

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

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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 & Tuitt, 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.

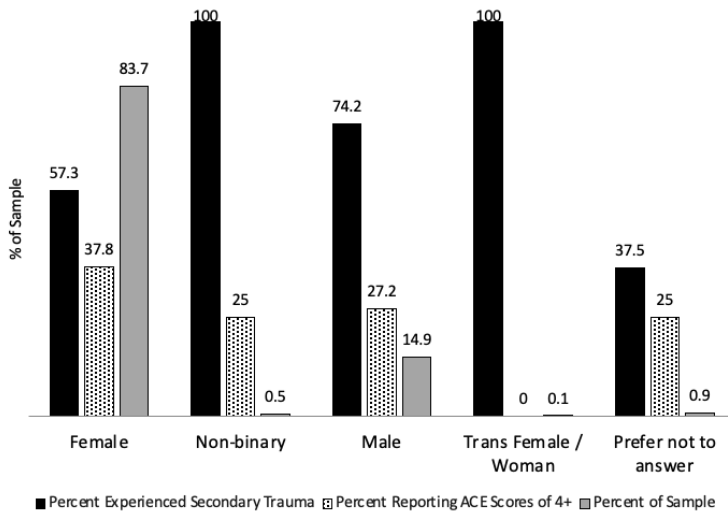


Figure 1: Participant Experiences with Primary and Secondary Trauma by Gender

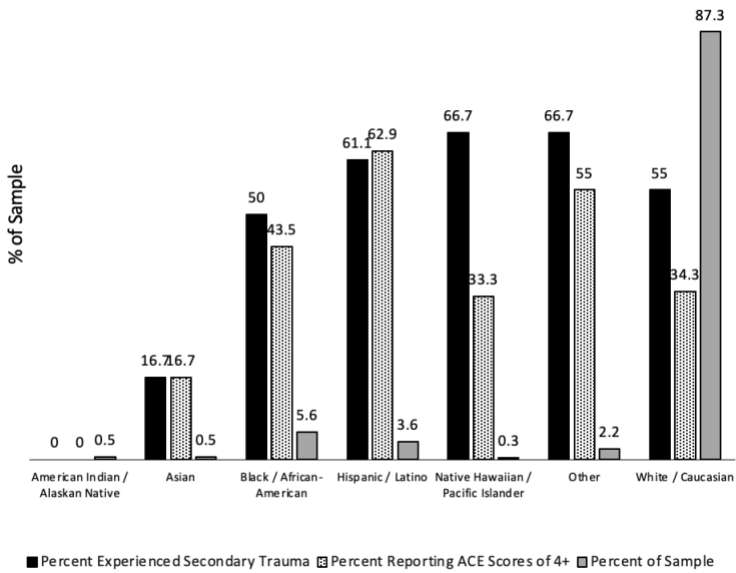


Figure 2: Participant Experiences with Primary and Secondary Trauma by Race/Ethnicity

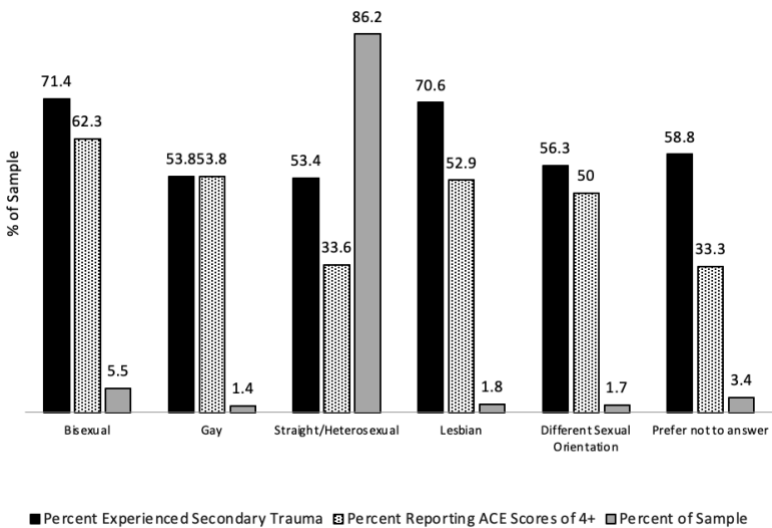


Figure 3: Participant Experiences with Primary and Secondary Trauma by Sexual Orientation

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 & Tuitt, 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 LGBQ+ 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.

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