

## Understanding Minoritized Educators' Experiences with Secondary Trauma During COVID-19

Chelsea Pratt  
*Association of American Medical Colleges*

James Olive  
*University of Dayton*

Meredith Wronowski  
*University of Dayton*

Anthony Peddle  
*Columbus City Schools*

---

### ABSTRACT

This mixed-methods study examined the ways that K-12 educators with minoritized racial/ethnic identities (e.g., BIPOC) and/or gender identities (e.g., women, non-binary, and/or transgender) as well as sexualities (e.g., LGBTQ+) experienced secondary trauma during the COVID-19 pandemic. Through a national survey of 1,194 K-12 educators and 24 follow-up interviews, we found that BIPOC and LGBTQ+ educators experienced greater rates of childhood trauma, which was correlated with a greater risk of secondary trauma for all individuals in our sample. Additionally, educators with minoritized gender identities reported greater rates of experiencing secondary trauma. Qualitative interviews with minoritized educators added to these findings, revealing the necessity of structural support for educators as opposed to a sole focus on self-care, inadequacy of trauma-related professional development, and minoritized educators' commitment to improving the lives of their students who have experienced trauma as a result of their own traumatic experiences. These results have implications for educational administrators and policymakers regarding the interconnectedness of trauma and identity.

**Keywords:** secondary trauma, education, K-12 educators, minoritized educators, mixed methods, critical trauma theory

---

The coronavirus (COVID-19) pandemic upended K-12 education in the United States (Minkos & Gelbar, 2020). Educators continued serving their students amidst potential exposure to COVID-19 (Lardieri, 2020), conflicting guidance (Hamilton, 2021), and skyrocketing rates of burnout (Cardoza, 2021). The school years that followed were

filled with traumatic events in addition to the COVID-19 pandemic, including significant natural disasters (Thompson, 2020), rampant economic instability (World Bank, 2020), and highly publicized instances of police brutality (Human Rights Watch, 2020). As such, many educators have become increasingly concerned about the potentially catastrophic impacts of these crises on the children with whom they work (Cenat & Dalexis, 2020). For many children who experience potentially traumatic events, K-12 educators provide an important source of support and stability; however, this can take a significant toll on educators themselves (Alisic et al., 2012; Hydon et al., 2015; Tehrani, 2007), at times resulting in secondary trauma, or the impact that empathic engagement with others experiencing trauma may have on one's psychological and physiological well-being (Knight, 2010; Pearlman, 1999; Stamm, 1995). Secondary trauma may also be coupled with educators' own primary trauma; for example, research that originated with the Adverse Childhood Experiences (ACE) study (Felitti et al., 1998) revealed that approximately four in five adults in the United States experienced at least one potentially traumatic experience in childhood (Hamby et al., 2018). High ACE scores are correlated with negative psychological and physiological outcomes including anxiety, depression, and cognitive delays (Connor et al., 2015; Edwards et al., 2003; Walker & Walsh, 2015). However, the intersectional secondary and primary trauma experiences of K-12 educators in the United States has not been well described, and this study seeks to fill a dearth in the literature concerning the prevalence of this phenomenon.

The consequences of experiencing secondary trauma may include anxiety, sleeplessness, and intrusive thoughts, and may mirror symptoms associated with Post-Traumatic Stress Disorder (PTSD) (Newell & MacNeil, 2010). For educators with minoritized identities, including those who are Black, Indigenous, and People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), and women, the impacts of secondary trauma may be exacerbated (Anthym & Tuit, 2019; Carter, 2019; Namer & Hunler, 2014). Adverse impacts of secondary trauma are correlated with high turnover in educational settings (Christian-Brandt et al., 2020); given the stabilizing effect that schools have on children experiencing trauma (Alisic et al., 2012; Walker & Walsh, 2015), a better understanding of this phenomena is crucial.

## **THEORETICAL FRAMEWORK**

The theoretical framework that guided this study was critical trauma theory, which holds that trauma as a construct is inherently "racialized, sexualized, gendered and classed" (Stevens, 2009, p. 1). As a result, an awareness of identity, intersectionality, and difference is crucial for understanding and treating trauma (Stevens, 2016). A more nuanced understanding of power and oppression in trauma-informed practice includes acknowledging broader systemic and cultural forces that shape understandings of trauma in ourselves and in our world. Because minoritized individuals experience trauma as a result of oppressive structures (Stevens, 2009), it is necessary to have an expansive understanding of trauma that goes beyond traditional psychological definitions.

In this study we use the critical trauma theory lens to examine the experiences of K-12 educators with minoritized identities with secondary trauma during the COVID-19 pandemic. Our research questions were (1) what was the prevalence and scope of primary and secondary trauma amongst minoritized K-12 educators in our sample? (2) what was the prevalence and scope of the use of self-care and other resources to cope with trauma amongst minoritized K-12 educators in our sample? and (3) what was the relationship between primary and secondary trauma amongst minoritized K-12 educators in our sample?

## METHOD

Flowing from our theoretical framework of critical trauma theory, we approached this study using mixed methods guided by a transformative framework (Mertens, 2007; Sweetman et al., 2010). We used a sequential explanatory (QUAN → QUAL) data collection where the qualitative data was used to provide context to relationships identified in the quantitative data. We collected primary quantitative data by conducting a national survey of K-12 educators regarding their experiences with trauma and its impact on their instructional practices. The survey instrument explored the prevalence of both primary trauma -- measured as ACE scores -- and Educator Secondary Trauma (EST) as well as educator self-care strategies. The survey was distributed to approximately 35,000 educators nationwide. A total of 1,194 responses were obtained over a six-week period in the spring of 2021. See Table 1 for sample demographics.

**Table 1: Primary and Secondary Trauma by Demographic Group**

|                                    | Frequency | Percent of Sample | Percent Experienced Secondary Trauma | Percent Reporting ACE Scores of 4+ |
|------------------------------------|-----------|-------------------|--------------------------------------|------------------------------------|
| <i>Race/Ethnicity</i>              |           |                   |                                      |                                    |
| American Indian / Alaskan Native   | 5         | 0.5               | 0.0                                  | 0.0                                |
| Asian                              | 6         | 0.5               | 16.7                                 | 16.7                               |
| Black / African-American           | 61        | 5.6               | 50.0                                 | 43.5                               |
| Hispanic / Latino                  | 40        | 3.6               | 61.1                                 | 62.9                               |
| Native Hawaiian / Pacific Islander | 3         | 0.3               | 66.7                                 | 33.3                               |
| Other                              | 24        | 2.2               | 66.7                                 | 55.0                               |
| White / Caucasian                  | 959       | 87.3              | 55.0                                 | 34.3                               |
| <i>Gender</i>                      |           |                   |                                      |                                    |
| Female                             | 912       | 83.7              | 57.3                                 | 37.8                               |
| Non-binary                         | 5         | 0.5               | 100.0                                | 25.0                               |
| Male                               | 162       | 14.9              | 74.2                                 | 27.2                               |
| Trans Female / Woman               | 1         | 0.1               | 100.0                                | 0.0                                |

|                              |     |      |      |      |
|------------------------------|-----|------|------|------|
| Trans Male / Man             | 0   | 0    | --   | --   |
| Prefer not to answer         | 10  | 0.9  | 37.5 | 25.0 |
| <i>Sexual Orientation</i>    |     |      |      |      |
| Bisexual                     | 53  | 5.5  | 71.4 | 62.3 |
| Gay                          | 13  | 1.4  | 53.8 | 53.8 |
| Straight/Heterosexual        | 825 | 86.2 | 53.4 | 33.6 |
| Lesbian                      | 17  | 1.8  | 70.6 | 52.9 |
| Different Sexual Orientation | 16  | 1.7  | 56.3 | 50.0 |
| Prefer not to answer         | 33  | 3.4  | 58.8 | 33.3 |

For the qualitative data collection portion of the study, we contacted 214 individuals who had completed the survey and indicated they would be open to a follow-up interview. 24 individuals from 11 states participated in follow-up interviews, and 22 of the 24 interviewees held at least one minoritized identity in terms of their race, gender, or sexuality. A semi-structured interview protocol was followed that focused on interviewees' perception of trauma-informed practices and trauma-related support for students and educators within their schools and/or districts. See Table 2 for a breakdown of the identities of our interview participants.

**Table 2: Qualitative Data: Minoritized Interviewees and Salient Identities**

| Pseudonym | Role                                  | Salient Identities            |
|-----------|---------------------------------------|-------------------------------|
| Abby      | Middle school teacher                 | White heterosexual woman      |
| Angela    | High school teacher                   | White gay woman               |
| Anthony   | Middle school teacher                 | White gay man                 |
| Caroline  | High school teacher                   | White heterosexual woman      |
| Cathy     | High school teacher                   | White heterosexual woman      |
| Crystal   | Middle school teacher                 | White heterosexual woman      |
| Donna     | High school counselor                 | White lesbian woman           |
| Jackie    | Elementary special education teacher  | White woman                   |
| Jennifer  | High school special education teacher | White heterosexual woman      |
| Joyce     | High school teacher                   | White gay woman               |
| Kelly     | High school special education teacher | White heterosexual woman      |
| Kori      | High school teacher                   | White Jewish lesbian woman    |
| Lauren    | Middle school teacher                 | White heterosexual woman      |
| Marie     | High school teacher                   | Cuban American bisexual woman |
| Martha    | Middle school teacher                 | White heterosexual woman      |
| Molly     | Middle school teacher                 | White heterosexual woman      |
| Natalie   | High school special education teacher | White gay woman               |
| Paul      | Middle school teacher                 | White gay man                 |
| Shauna    | Preschool special education teacher   | White gay woman               |
| Tasha     | High school teacher                   | Black gay woman               |
| Theresa   | High school teacher                   | White heterosexual woman      |
| Tom       | Middle school counselor               | White gay man                 |

|       |                       |                          |
|-------|-----------------------|--------------------------|
| Tonya | Pre-k teacher         | Black lesbian woman      |
| Traci | Middle school teacher | Black heterosexual woman |

---

### **Data Analysis**

First, differences in primary trauma (ACE scores) and Educator Secondary Trauma (EST), use of self-care, and access to resources for managing trauma between demographic groups were examined using chi-square tests, which assess the actual rate of an observation in a specific category relative to the random mathematical probability of an observation appearing in a specific group. Differences in extent of EST between demographic groups were examined using ANOVA. Educator ACE scores in this analysis were coded on a three-level categorical scale (0, between 1 and 3, 4 or more), and extent of EST was coded on a five-level categorical Likert-type scale ranging from 1 (experiencing secondary trauma to no extent or to a very small extent) to 5 (experiencing secondary trauma to a very large extent). Additionally, the relationship of ACE scores to EST and the corresponding differences based on race/ethnicity, gender, and sexual orientation was assessed using binary logistic regression with EST as a dichotomous dependent variable (educator reported experiencing/not experiencing EST). We then analyzed our interview transcripts through open and thematic coding (Bhattacharya, 2017) to identify themes relevant to our research questions; two members of the research team coded each transcript to bolster intercoder reliability (Saldana, 2016).

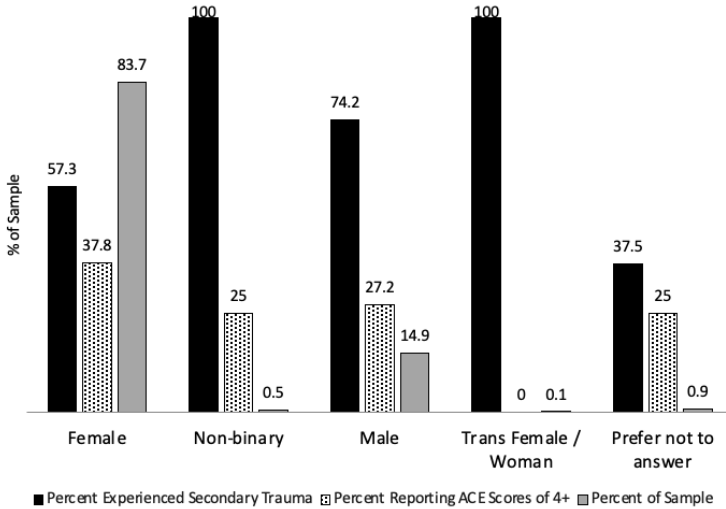
### **FINDINGS**

We present our findings in the order in which the analysis was conducted (QUAN → QUAL), and focus on answering the following research questions: (1) what was the prevalence and scope of primary and secondary trauma amongst minoritized K-12 educators in our sample? (2) what was the prevalence and scope of the use of self-care and other resources to cope with trauma amongst minoritized K-12 educators in our sample? and (3) what was the relationship between primary and secondary trauma amongst minoritized K-12 educators in our sample?

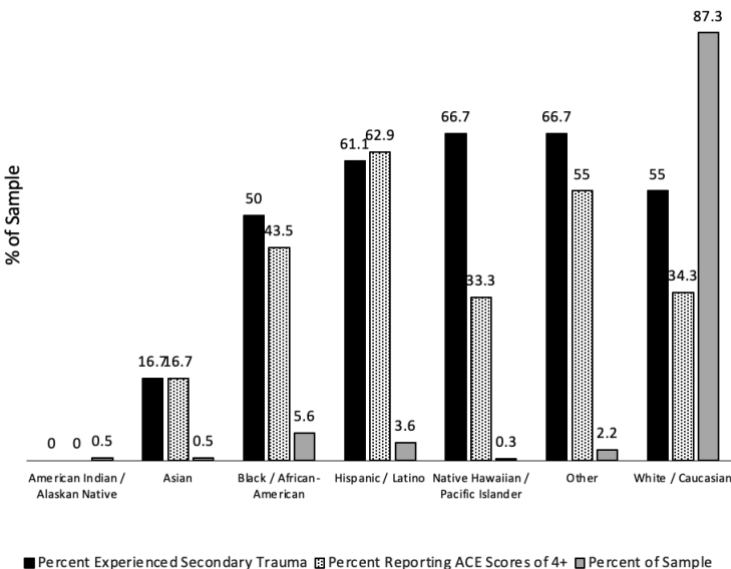
#### **Relationships Between Educator Primary and Secondary Trauma and Marginalized Identities**

Regarding our first research question of the prevalence and scope of primary and secondary trauma amongst minoritized educators in our sample, our quantitative analysis indicated that there was no significant difference in EST based on race and ethnicity. However, there were significant differences in ACE scores based on race and ethnicity ( $\chi^2 = 27.61$ ,  $p < .01$ ), with educators who were Black, Indigenous, and/or People of Color (BIPOC) reporting ACE scores of 4 or more at higher than expected rates (relative to random probability). There was also a significant difference in EST prevalence based on gender ( $\chi^2 = 27.83$ ,  $p < .001$ ), with female, non-binary, and transgender educators experiencing EST at higher than expected rates (relative to random probability). However, there were no significant differences in

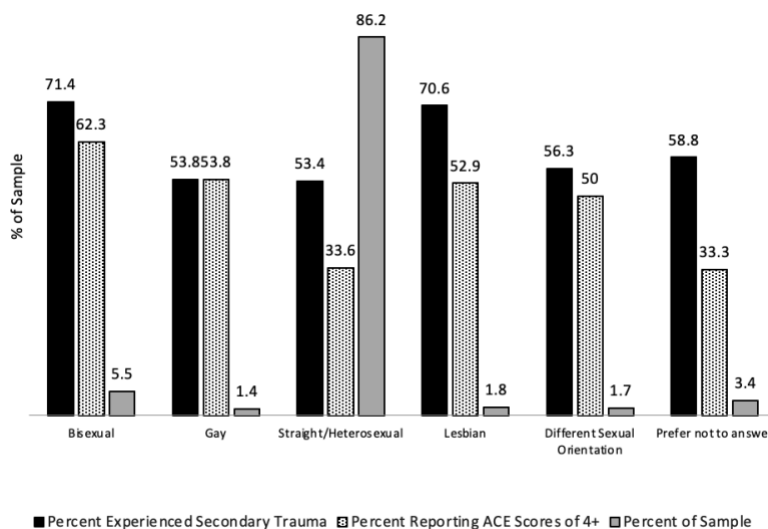
ACE scores based on gender. Conversely, we found no significant difference in experiencing EST between educators of differing sexual orientations; however, educators identifying as lesbian, gay, bisexual, queer, or another non-heterosexual sexual orientation (LGBQ+) had significantly higher than expected rates (relative to random probability) of ACE scores of 4 or more ( $\chi^2 = 31.11, p < .001$ ). These findings are summarized in Figures 1-3, below.



**Figure 1: Participant Experiences with Primary and Secondary Trauma by Gender**



**Figure 2: Participant Experiences with Primary and Secondary Trauma by Race/Ethnicity**



**Figure 3: Participant Experiences with Primary and Secondary Trauma by Sexual Orientation**

Regarding our second research question related to the prevalence and scope of the use of self-care and other resources to cope with trauma, there were no significant differences based on race/ethnicity or sexual orientation. However, there were significant differences based on gender ( $\chi^2 = 14.34, p < .01$ ), with female, non-binary, and transgender educators using self-care strategies to cope with trauma at higher than expected rates (relative to random probability). There was also a significant difference in reports of working for a district or school that provided resources for managing trauma based on race/ethnicity ( $\chi^2 = 13.92, p < .05$ ), with white educators reporting being in districts/schools that offered resources for managing trauma at lower than expected levels (relative to random probability). This difference could be related to the higher distribution of BIPOC teachers in urban districts and schools ( $\chi^2 = 51.18, p < .01$ ), which, according to our analysis, offered trauma resources to educators at higher than expected rates (relative to random probability) compared to rural and suburban districts and schools ( $\chi^2 = 7.29, p < .10$ ). This difference was also significant between educators of differing genders ( $\chi^2 = 11.23, p < .05$ ), with female, non-binary, and transgender educators reporting being in districts/schools that offered resources for managing trauma at lower than expected levels (relative to random probability). There was no significant difference between educators of differing sexualities.

For our third research question pertaining to the relationship between primary and secondary trauma for minoritized educators, for our entire sample, educator-

reported ACE scores significantly predicted whether or not educators reported experiencing secondary trauma ( $\chi^2 = 56.56, p < .001$ ). Specifically, educators with ACE scores of 0 (OR = 3.76,  $p < .001$ ) or ACE scores between 1-3 (OR = 1.93,  $p < .001$ ) were significantly more likely to report that they have not experienced EST compared with educators with ACE scores of 4 or more. Female, non-binary, and transgender educators were also significantly more likely to report that they have experienced EST compared to male educators (1/OR = 1.96,  $p < .001$ ). However, race/ethnicity and sexual orientation did not significantly predict EST in the equation.

### **Responding to the Relationship of Trauma and Identity**

In addition to these quantitative findings, several themes emerged in qualitative interviews that related to all three research questions. Specifically, educators with minoritized identities discussed the necessity of structural support, inadequacy of professional development, and commitment to improving the lives of their students who have experienced trauma as a result of their own traumatic experiences. Structural supports, such as removing administrative responsibilities, were emphasized as being more important than self-care practices for many participants. Though many of the interviewees discussed self-care strategies as important, they were acknowledged to be inadequate in the face of overwhelming workloads, untenable hours, and unrealistic job expectations. For example, Kelly, a white heterosexual cisgender woman employed as a high school special education teacher, stated, “How can I practice good self care when you just keep adding to my to-do list?”

Many participants also referenced the inadequacy of trauma-related professional development. Some participants’ school districts had never offered a trauma-related professional development session; others pointed out that additional professional development opportunities around racialized and gendered aspects of trauma were needed in their schools and districts, as the training they had received neglected these topics. Often, trauma-related professional development sessions were brought about as a result of student requests. Kori, a white and Jewish lesbian cisgender woman employed as a high school teacher, problematized this by saying, “We’ve had these professional development sessions, but they’re led by the kids... It is not the children’s responsibility to retraumatize themselves while talking about the experiences they’ve suffered at school.”

Finally, the participants who had experienced events they labeled as traumatic in their past expressed strong commitments to improving the lives of their students that they directly connected to their own experiences. Tonya, a Black lesbian cisgender woman employed as a pre-K teacher, articulated her motivation when working with traumatized youth who exhibited behavioral problems in school as such: “I had such a horrible experience in kindergarten... That’s the reason why I tend to look beyond the behavior of a student, even if it’s directed toward me... I want to hopefully provide a space for them that is a blissful memory.” This theme sheds additional light on the relationship between primary and secondary trauma for educators; though educators who had experienced primary trauma were more likely to have experienced



secondary trauma based on our quantitative analysis, these educators also were uniquely motivated to serve their students in powerful ways.

## **IMPLICATIONS**

There are several implications from this study for educational administrators and policymakers as well as for researchers studying educator experiences with trauma. First, our finding that BIPOC educators experienced greater rates of primary childhood trauma mirrors findings from prior studies (Anthym & Tuit, 2019; Carter, 2019) and highlights a need for greater awareness of the interrelatedness of trauma and identity. Although race/ethnicity was a non-significant predictor in our equation, higher rates of primary childhood trauma predicted the presence of EST in our sample; thus, BIPOC educators may be at greater risk for secondary trauma, though further analysis is needed to fully understand these relationships. As administrators and policymakers seek to cultivate equitable education systems, it is critical that they consider existing inequities for BIPOC educators in their decision-making. Additionally, as many participants in our qualitative interviews suggested, professional development that prepares educators for understanding and addressing racialized trauma is especially necessary. Trauma-informed, racially just professional development is one way that positive change can occur within K-12 education.

Additionally, our finding that female, non-binary, and transgender educators experienced greater rates of EST should be further investigated, especially given the gendered and racialized nature of K-12 education (Hsieh & Nguyen, 2020; Sayman, 2007). The greater rates of self-care amongst minoritized genders in our sample may be related to these experiences with secondary trauma and should also be investigated by future research. Our qualitative participants' critiques of self-care as an inadequate source of trauma support also offer valuable insight into structural actions that administrators and policymakers can take to better support educators. The commitment that our participants demonstrated to transforming their students' lives for the better as a result of their own experiences with trauma also alludes to their potential for post-traumatic growth (Tedeschi & Calhoun, 2009); attention should be given to improving conditions that foster resilience and growth for educators, as well as to celebrating their commitment to building a better world than the one that they experienced.

## **CONCLUSION**

In this study, we examined the prevalence and scope of minoritized educator primary and secondary trauma, use of self-care practices, and the relationship between primary and secondary trauma amongst minoritized K-12 educators. We found that BIPOC and LGBTQ+ educators experienced greater rates of childhood trauma, which was correlated with a greater risk of secondary trauma. Additionally, we found that educators with minoritized gender identities reported greater rates of experiencing secondary trauma. These findings – alongside qualitative themes of more structural support and professional development for minoritized educators – provide further insight into the unique experiences of minoritized individuals and communities with

secondary trauma (Anthym & Tuitt, 2019; Carter, 2019; Namer & Hunler, 2014). Additionally, they call for additional action on behalf of educational administrators and policymakers to intervene and improve conditions for minoritized educators. In summary, by acknowledging and attending to the intersections of trauma and identity, more equitable educational institutions for both students and educators can be cultivated.

## REFERENCES

- Alicic, E., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers' experiences supporting children after traumatic exposure. *Journal of Traumatic Stress*, 25(1), 98-101. <https://doi.org/10.1002/jts.20709>
- Anthym, M., & Tuitt, F. (2019). When the levees break: the cost of vicarious trauma, microaggressions and emotional labor for Black administrators and faculty engaging in race work at traditionally White institutions. *International Journal of Qualitative Studies in Education*, 32(9), 1072-1093. <https://doi.org/10.1080/09518398.2019.1645907>
- Bhattacharya, K. (2017). *Fundamentals of qualitative research: A practical guide*. Routledge.
- Cardoza, K. (2021, April 19). 'We need to be nurtured, too': Many teachers say they're reaching a breaking point. *NPR*. <https://www.npr.org/2021/04/19/988211478/we-need-to-be-nurtured-too-many-teachers-say-theyre-reaching-a-breaking-point>
- Carter, M. A. (2019). *Burnout and compassion fatigue in student affairs professionals: A mixed-methods phenomenological study* [Doctoral dissertation]. The Claremont Graduate University. ProQuest.
- Cenat, J. M., & Dalexis, R. D. (2020). The complex trauma spectrum during the COVID-19 pandemic: A threat for children and adolescents' physical and mental health. *Psychiatry Research*, 293, 113473. <https://doi.org/10.1016/2Fj.psychres.2020.113473>
- Christian-Brandt, A. S., Santacrose, D. E., & Barnett, M. L. (2020). In the trauma-informed care trenches: Teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. *Child Abuse & Neglect*, 110(3), 104437. <https://doi.org/10.1016/j.chiabu.2020.104437>
- Connor, D. F., Ford, J. D., Arnsten, A. F. T., & Greene, C. A. (2015). An update on posttraumatic stress disorder in children and adolescents. *Clinical Pediatrics*, 54(6), 517-528. <https://doi.org/10.1177/0009922814540793>
- Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *American Journal of Psychiatry*, 160, 1453-1460. <https://doi.org/10.1176/appi.ajp.160.8.1453>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of child abuse and household

- dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Hamby, S., Grych, J., & Barnyard, V. (2018). Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. *Psychology of Violence*, 8(2), 172-183. <https://doi.org/10.1037/vio0000135>
- Hamilton, E. (2021, January 3). Educators voice concerns after DeWine changes state's quarantine policies for students, staff. *ABC News 5, Cleveland*. <https://www.news5cleveland.com/news/continuing-coverage/coronavirus/local-coronavirus-news/educators-voice-concerns-after-dewine-changes-states-quarantine-policies-for-students-staff>
- Hsieh, B., & Nguyen, H. T. (2020). Coalitional resistance: Challenging racialized and gendered oppression in teacher education. *Journal of Teacher Education*, 72(3), 355-367. <https://doi.org/10.1177/2F0022487120960371>
- Human Rights Watch. (2020, September 30). "Kettling" protesters in the Bronx: Systemic police brutality and its costs in the United States. <https://www.hrw.org/report/2020/09/30/kettling-protesters-bronx/systemic-police-brutality-and-its-costs-united-states>
- Hydon, S., Wong, M., Langley, A. K., Stein, B. D., & Katoaka, S. H. (2015). Preventing secondary traumatic stress in educators. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 319-333. <https://doi.org/10.1016/j.chc.2014.11.003>
- Knight, C (2010). Indirect trauma in the field practicum: Secondary traumatic stress, vicarious trauma, and compassion fatigue among social work students and their field instructors. *Journal of Baccalaureate Social Work*, 15(1), 31-52. <https://doi.org/10.5555/basw.15.1.1568283x21397357>
- Lardieri, A. (2020, July 24). Teachers are growing more concerned about COVID-19 exposure, poll finds. *US News & World Report*. <https://www.usnews.com/news/education-news/articles/2020-07-24/poll-finds-majority-of-teachers-are-very-concerned-about-coronavirus-exposure-at-school>
- Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, 1(3), 212-225. <https://doi.org/10.1177/2F1558689807302811>
- Minkos, M. L., & Gelbar, N. W. (2020). Considerations for educators in supporting student learning in the midst of COVID-19. *Psychology of Schools*, 58, 416-436. <https://doi.org/10.1002/pits.22454>
- Namer, Y, & Hunler, O. S. (2014). LGBT trauma in Turkey and psychological consequences of working/volunteering with LGBT trauma. In H. Pereira & P. Costa (Eds.) *Coming-out for LGBT psychology in the current international scenario* (pp. 194-198). University of Beira Press.
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, 6(2), 57-68.
- Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. H. Stamm (Ed.) *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 51-64). Sidran Press.

- Saldana, J. (2016). *The coding manual for qualitative researchers (3rd ed.)*. SAGE.
- Sayman, D. M. (2007). The elimination of sexism and stereotyping in occupational education. *The Journal of Men's Studies*, 15(1), 19-30. <https://doi.org/10.3149/2Fjms.1501.19>
- Stamm, B. H. (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Sidran Press.
- Stevens, M. (2016). Trauma is as trauma does: The politics of affect in catastrophic times. In M. J. Casper & E. Wertheimer (Eds.) *Critical trauma studies: Understanding violence, conflict, and memory in everyday life*. New York University Press.
- Stevens, M. (2009). From the past imperfect: Towards a critical trauma theory. *Letters: The Semiannual Newsletter of the Robert Penn Warren Center for the Humanities*, 17(2), 1-5.
- Sweetman, D., Badiie, M., & Creswell, J. W. (2010). Use of the transformative framework in mixed methods studies. *Qualitative Inquiry*, 16(6), 441-454. <https://doi.org/10.1177/1077800410364610>
- Tedeschi, R. G., & Calhoun, L. G. (2007). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18. [https://doi.org/10.1207/s15327965pli1501\\_01](https://doi.org/10.1207/s15327965pli1501_01)
- Tehrani, N. (2007). The cost of caring: The impact of secondary trauma on assumptions, values and beliefs. *Counseling Psychology Quarterly*, 20(4), 325-339. <https://doi.org/10.1080/09515070701690069>
- Thompson, A. (2020, December 22). A running list of record-breaking natural disasters in 2020. *Scientific American*. <https://www.scientificamerican.com/article/a-running-list-of-record-breaking-natural-disasters-in-2020/>
- Walker, A. J., & Walsh, E. (2015). Adverse childhood experiences: How schools can help. *Journal of Child and Adolescent Psychiatric Nursing*, 28(2), 68-69. <https://doi.org/10.1111/jcap.12105>
- World Bank. (2020, June 8). COVID-19 to plunge global economy into worst recession since World War II. <https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>
- 

**CHELSEA PRATT, PhD**, is a Postdoctoral Research Fellow at the Association of American Medical Colleges. She studies workplace well-being and trauma in educational settings. Email: [pratt.chelsea.e@gmail.com](mailto:pratt.chelsea.e@gmail.com)

**JAMES OLIVE, PhD**, is a Clinical Associate Professor in the Educational Administration Department at the University of Dayton. His major research interests lie in the areas of identity development, intersectionality, social justice, and education research. Email: [jolivel@udayton.edu](mailto:jolivel@udayton.edu)

**MEREDITH WRONOWSKI, PhD**, is an Assistant Professor in the Educational Administration Department at the University of Dayton. Her research is focused on

improving equity in under-resourced communities and schools, specifically, teacher recruitment and retention in urban schools, unintended impacts of accountability policy on the teaching profession, and the ways in which schools increase or diminish students' opportunity to learn. Email: [mwronowski1@udayton.edu](mailto:mwronowski1@udayton.edu)

**ANTHONY M PEDDLE, EdD**, is an elementary school principal in Columbus City Schools. His major research interests lie in the area of identity intersectionalities; identity and student success development; diversity and retention of students and educators in diverse, urban settings; and trauma-informed pedagogies and their classroom implications. Email: [hello@anthonypeddle.com](mailto:hello@anthonypeddle.com)

---