disaster area, participating in the psychosocial support team through mandatory assignments rather than as a volunteer, and having personal trauma experiences are factors that may contribute to increased levels of STS.

All other variables, except gender and personal trauma history, are variables that could be relatively controlled. The results not only contribute scientifically but also provide evidence to relevant organisations for the planning of psychosocial support services following disasters. The study aims to aid organisations in planning psychosocial support services and emphasises the need for volunteerism in post-disaster efforts and enhanced training in undergraduate and other trauma training programmes. Furthermore, this study suggests that tailored support, particularly for social workers or helping professionals with a trauma history, and female workers, could be beneficial.

In this regard, the following recommendations are proposed for practitioners:

- Taking into account the volunteer status and prior experience of participants when forming the PDPS teams,
- Strengthening professionals who may be involved in PDPS teams with psychosocial support training, prior to disasters.
- Considering gender differences and personal trauma history in relation to vulnerability to STS,
- Limiting the duration of time spent in the PDPS teams will be beneficial for the protection of professionals against STS from the adverse effects of prolonged exposure to traumatic stress.

ARAŞTIRMACILARIN MAKALEYE KATKI ORANI BEYANI				
Yazarlar Adı Soyadı	Çalışmanın Tasarlanması	Veri Toplanması	Veri Analizi	Makalenin Yazımı
Çağatay Serkan Kaya	% 50	% 50	% 50	% 50
Fikriye Rana Kara	% 50	% 50	% 50	% 50

ETİK KURUL İZİNİ

Etik kurul izni gerektiren çalışmalarda, izinle ilgili bilgileri (kurul adı, tarih ve sayı no) yöntem bölümünde ve ayrıca burada belirtmişlerdir.

Kurul adı: Afyon Kocatepe Üniversitesi Sosyal ve Beşeri Bilimler Bilimsel Araştırma ve Yayın Etiği Kurulu

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