SECONDARY TRAUMATIC STRESS: THE IMPACT ON PK-12 EDUCATORS, SPECIAL EDUCATORS, AND ADMINISTRATORS

The undersigned, approved by the Department Chair of Graduate Studies in Education, have examined a dissertation entitled:

SECONDARY TRAUMATIC STRESS: THE IMPACT ON PK-12 EDUCATORS,

SPECIAL EDUCATORS, AND ADMINISTRATORS

Presented by Karen Kaye Francka, a candidate for the degree of Doctor of Education, and hereby certify that in their opinion it is worthy of acceptance.

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SECONDARY TRAUMATIC STRESS: THE IMPACT ON PK-12 EDUCATORS,

SPECIAL EDUCATORS, AND ADMINISTRATION

A Dissertation
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By

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ABSTRACT

Due to unforeseen circumstances in recent years, Missouri PK-12 students are coping with a numerous number of diverse circumstances, including trauma at alarming rates. As a result, the number of students experiencing trauma has increased. Therefore, educators and administrators are potentially more at risk for experiencing Secondary Traumatic Stress (STS) due to the nature of working with students on a daily basis and the environments within which they work. Even though education is a service-oriented profession, it differs significantly from other service-oriented positions. Educators and administrators experience their students' lives, on a daily basis, including their trauma.

The purpose of this action research study was to explore the theory of STS by comparing the perceptions of STS symptoms between PK-12 educators, special educators, and administrators in a school district in southwest Missouri. The researcher explored STS symptoms and how the symptoms corresponded with subjects taught, grade level taught, years of experience, age, and gender. Results of this study showed the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators throughout southwest Missouri. The findings of this action research study will contribute a unique understanding of the causes and symptoms of STS, which could reduce negative impacts of childhood trauma on the teachers who support them.

CHAPTER ONE

INTRODUCTION

An increasing issue in education involves a high percentage of students experiencing trauma. The work of Honsinger and Brown (2019) translated into the field of education as work of Terrasi and Crain de Galarce (2017), who noted trauma has had no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation, and teachers at all levels and size of school districts work with students who have experienced trauma. Baicker (2020) described secondary traumatic stress (STS) as experiencing the emotional anguish of another person's trauma repeatedly and is known as compassion fatigue (CF). CF encompasses how someone's agonizing experiences can create very real symptoms of STS and can include symptoms of post-traumatic stress disorder (PTSD) from exposure to trauma of others as well (Baicker, 2020; Roden-Foreman et al, 2017). Moreover, teachers often experience stress related to their students' trauma because teachers are often so involved in their students' disability needs (Hoffman et al., 2007). Accordingly, Hydon et al. (2015) stressed attention is often given to students' mental health needs, but such services or attention are not often given to educators who secondarily experienced the trauma of their students. As a result of the increased trauma of students, educators have an increased risk of experiencing trauma as well (Elliott, et al., 2018).

Teaching is known as a helping/service profession, but teaching goes beyond curricula as teachers are often expected to be miracle workers within a challenging and tough era for educators (Kafele, 2018). Panlilio and Tirrell-Corbin (2021) noted increased roles teachers assume going above and beyond the role of educating students, roles including serving as childcare workers, counselors, physicians, psychologists, and

protectors contribute to making teaching a high-stress profession (Herman et al., 2018). The most vulnerable teachers who potentially experience STS are often those who are compassionate, empathetic, and hardworking (Stanley, 2011). However, as educators are often the key allies in helping students cope with trauma and mental health, educators experiencing seconding stress as a result of their contributions to students can be directly impacted with their effectiveness to teach and overall well-being (Eyal et al., 2019; Namminga, 2021).

UConn KIDS (2018) documented causes of trauma students have experienced include neglect, attacks on schools, physical and sexual abuse, natural disasters, car accidents, and suicide. According to (Depue et al., 2022), results of the Missouri Student Survey (MSS) found 25% of students reported they were depressed while 16% of students surveyed felt depressed and hopeless. Of those surveyed on the MSS, ninth-grade students had the highest percentage of depression and hopelessness (Depue et al., 2022). More than 10,000 cases of child neglect and 2,600 cases of child abuse (Smith, et al., 2020). Smith et al., (2020) noted 56% of Missouri middle school and high school students were victims of emotional and online bullying from classmates. Additionally, Missouri teachers worked with students who were suspended for 450 violent incidents with 378 weapons offenses (Smith et al., 2020).

As trauma has become more and more prevalent among school districts across Missouri, the Missouri Department of Elementary and Secondary Education (DESE, 2016) has acted to develop an initiative that informed school districts about trauma and how to help students who experience it (DESE, 2016) passed the Trauma-Informed Schools Initiative, which required DESE to supply information about trauma and students

to all school districts. With this initiative, teachers learned about trauma, signs of trauma, and the prevalence of trauma in students (DESE, 2016). Paccione-Dyszlewski (2016) and Rankin (2020) acknowledged schools must focus not only on academics but on a student's social and emotional development as well. Paccione-Dyszlewski and Rankin continued to emphasize the closer compassionate relationships are established among educators and their students, the more difficult the students' trauma is for the educators.

Even though trauma is evident among numerous individuals across a multitude of professions, few studies have addressed the causes of trauma of many PK-12 general educators, special educators, and administrators that may experience STS (McNally, 2020). Service professionals play an essential role in the recovery of victims of trauma. Individuals in the service professions experienced secondhanded exposure to their clients' trauma, and the likelihood of their experiencing negative psychological disorders including STS is increased (Cummings et al., 2021).

This action research study defined the signs and symptoms of STS and explored the theory of STS and how the symptoms have impacted PK-12 educators, special educators, and administrators in a school district in southwest Missouri. This chapter addresses the theoretical framework of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993). The problem statement, purpose of the study, research questions, the significance of the study, definitions, limitations, delimitations, assumptions, and designed controls will be discussed as well.

Theoretical Framework

One of the theoretical frameworks used in this study was Carlson and Dalenberg's (2000) conceptual framework for the impact of traumatic experiences, which explored

traumatic events and researched why depression, substance abuse, low self-esteem, avoidance, physical illnesses, identity, guilt and shame, and interpersonal relationships seemed to hang on long after a traumatic event. The characteristics or symptoms that were the result of traumatic experiences as found through the work of Carlson and Dalenberg aligned with similar experiences and characteristics of STS. In better understanding how individuals can be impacted, another theoretical framework, trauma theory, developed by Sandra Bloom (1999), was also used for this study. Bloom's trauma theory noted people were born with the need to attach to other human beings from the cradle to the grave for protection. Bloom noted it is not the damage from trauma but how the mind and the body process the trauma that leads to STS. Thus, the result of the mind and body processing the trauma is closely tied to the psychological stress theory of Lazarus (1993) involving two concepts: appraisal and coping. According to the work of Lazarus's psychological stress theory the significance of trauma is decided by the concept of appraisal and managed by the brain through coping.

Charles Figley (1995) first coined the term "secondary traumatic stress" when he tried to understand why service providers were exhibiting symptoms like PTSD without experiencing the trauma firsthand. Secondary Traumatic Stress is "natural consequent behaviors and emotions resulting from hearing and knowing about traumatized events experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 320). Although STS has been identified over the last several decades/years, it was not until 2013 that STS, a form of PTSD was recognized in the *American Psychiatric Association* (Roden-Foreman et al., 2017).

In the field of education, relationships and positive learning environments teachers have with students can be stressful, especially when students have experienced trauma (Stamm, 1999). Additionally, symptoms of STS can include mood swings, seclusion of oneself and others, and becoming anxious or irritated (Hydon et al., 2015). Research of STS in the field of education is limited, therefore, this study utilized research from other service professions who had experienced STS, which further demonstrated a need for this study.

Problem Statement

Trauma affects students in a multitude of ways and students' increased exposure to trauma has become worrisome for their teachers (Altieri et al., 2021). Frieze (2015) found the number of students experiencing distinct types of traumas such as violence, abuse, death, and illness increases every year. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2023) reported by the age of 16, two thirds of children in the United States have reported at least one traumatic event and 1 in 7 children have experienced abuse and/or neglect within the last year. According to UConn KIDS (2018), in the United States, trauma has been experienced by 1 in 4 children and by the age of 4 the number for risk of trauma doubled for children in low-income families. Trauma in the form of abuse, neglect, violence, or challenging household circumstances has impacted more than half of all students in the United States (Centers for Disease Control and Prevention, 2021; Rankin, 2022). Studies have shown children being exposed to trauma by violence, abuse and other kinds of adversity have occurred in every school district in America (Jones et al., 2018). Negative psychological, school-related childhood trauma has been well-documented, however, teachers' experience with

trauma-impacted students has had limited research (Berger et al., 2021). As a result, educators might find they have been encountering more behavioral, social, and emotional needs of students who have been impacted by trauma (Honsinger & Brown, 2019).

Missouri State Teachers Association (MSTA, 2024) surveyed more than 2,300 teachers including noncertified, teachers, administrators, and retired members, and found more than 70% have seriously thought about leaving the profession, while 85% knew someone who left last year not including retirement. Increased attention has been given to students' trauma and school districts becoming trauma-informed, but limited attention has been given to educators for the trauma they have experienced through their students (Hydon et al., 2015). However, when teachers experience traumas along with their students, the traumas can negatively impact or affect the educators as well (Brunzell et al., 2018). Missouri State Teachers Association (MSTA, 2021) noted teachers are heartbroken and emotional banks are empty. Thus, many teachers find themselves weeping for no reason at all, experiencing sickness including colds and headaches (Terrasi & Crain de Galarce, 2017). Accordingly, the impact on teachers from the symptoms of STS can cause individuals to miss work for a number of days (Terrasi & Crain de Galarce, 2017). The U. S. Bureau of Labor Special Education Teacher Statistics (2015) released data of 1,650 special educators who experienced sickness/injury and 1,190 missed going to work at least 10 days. However, even though signs and symptoms of STS have been increasing among individuals in the field of education, little research regarding STS and teachers has been completed (Caringi et al., 2015).

Although little is known about the variables and factors that contribute to STS in educators PK-12 public schools, it is evident additional research is needed (Hydon,

2016). One of the few studies completed by Borntrager et al. (2012) reported elevated levels of STS among educators. However, little is known about variables and factors that contribute to STS symptoms and prevalence in educators in PK-12 public schools as compared to other service-oriented professions (Hydon, 2016). Student behavior, trauma, and mental health issues are creating unmanageable teaching and learning environments while trauma, poverty, lack of accountability, and unmet basic needs are cited as core causes of possibility of driving teachers out of education (MSTA, 2024).

Purpose of the Study

It is evident further research regarding the symptoms of Secondary Traumatic Stress (STS) in the field of education needs to be addressed. Thus, the purpose of this action research study was to examine the impact of STS by comparing the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri. This study compared the STS symptoms between one school in southwest Missouri with grade levels, subjects taught, years of experience, age, and gender. STS has been studied in other service-oriented professions but is limited to the field of education.

Secondary Traumatic Stress (STS) has been studied in other service-oriented areas such as nursing, social work, psychologists, counselors, medical doctors, and even the military for many years (Rayner et al., 2020; Roden-Foreman et al., 2017; Sprang et al., 2011; Valent, 2013; Wagaman et al., 2015). Roden-Foreman et al. (2017) explained one study showed clinical levels of STS with one symptom of intrusion, avoidance, and/or arousal was experienced by 65% of the surgeons surveyed and 22% demonstrated clinical levels of all the symptoms of STS. People who have experienced loss, war,

violence, oppression, and disasters have suffered psychologically (Horesh & Brown, 2020). Horesh and Brown (2020) continued to stress, "COVID-19 felt like an ongoing 'stress test' on the world's infrastructures and systems, magnifying every functional and structural vulnerability, including the field of traumatic stress" (p. 332).

Individuals in service-oriented professions have been impacted by STS. Individuals with careers in the helping professions such as social workers, law enforcement officers, judges, physicians, emergency workers, child mental health professionals, child welfare workers, and Chalice welfare-related professionals working with and helping children were vulnerable too and often experienced STS (Administration for Children and Families, 2022; Child Welfare Information Gateway, 2021; Perry, 2014). When social welfare professionals listen to children and adults, whom they are trying to protect and absorb these painful trauma experiences, they are exposed to these traumatic events as well (Sprang et al., 2011).

In the medical profession, high to severe levels of STS among emergency room nurses occurred (Wolf et al., 2020). Emergency room nurses experiencing STS reported severe anxiety and depressive disorders, which impacted work productivity (patient care) of some of the emergency nurses as a result (Bock et al., 2020; Jobe et al., 2021, Schwytzer, 2021). Ultimately, nurses have left the field of nursing because of STS. Subsequently, STS was felt on a structural level as nurses experienced increased illnesses, decreased team morale, high turnover rates, and lessened quality of patient care (Wright, 2018). Furthermore, nurses have left the field of nursing due to the development of STS (Wright, 2018).

Informing school districts and educators of the urgency of understanding trauma so schools can supply the support needed to help students and educators to heal is imperative (DESE, 2016; MSTA, 2024). Little has been done to support educators who have experienced trauma along with their students even through the preponderance of STS has continued to grow and have significant effects on the mental and physical health of PK-12 educators (Rankin, 2022). In response to the need to support educators experiencing STS, the purpose of this action research study was to explore the theory of STS by comparing the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators. In this study, educator is defined as any person who imparts (shares experiences or communicates information) to a student; this could include administrator, counselor, general education teacher, special education teacher, aide, or paraprofessional (Rajagopalan, 2019).

Research Questions

The problem explored in this study was STS symptoms and how the symptoms have impacted PK-12 general educators, special educators, and administrators in the state of Missouri. This study was guided by four primary research questions:

RQ1. What were the perceptions of secondary traumatic stress symptoms between PK-12 general educators, special educators, and administrators in one southwest Missouri school district?

RQ2. What were the perceptions of secondary traumatic stress symptoms of grades taught including PK-2, 3-5, 6-8, and 9-12 between PK-12 general educators, special educators, and administrators?

RQ3. What were the perceptions of secondary traumatic stress symptoms

and subjects taught (math/science, language arts/history, art/music/ electives/physical education, and special education) by PK-12 general educators and special educators?

RQ4. What were the perceptions of secondary traumatic stress symptoms between gender, age, and years taught between PK-12 general educators, special educators, and administrators?

Significance of the Study

The significance of this action research study was that STS has been researched in many service-related fields, however, most research has focused on the toll trauma was taken on these service-related professionals but has yet to focus on the emotional distress educators have experienced (Baicker, 2020). With the lack of research focused on STS and educators, there was an evident need to explore the impact of STS on teachers who had witnessed secondhand the trauma students have suffered. Over the years, students have received increased attention and support concerning traumatic events and learning, as well, but little attention has been given to educators who are hearing about crises and the ongoing traumatic experiences of their students on a daily basis.

In recent years, the Centers for Disease Control and Prevention (2021) has emphasized a sharp increase in student trauma; in fact, 60% of all students have experienced some type of trauma. Furthermore, research has demonstrated if the students trauma is left untreated, it would have an adverse effect on professionals, teachers, paraprofessionals, and principals (Lawson et al., 2019). Thus, the prevalence of childhood trauma and its effect on PK-12 teachers throughout the United States has continued to increase (Rankin, 2022). In response to the stress-related conditions,

educators are leaving the profession as noted in a recent study identifying 45% of 1,020 PK-12 principals considered leaving the profession (Heubeck, 2021). As STS continues to impact more educators, there is an evident need for research examining STS in PK-12 educators working in southwest Missouri schools. Identifying the symptoms of STS educators are experiencing could help in the development of resources that could be used to help mitigate the symptoms educators are grappling with as well as benefit educators, students, parents, and the community.

Definition of Key Terms

Administrator. An administrator is considered a principal, special education director, career education director, or superintendent (Missouri Department of Elementary and Secondary Education, 2023).

Burnout. A syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981).

Childhood Trauma. The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects (National Institute of Mental Health, 2022).

Compassion Fatigue. State of exhaustion and dysfunction—biologically, psychologically, and socially—as a result of prolonged exposure to compassion stress (Figley, 1995).

Complex Trauma. Children who live in a consistently dysfunctional environment often manifest symptoms known as complex trauma, which is the cumulative effect of traumatic experiences that were repeated or prolonged over time (Terrasi & Crain de Galarce, 2017).

Educator. Any person who imparts (shares experiences or communicates information) to a student. This could include administrator, counselor, general education teacher, special education teacher, aide, or paraprofessional (Rajagopalan, 2019).

Elementary School. Public schools in Missouri ranging from K–sixth grade (Revisor of Statutes, 2018).

General Education Teacher. A general education teacher is a teacher who provides instruction to students in a regular classroom setting. They typically teach a variety of subjects to students of different abilities and learning styles (OpenAi, 2023).

High School. Public schools in Missouri ranging from 9th – 12th grades (Missouri Revisor of Statutes, 2018).

Middle School. Public schools in Missouri ranging from sixth-eighth grades (Revisor of Statutes, 2018).

Posttraumatic Stress Disorder (PTSD). A psychiatric disorder that may have occurred in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence, or severe injury (American Psychiatric Association, 2022).

Public School. Includes all elementary, middle, and high schools operated at public expense (Missouri Revisor of Statutes, 2018).

Rural. Any Missouri county with less than 150 people per square mile (Missouri Office of Rural Health: Rural Missouri Biennial Report, 2020).

Secondary Traumatic Stress. Natural consequent behaviors and emotions resulting from knowing about traumatizing event experienced by a significant other—the

stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995).

Special Education Teacher. A special education teacher provides instruction and support to students with disabilities or special needs. They work closely with students, parents, and other educators to develop individualized education plans (IEPs) and provide accommodations and modifications to help students succeed (OpenAi, 2023).

Trauma. Any adverse experience that affected a child's ability to function (Paccione-Dyszlewski, 2016).

Trauma Informed Schools. A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission (Hoover et al., 2018).

Trauma Work. Direct or active clinical work with clients who have experienced traumatic events (e.g., serious accident, serious fire or explosion, nonsexual attack, sexual assault, natural disaster, military combat, imprisonment, physical abuse, sexual abuse, and life-threatening illness) and have reacted to the incident(s) with intense fear, horror, or helplessness (American Psychiatric Association, 2020).

Urban. Any county in which population density is more than 150 persons per square mile and includes more than half of the population or land area of any city that has not less than 70,000 inhabitants (Missouri Revisor of Statutes, 2018).

Limitations

The researcher's intent through this action research study was to contribute to understanding STS symptoms educators may be experiencing. Through delimiting the study, every attempt was made to eliminate the effects of external variables. This action

research study noted limitations that were outside the researcher's control. Limitations were as follows:

1. The researcher used self-reported data, which was hard to verify.
2. Educators who had experienced STS may have been unaware they had experienced it.
3. Secondary Traumatic Stress among educators is new so there was insufficient current data available.
4. Educators may have replied to survey questions based on what they thought the researcher was trying to validate.
5. Educators may not have been able to answer questions honestly about their experienced symptoms.
6. The results of the study were limited to the number of survey responses versus the number of surveys distributed.
7. The survey was limited to a two-week time period allotted for participants to take the survey and return the survey back to the researcher.

Delimitations

In this action research study, the following delimitations were designed and presented to provide the most accurate and relevant data:

1. The research delimited the population to only PK-12 Missouri educators and only those currently employed were surveyed.
2. This study was limited to one PK-12 public school in southwest Missouri.
3. The study did not survey school districts outside of Missouri.
4. The researcher restricted the period of study to the Spring, 2024.

5. The theoretical framework chosen for this study was from the work of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993).

Assumptions

The researcher made the following assumptions throughout the study:

1. It was assumed the results will be generalized to the educators who participated in the study.
2. It was assumed educators answered survey questions honestly, thoroughly, and to the best of their competence.
3. It was assumed the participants who were taking the survey were a representative of the population.

Design Controls

The purpose of this action research study was to explore the theory of STS by comparing the perceptions of STS symptoms between PK-12 regular educators, special educators, and administrators in a school district in southwest Missouri. This design study used Bride's (1999) Secondary Traumatic Stress Scale (STSS) and Stamm's (2009) Professional Quality of Life Scale (ProQOL-5), both Likert scale questionnaires given to PK-12 public school educators in a school district in southwest Missouri. The questions represent characteristics involving STS and fatigue on educators. Once gathered, survey data were used to determine the perceptions of STS symptoms on PK-12 educators, special educators, and administrators. Accordingly, follow-up short answer questions were used to confirm the relationship of STS symptoms between PK-12 educators, special educators, and administrators in one school district in southwest Missouri.

The limitations of the study did not result in interference by the researcher and did not hinder the study. The study was not hindered due to the total population sampling of educators, response rates of the questionnaire, and information obtained from the STSS, ProQOL-5, and a short demographic informal questionnaire were appropriate for the study. Though teachers may have been unaware of STS and its symptoms, data were collected in a way to respect their privacy.

The researcher acknowledged there were certain delimitations to the study. The surveys were sent to a school district in Missouri PK-12 employed educators in the spring of 2024. The researcher delimited the population to include one school district in southwest Missouri. Bloom (1999), Carlson and Dalenberg (2000), and Lazarus (1993) were used for the theoretical framework of this study. The researcher focused on trauma of students and the secondary trauma experienced by educators, and how trauma impacted individual lives.

The assumptions did not deter the results of the study. Demographical information from DESE obtained on PK-12 educators was accurate and reliable. Though it may have been difficult for teachers to admit experiencing symptoms of STS, it was assumed the participants answered questions with honest and accurate responses.

Summary

This chapter discussed the theoretical framework of Bloom (1999), Carlson and Dalenberg (2000), and Lazarus (1993). Bloom's trauma theory) noted people were born with the need to attach to other human beings from the cradle to the grave for protection. When that attachment is compromised the conceptual framework for the impact of traumatic experiences studied why people became lingering ill, after a traumatic event

occurred, with depression, substance abuse, low self-esteem, avoidance, physical illnesses, identity, and guilt and shame (Carlson & Dalenberg, 2000). Furthermore, the psychological stress theory of Lazarus (1993) involved two concepts: appraisal and coping. Lazarus's work identified the significance of how trauma was decided by (appraisal) and by how the mind managed the trauma (coping). Following decades of study and research, Bloom (1999) noted it is not the damage from the trauma but how the mind and the body process the trauma that was the issue.

Secondary traumatic stress developed by Figley (1995) has many of the same symptoms as Carlson and Dalenberg's impact of traumatic experiences(2000). The gap in the literature is STS has been studied in many service areas but is limited in the field of education. This action research shrinks the gap in literature by examining the STS symptoms educators may be experiencing. Chapter One also discussed the purpose of this action research study, which was to evaluate the theory of STS by comparing the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in one school district in southwest Missouri across various settings including grade level, subjects taught, years of experience, age, and gender. The research questions and significance of the study were also addressed. The limitations, delimitations, assumptions, and design controls were identified.

Secondary traumatic stress has been studied in various fields such as nursing, psychology, social work, and emergency room physicians for decades. The research in this study fills in the gap in educators not being recognized with STS for decades. It was not until Borntrager et al.'s (2012) study was STS recognized to have affected educators. Furthermore, this chapter provided an overview of trauma and students, secondary

trauma experienced by service-related workers, and how educators experienced students' trauma.

Chapter Two of the study supplied a review of existing historical research on trauma. A review of STS was addressed among service-related fields, and students and educators were emphasized. Chapter Three described the methods and procedures by which data were collected among educators throughout a PK-12 public school in southwest Missouri. Chapter Four presented the findings of the research. Chapter Five presented a summary of this project, implications, recommendations for the school district, and future research needed.

CHAPTER TWO

REVIEW OF LITERATURE

Introduction

The purpose of this action research study was to examine the impact of STS by comparing the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri. In 2014, it was estimated a billion children were victims of worldwide violence (Hillis et al., & Kress, 2016). According to the National Child Traumatic Stress Network (n.d.) and Lander (2018), more than 10 million children and half of all American children in the United States, each year, have endured traumas of abuse, neglect, violence, natural disasters, and other adverse events. Accordingly, on a national note, 38 school shootings occurred in 2023, resulted in injuries and death ("School Shootings this Year: How Many and Where," 2023). It is of no surprise that the outcomes of school shootings and other adverse events contribute to posttraumatic stress symptoms, major depression, fear and nervousness, poor academic performance, increased classroom behavior and absences, and mood disorders including mental intrusions, flashbacks, sleep problems, and nightmares (Schildkraut et al., 2021). As more and more students experience adverse events and situations, symptoms of trauma and STS have become more evident in today's schools. Accordingly, in response to the increase occurrences of trauma and STS, not only are students being impacted but educators as well.

Trauma and STS as it relates to PK-12 general educators, special educators, and administrators is described in the following review of literature. Beginning with a review of the historical foundation of stress and trauma in service fields such as nursing, social

work, and physicians, STS will be examined in this chapter. Then, the researcher will provide a review on current STS symptoms educators are experiencing, focusing on the prevalence, and mitigating variables of STS in PK-12 educators. Finally, the chapter will include a discussion of the conceptual framework that served as the framework for the study.

Historical Perspective of Trauma

According to the New International Bible (2011) trauma had been documented as far back as biblical times beginning with the fall of man in Genesis Chapter 3, as well as when Jesus died a horrific death on the cross in Luke 23. Accordingly, theories of trauma can be dated to the late 19th century. Jean Martin Charcot, a French physician, in the late 19th century studied hysteria in women who were traumatized, and found the women experienced convulsions, paralysis, sensory loss, and amnesia. During the lifetime of Charcot, the treatment for women with hysteria was hysterectomies. However, Charcot later determined the symptoms were psychological and not physiological and went on to suggest the symptoms of hysterical attacks resulted from unbearable experiences (van der Kolk et al., 1996). Bloom (1999) noted it is not the damage from trauma but how the mind and the body process the trauma that is the issue.

A number of years later, the work of Charcot inspired Sigmund Freud to develop some ideas on the study of hysteria. Freud determined, for example, "a precocious experience of physical relations…resulting from sexual abuse committed by another person…is the specific cause of hysteria…not merely an agent provocateur" (van der Kolk et al., 1996, p. 54). Consequently, Freud, Breuer, and Janet later termed this experience in the 1880s as "psychological trauma" (Ringel & Brandell, 2012, p. 2).

Furthermore, the psychological stress theory of Lazarus (1993) involved two concepts: appraisal and coping. Lazarus's work identified the significance of how trauma was decided by (appraisal) and by how the mind managed the trauma (coping). Following decades of study and research, Bloom (1999) noted it is not the damage from trauma but how the mind and the body process the trauma that is the issue.

Historical Perspective of Stress

An interaction between a force and the resistance to counter that force is used to describe how the word "stress" is used in physics (Tan & Yip, 2018). However, in regard to more physical or psychological sense, in 1936, Hans Selye studied the physiological effects of stress and was the first to reference stress in medical literature (Robinson, 2018). Later, Selye, noted as the Father of Stress Research, would define stress as "mutual actions of forces that take place across any section of the body, physical or psychological" (Robinson, 2018, p. 5). Henceforth, Hans Selye described stress as a nonspecific response of the body to any demand (Tan &Yip, 2018). However, it was not noted until the middle of the 20th century when scientists began to label the combination of physiological and psychological responses people displayed when things were getting too much out of balance as stress (Hutmacher, 2021). Today, stress is a term widely used to describe a state of mental or emotional strain, or the response of an organism to various stressors in the environment (Hutmacher, 2021).

The research of Hans Selye (1936) involved exposing laboratory rats to a variety of stressors, such as extreme temperatures, toxic chemicals, and physical restraint. Through the exposure of various elements, he observed that the rats all exhibited similar physiological responses, including weight loss, enlargement of certain glands, and

atrophy of others, which he hypothesized were common reactions due to the rats' bodies' natural response to stress, which he later referred to as the General Adaptation Syndrome or Selye's Syndrome (Selye, 1950). Selye further identified the response or adaptation to stress was divided into three categories including alarm reaction, stage resistance, and stage of exhaustion (Selye, 1950). Accordingly, Selye's Syndrome further illuminated when an individual is exposed to a stressor, the person tends to be taken off guard, resists change, and then often falls victim to exhaustion while encountering the stressor (Tan & Yip, 2018). Over the years, Selye's work has drawn attention to stress and has contributed to establishing stress as a link between numerous physical and psychological disorders.

Following Selye's (1936) initial work, Seyle, and other researchers such as American psychologist Walter Cannon (1932) continued to explore the complex relationship between stress and health. Selye continued to look into the physiological mechanisms behind the body's stress response, such as the release of stress hormones like cortisol and the activation of the sympathetic nervous system. Selye focused on the effects of chronic stress, which is believed to contribute to a host of adverse health outcomes, including cardiovascular disease, hypertension, diabetes, and depression. Accordingly, Cannon's (1932) work contributed to the development of the physiological fight or flight response to stress, which causes the body to prepare to fight or flight. Moreover, Cannon's work identified that during the body's response to fight or flight in response to stress, the body is rapidly aroused by activation of both the sympathetic nervous system and the endocrine system, which helps prepare the person to either fight or flee from a perceived threat.

Decades after the work of Selye (1936) and Cannon (1932), stress induces an array of responses, including those that are physiological (e.g., accelerated heart rate, headaches, or gastrointestinal problems), cognitive (e.g., difficulty concentrating or making decisions), and behavioral (e.g., drinking alcohol, smoking, or taking actions directed at eliminating the cause of the stress (Cohen & Herbert, 1996). Accordingly, when stress is severe and prolonged, many disorders can originate (Yaribeygi et al., 2017). The conceptual framework for the impact of traumatic experiences explored traumatic events and researched why depression, substance abuse, low self-esteem, avoidance, physical illnesses, identity, guilt and shame, and interpersonal relationships seemed to hang on long after a traumatic event (Carlson & Dalenberg, 2000). Given the pace of modern life and the many demands on individuals and communities, stress has become an increasingly significant health issue requiring attention, intervention, and management (Centers for Disease Control and Prevention, 2021). Subsequently, stress continues to be a topic of widespread concern because of its prevalence and severity on individuals (Medaris, 2023). According to Centers for Disease Control and Prevention (2021) given the pace of modern life and the many demands placed on individuals and communities, stress has become an increasingly significant health issue that requires attention, intervention, and management.

Trauma

Lenore Terr, (1990) child psychologist, defined trauma as an unexpected, subjective event defined as an actual or perceived threat to one's physical integrity causing extreme stress that overwhelmed the body and brain's ability to cope. When one's body or emotional safety is threatened by violence, attacks, conflicts, or

environmental disasters, feelings of terror and helplessness often occur (Terr, 1991). Furthermore, often when people are unsettled, the individual cannot exert control over the trauma and therefore contribute to the trauma taking place (Carlson & Dalenberg, 2000). Trauma is also described as the impact of an event, regardless of actual or perceived, that interrupts an individual's ability to maintain a sense of psychological and/or physical safety and well-being (Berardi & Morton, 2019). Thus, trauma has the potential to devastate one's capability to manage ongoing involvements of stress and has the potential to impact one's ability to cope (Terrasi & Crain de Galarce, 2017). Trauma can delay students' ability to stay on task long periods of time after the presence of trauma and negatively impact the educational environments of students (Perveen & Malik, 2021).

Secondary Traumatic Stress

Today as the number of students experiencing trauma is increased, the impacts of (STS) have become more prevalent as well (Figley, 1995). STS is defined as "Natural consequent behaviors and emotions resulting from hearing and knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7). STS is a disruptive result of collaborating with clients who have been traumatized (Osofsky et al., 2008). Additionally, STS can be described as stressful behaviors and emotions resulting from helping a traumatized or suffering individual (Figley, 1995). Accordingly, traumatic events often go beyond the individuals who are affected directly (Bride et al., 2004). "Secondary Traumatic Stress (STS) is a normal reaction to an abnormal event" (Jobe et al., 2021, p. 2). Individuals indirectly experiencing a traumatic event through witnessing, exposure, or by helping a survivor of trauma can endure the same trauma as the person

they were helping (Wiest-Stevenson & Lee, 2016). The following stipulations were developed by Ludick and Figley (2017) when creating the theory of secondary traumatic stress:

- STS is an extraordinarily complex and often an unavoidable experience when working with the suffering or those who study them, or through records of traumatic experiences.
- STS is most often present when a worker is exposed to a given dosage of evocative reality. This dosage varies from person to person: From direct contact with the traumatized to videotapes of interviews with the traumatized, all the way to reviewing written materials without photographs written by another.
- STS is elevated when the worker must compartmentalize the stress reactions to the evocative reality (direct contact, phone, or records).
- STS is elevated where there is prolonged exposure to evocative materials in the course of doing their job.
- STS is elevated when prior traumatic events are remembered.
- STS is lowered when the worker experiences incidents of compassion stress satisfaction that increase a sense of worth and purpose.
- STS is lowered when the worker experiences social support from fellow workers, management, and the institution generally.
- STS is directly related to the level of compassion fatigue resilience (CFR) but affected also by other life demands outside of work (p. 2).

Thus, the above theoretical stipulations lay the groundwork for both positive and negative ramifications of STS.

Secondary Traumatic Stress in Other Service Professions

Consider, the number of individuals experiencing STS is evident among many individuals across a multitude of professions. The majority of the service professionals previously studied for STS included nurses, social workers, child welfare, psychologists, counselors, medical doctors, armed forces, and emergency medical clinicians (Rayner et al., 2020; Roden-Foreman et al., 2017; Sprang et al., 2011; Perry, 2014; Valent, 2013; Wagaman et al., 2015). For example, Wright (2018) found nurses were leaving the nursing field due to the development of STS as nurses were experiencing increased illnesses, decreased team morale, high turnover rates, and lessened patient care. Wright noted nurses left the nursing field entirely due to the development of STS. A study completed by Jobe et al. (2021) examined 265 emergency nurses working in trauma care and found 38% of the nurses surveyed experienced high levels secondary traumatic stress while 29% reported decreased work productivity. Notably, Sprang et al. (2011) emphasized when social welfare professionals listen to children and adults, whom they were trying to protect, and absorbed these painful trauma experiences, they were exposed to these traumatic events as well. Thus, it is evident that there is a cost associated with caring for those with chronic illnesses (Figley, 2002).

Many factors have contributed to an increased development of STS in service-oriented professions. Factors can include understanding trauma caseload, history of personal past trauma, frequency, and degree of exposure to the traumatic events, and demographic factors such as personality, age, and gender (Cieslak et al., 2014); Rayner et al., 2020). Women professionals are more likely to display symptoms of burnout, a

symptom of STS, while at least one symptom associated with STS was experienced by 75% of social workers and psychologists (Watts & Robertson, 2011).

Trauma and Students

A psychological traumatic experience can manipulate the entire person–the way one thinks, learns, remembers, feels about themselves and other people, and how an individual makes sense of things in the world (Bloom, 1999). Child psychiatrist Lenore Terr completed the first study on traumatized children and found psychic trauma . Terr (1990) noted, "psychic trauma occurred when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaulted the person from outside and traumatic events were external, but they quickly become incorporated into the mind" (p.8). Thus, traumatic events can impact a youth's life when psychological and physiological strain occur as a result of the trauma experienced (Dods, 2013).

Students can experience trauma as a result of numerous situations such as physical and sexual abuse, domestic violence, assaults, loss, natural disaster, and traumatic (or many significant) injuries (Overstreet & Chafouleas, 2016; Dods, 2015). Students can also experience trauma from school shootings, bullying, fighting, weapons, poverty, homelessness, gang violence, and exposure to drug and alcohol abuse (Centers for Disease Control and Prevention, 2021; Terrasi & Crain de Galarce, 2017). When students experience traumatic situations, negative consequences can result. For example, since 1970, approximately 177 school shootings in PK-12 schools have occurred and as a result of experiencing such a devastating situation, students and teachers have experienced trauma symptoms such as major depression, anxiety, and mood disorders (Alexander, 2021). Subsequently, in addition to school shootings, bomb threats have been

experienced by an average of 6.1% of all students (Finkelhor et al., 2015). Additionally, the Centers for Disease Control and Prevention (2019) administered the Youth Risk Behavior Survey (YRBS). The survey revealed bullying took place on high school property with 1 in 5 high school students of the 13,677 students surveyed. Subsequently, children viewed everything as a safety threat when their environment was considered a dangerous place to be (Terrasi & Crain de Galarce, 2017). Thus, the classroom may be the only constant/safe environment the student has because of the absence of family, community, or resources in communities affected by trauma, making teachers responsible for the student's social, emotional, and academic interventions (Brunzell et al., 2018).

Approximately 60% of all students experience at least one trauma by the time they are 16 years old and multiple traumatic events occurred in over 30% of 1,420 children who were interviewed in a recent study (Copeland et al., 2018). Additionally, the Centers for Disease Control and Prevention (2021) also noted more than half of all United States children have experienced trauma in the form of abuse, neglect, violence, or challenging household circumstances. In alignment with the above findings, Berardi and Morton (2017) noted every time a child experiences one or more of these diverse traumas, the child is impacted physically, emotionally, and mentally. Trauma affects individuals on various levels: cognitive, behavioral, physical, psychological, and social (Carlson & Dalenberg, 2000).

According to Missouri Kids First (2019) statistics in cases of child abuse and/or neglect almost reached 5,500 validated cases in Missouri, in which 30% were physical abuse and 25% were sexual abuse. In 2019, approximately 6,000 Missouri children were reported sexually abused, while another 2,400 Missouri children were physically abused

(Missouri Kids First). Three elements have to occur for a situation to be considered traumatizing to a student or educator: the situation has to be extremely negative, uncontrollable, and sudden while individuals' cognitive, behavioral, physical, and social levels are also affected by trauma (Carlson & Dalenberg, 2000).

The results of long-term trauma can negatively impact students suffering from traumatic experiences. Academic and behavioral challenges arise when students are impacted by trauma, causing a decline in performance (Morton, 2022). Negative impacts can include missing school, experiencing low academic performance, and even dropping out of school completely (Perfect et al., 2016). Additionally, exposure to long-term trauma can contribute to students experiencing a lack of focus, impulsivity, aggressive behavior, and an ability to keep relationships (Chu & Lieberman, 2010). Trauma can result in changes in a student's behavior, personality, attention, memory, and compliance, and can negatively affect developmental mental tasks in children who are exposed to chronic traumatic events (Dods, 2015; Frydman & Mayor, 2017). Consequently, long-term effects of a child's exposure to trauma can result in mental illness, depression, anxiety, and suicide as it was found adolescents ages 12-17 had reported 3 million serious thoughts of suicide (Frieze, 2015; National Alliance on Mental Illness, 2020).

The work of others such as Ziegler (n.d.) identified how a traumatized child's performance in school often resulted in failure, hypervigilance (distractibility), serious self-regulation deficiencies (lacked desire to monitor emotional and behavior reactivity around them), difficulty putting what was learned into context, and the inability to trust others. Hence, when children who experienced long-term, severe trauma, the trauma damaged the students cognitively, physically, and emotionally (Walkley & Cox, 2013).

Accordingly, children often carry physical, emotional, and mental symptoms into adulthood when complex trauma has been experienced (Dye, 2018).

The long-term effects of trauma are devastating as there is an association between behavior and academic performance when children have experienced trauma (McConnico et al., 2016). Children with traumatic backgrounds often have lower IQs and cognitive delays (Berardi & Morton, 2017). When children experience long-term, severe trauma, the trauma damages the students cognitively, socially, physically, and emotionally, and young children experienced both delays in language and cognitive ability along with a lack of attention and concentration (Berardi & Morton, 2017; Paccione-Dyszlewski, 2016; Walkley & Cox, 2013). Theoretical framework supports the idea that trauma affects individuals on various levels: cognitive, behavioral, physical, psychological, and social (Carlson & Dalenberg, 2000). Subsequently, with cognitive delays, children are 68% more likely to receive special education services (Burke et al., 2011).

Secondary Traumatic Stress in General Educators

Over the years, studies focused on various service professions have been conducted but have been limited in regard to the field of education and educators (Hydon, 2016). Over the decade, increased levels of STS have been reported (Borntrager et al., 2012). Often new educators are unaware of the heightened probability that they will experience traumatic circumstances on a daily basis (Rankin, 2022). Carlson and Dalenberg (2000) pointed out three elements have to occur for a situation to be considered traumatizing to a student or educator; the situation has to be extremely negative, uncontrollable, and sudden. Trauma affects individuals on various levels:

cognitive, behavioral, physical, psychological, and social (Carlson & Dalenberg, 2000). Educators are often unaware of their exposure to traumatic circumstances due to this fact; increased attention has been focused more on the student rather than of the educator (Hydon et al., 2015). As more school districts become trauma-informed, the focus has been on helping students cope with the trauma, but little attention has been given to teachers regarding the STS symptoms they are experiencing through helping their students (Hydon et al., 2015). Thus, there has been a growing realization of the importance of teachers who may be exposed to traumatic events as these educators are more susceptible to STS when working with the students experiencing such trauma (Hydon et al., 2015; Stamm, 1999).

Several years ago, the researcher was able to gain firsthand insight into the impact student trauma can have on an educator. The researcher participated in a verbal conversation with a middle school communication arts educator on December 13, 2018, about trauma and how it affected students, their inability to learn, and their inability to develop into productive adults. The teacher pointed out various strategies and programs in place that tried to help students through their traumatic experiences but, she said, "Teachers are the forgotten ones." She went on to say she was not prepared for what she felt when her heart went out to students who constantly experienced trauma. Lastly, she said she felt like a failure, way over her head, and had let her students down because she was not able to help them like she wanted to. This stress caused the teacher to feel helpless and nonproductive. She said it simply had broken her. The strength of an educator's frame of mind often determines how the educator will process a student's trauma; when weakened, such as when a teacher has given their all to the student and the

tank of compassion, empathy, and sympathy has been emptied, the teacher may have experienced STS (Rankin, 2022).

In line with the conversation the researcher had with the educator, other research has noted the impact teachers have as a result of working with students who have endured traumatic experiences. Stress can be triggered from a teacher's past and result in great pain (Terrasi & Crain de Galarce, 2017). Symptoms of STS can include weeping for no reason, becoming ill, and contracting colds and headaches (Terrasi & Crain de Galarce, 2017). Educators with symptoms of STS experienced withdrawal and disengagement, which then escalate to more severe symptoms such as depression, marital problems, sleep disorders, substance abuse, and exiting the field of education (Lawson et al., 2019). Moreover, educators often do not know how to recognize symptoms such as loneliness, anxiety, detachment, physical illnesses, and sleep disorders as a result of helping children who have suffered from trauma (Minero, 2017; Administration for Children and Families, 2022). Accordingly, over the last recent years, approximately 90% of teaching positions not being filled, one third leave due to retirement, and two thirds left because of unhappiness or discontent (Carver-Thomas & Darling-Hammond, 2017).

Teachers and principals are leaving the profession of education without the knowledge of the symptoms caused by STS (Rangel, 2018; Holme et al., 2018). The recent pandemic has impacted the symptoms of STS as well. "COVID-19 felt like an ongoing 'cardiac stress test' on the world's infrastructures and systems, magnifying every functional and structural vulnerability, including the field of traumatic stress" (Horesh & Brown, 2020, p. 332). Accordingly, COVID-19 contributed to potential symptoms of

STS through people taking rest-less cautious job positions, which resulted in causing the individual to experience avoidance and other STS symptoms (Horesh & Brown, 2020).

Table 1 presents clusters, symptoms, and examples of STS.

Table 1

Possible Examples of Secondary Traumatic Stress

Clusters	Symptoms	Examples
Reexperiencing/ Intrusive memories	Intrusive thoughts Nightmares Severe emotional distress	The teacher often recalls the rejection a child has experienced and has nightmares about the severe neglect.
Avoidance	Avoidance of trauma-related thoughts, feelings, or reminders Avoiding places, activities, or people that remind you of the traumatic event	The teacher avoids contact with spouse and recalls instances when spouse was late to respond as promised.
Numbing/Negative changes	Negative feelings about yourself or others Feeling isolated and numb Overly negative thoughts about self or world	The teacher does not enjoy his/her position. After reporting a situation, the teacher tries to check up on case progress, the administrator dismisses the claims, and the school counselor will deal with the child's personal needs.
Hyperarousal	Irritability or aggression Hypervigilance Difficulty concentrating Difficulty sleeping Always being on guard Overwhelming guilt or shame Being easily frightened or startled	Teacher experienced extreme anxiety when parent enters the classroom. Nightmares affect sleep. Teacher can't focus on meeting the needs of the students.

Note. Clusters, symptoms, and possible examples of STS.

Secondary Traumatic Stress in Special Educators

Teachers play a critical role in supporting the development and well-being of their students. Little is known about the insight of stress and understood coping processes by special educators (Cancio et al., 2018). However, special education classrooms can be stressful and traumatic environments for teachers, especially for PK-12 special education

teachers who work with students who have complex needs and challenging behaviors (Rankin, 2020). Many teachers do not fully understand STS, so many feel inadequate, guilty, and even powerless as they reconsider their chosen profession when symptoms resulting from STS are experienced (Rankin, 2020). Accordingly, as teachers experience various unidentified feelings, those feelings can have a significant impact on their well-being, job satisfaction, and ability to continue in the profession (Agyapong et al., 2022). Subsequently, teacher exposure to the witnessed trauma that students bring to school creates a level of trauma for teachers (Schepers, 2017).

Overall, the literature on STS in special education teachers is rather limited. One study reported by (Gonzalez, 2020) found STS was a significant issue among special education teachers, with higher rates than the general population. Another study revealed special education teachers are leaving the profession at higher rates than their general education peers and in just the past decade alone, the number of special educators dropped by over 17% across the nation (Gonzalez, 2020). Thus, it is evident STS impacts special education teachers, but more research on additional impacts needs to be conducted.

Secondary Traumatic Stress in Administrators

Administrators are essential in the improvement of the quality of education students receive and the principal's influence can facilitate efforts to build quality teachers, implement effective teaching strategies, and maintain positive collaboration with students and families of the community (Meneses et al., 2017). According to Lazarus's (1993) theory of psychological stress, administrators are required to use appraisal and coping to manage daily, specific, stressful demands for his or her well-

being on a daily basis. Factors such as burnout, challenging work schedules, job-related stress, pandemic, and STS can increase administrator turnover (Beasley & Norris, 2021; DeMatthews et al., 2021). Many administrators, principals, and counselors experience many factors that cause undue stress, which can lead to burnout and turnover and of those factors, STS can contribute to administrators leaving the field of education (DeMatthews et al., 2021). An administrator's indirect exposure to trauma, such as hearing about traumatic events secondhand, can lead to trauma-related symptoms as well (Carlson & Dalenberg, 2000). Little research has been done in the area of STS and administrators, which contributes to the necessity of this study.

Conceptual Framework

Numerous theories could be used to comprehend how traumatic events affect students and educators. Therefore, this study was based on the conceptual framework that integrated the theories of Eve. B. Carlson and Constance Dalenberg (2000) impact of traumatic experiences, Sandra Bloom (1999) trauma theory, and Richard S. Lazarus (1993) psychological stress theory. More specifically, the framework addressed the issue of STS in educators. However, according to Carlson and Dalenberg three elements have to occur for a situation to be considered traumatizing to a student or educator: the situation has to be extremely negative, uncontrollable, and sudden. Trauma affects individuals on various levels: cognitive, behavioral, physical, psychological, and social (Carlson & Dalenberg, 2000; Bloom, 1999; Lazarus, 1993). Subsequently, five factors—biological, developmental, severity of the stressor, social context, and prior life events—influence responses to trauma (Carlson & Dalenberg). Experiencing traumas often and over time, effects will be longer lasting (Bloom). Carlson and Dalenberg's five factors of

responses of trauma coincides with Bloom and Lazarus. Bloom's paradigms include fight-flight, chronic hyperarousal, fear-conditioning, freeze and dissociation, and tend-befriend (1999). Whereas the response to trauma includes two concepts—appraisal and coping— the significance of the trauma was decided (appraisal) by how the mind managed the trauma (coping; Lazarus, 1993).

The work of Carlson and Dalenberg (2000) identified traumatic events can lead to long-term psychological problems, including symptoms of PTSD. Furthermore, indirect exposure to trauma, such as hearing about traumatic events secondhandedly, can lead to trauma-related symptoms as well (Carlson & Dalenberg). As individuals develop and experience trauma-related symptoms, learning how to cope is necessary (Lazarus). The transactional theory of stress and coping suggests how individuals appraise and cope with stressful situations (Lazarus, 1993). Therefore, the combined theories of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993) contributed to guiding this study and better understanding STS in regard to PK-12 educators. Utilizing each of these theories can contribute to better understanding the appraisal process educators implement and potentially contribute to the development of strategies to help address symptoms of STS.

The joint framework of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993) is relevant to this study because each contributes to how traumatic experiences manifest into symptomologies remarkably similar to STS such as avoidance, isolation, hyper-arousal, challenges maintaining relationships, and leaving the teaching profession. Additionally, the results of STS often do not occur from life-threatening events, but indirect exposure of the educators experiencing the trauma, which may have

been life-threatening to the individuals the educators helped (Hydon, 2016). Moreover, the framework suggests appraisal of STS by educators is a necessary first step towards coping with the condition. The integration of theories by Carlson and Dalenberg, Bloom, and Lazarus is useful in developing a framework that can effectively address the issue of STS as well as burnout among educators. Additionally, the framework lays the groundwork for future research in this area and provides practical suggestions for prevention and intervention.

Summary

This chapter supplied background information that supports the need for the completion of this study. Chapter Two provided existing research of the definition, causes, and descriptors of intrusive thoughts, avoidance, isolation, irritability, and hypervigilance. Research was explained concerning STS in other service-related professions and in education. Secondary Traumatic Stress symptoms were analyzed in both PK-12 general educators, special educators, and administrators. The purpose of this action research study was to explore the theory of STS by comparing STS symptoms between PK-12 general educators, special educators, and administrators in one school district in southwest Missouri across various settings including grade levels, subjects taught, years taught, age, and gender.

The conceptual framework or guiding theories of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993) provided a comprehensive background of understanding the possibility of STS symptoms among educators. The integration of theories by Carlson and Dalenberg, Bloom, and Lazarus is useful in developing a framework that can effectively identify STS symptoms educators may experience.

Additionally, the framework lays the groundwork for future research in this area and provides practical suggestions for prevention and intervention.

Chapter Three describes the methods and procedures by which data were collected among educators throughout a PK-12 public school in southwest Missouri. Chapter Four examines the data collected. The data was examined to determine the impact of symptoms of STS between PK-12 educators, administrators, and special educators in a school in southwest Missouri. Chapter Five includes a summary of the findings, recommendations for the school district, recommendations for future studies, and conclusion.

CHAPTER THREE

METHODOLOGY

Introduction

Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation, and teachers at all levels and size of school districts work with students who experience trauma (Honsinger & Brown, 2019; Terrasi & Crain de Galarce, 2017). Teaching is known as a helping/service profession, but teaching goes beyond curricula as teachers have been expected to be miracle workers within a challenging and tough era for educators (Kafele, 2018). Increased teaching roles have teachers going above and beyond the role of educating students and now include educators serving as childcare workers, counselors, physicians, psychologists, and protectors, which can contribute to making teaching a high-stress profession (Herman et al., 2018).

Educators are often key allies in helping students cope with trauma and mental health. Accordingly, educators are often experiencing secondhand stress as a result of their contributions to students and the secondhand stress can directly impact their effectiveness to teach and overall wellbeing (Eyal et al., 2019; Namminga, 2021). Furthermore, attention is given to students' mental health needs, but such services are not often addressed to educators who secondarily experience the trauma of their students (Hydon et al., 2015). As a result of the increased trauma of students, educators have an increased risk of experiencing the trauma of their students (Elliott et al., 2018).

Chapter Three will include the methodology used in this study. Included is the purpose of the study, research questions, and design of the study. Also included is a

description of participants, and research setting. Additionally, instrumentation and procedures were used for data analysis will be described.

Purpose of the Study

The purpose of this action research study was to observe the theory of STS by comparing the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in one school district in southwest Missouri across various settings including grade levels, subjects taught, years taught, age, and gender. The researcher took a further look into the symptoms of STS through electronic surveys using the Secondary Traumatic Stress Scale (Bride, 1999) and Professional Quality of Life Scale (PROQOL; Stamm, 2009) and made comparisons between general educators, special educators, and administrators. Demographic information was collected through electronic surveys to determine perceptions in one different school district in southwest Missouri including grade levels, subjects taught, years of experience, age, and gender. The data was examined using Google spreadsheets.

Research Questions

This action research explored STS symptoms and how the symptoms have impacted PK-12 general educators, special educators, and administrators in one school district in the state of Missouri. This study was guided by four primary research questions:

RQ1. What were the perceptions of secondary traumatic stress symptoms between PK-12 general educators, special educators, and administrators in one southwest Missouri school district?

RQ2. What were the perceptions of secondary traumatic stress symptoms

of grades taught including PK-2, 3-5, 6-8, and 9-12 between PK-12 general educators, special educators, and administrators?

RQ3. What were the perceptions of secondary traumatic stress symptoms and subjects taught (math/science, language arts/history, art/music/ electives/physical education, and special education) by PK-12 general educators and special educators?

RQ4. What were the perceptions of secondary traumatic stress symptoms between gender, age, and years taught between PK-12 general educators, special educators, and administrators?

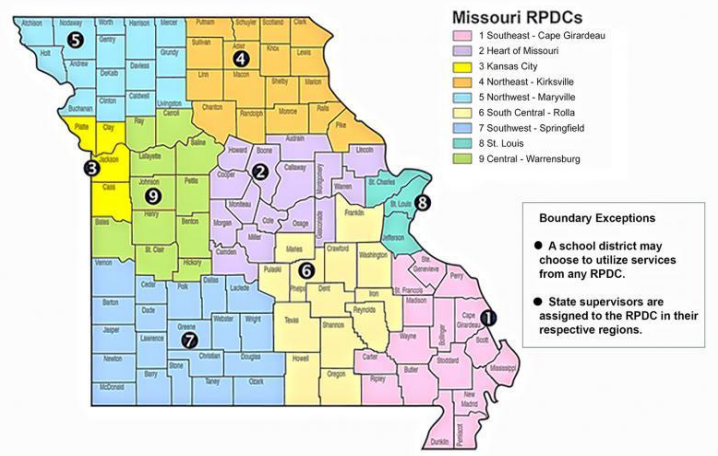
Participants and Sampling

The participants in this study included PK-12 general educators, special educators, and administrators in a southwest Missouri school district known as Southwest Region 7 of the Missouri Regional Professional Development Centers, (RPDC, 2024). Accordingly, Saleh and Bista (2017) indicated that research survey response rate was highly influenced by the interests of participants, survey structure, communication methods, assurance of privacy and confidentiality, and a promised reward. The Missouri public school system, according to the Show-Me Institute (2019), consisted of 518 traditional public school districts with 94 traditional public schools in the Southwest Region. The participants for the study were retrieved from one PK-12 school district in southwest Missouri. To get a sample representation, PK-12 general educators, special educators, and administrators in the school district were emailed a letter of informed consent to participate (see Appendix H) and had the opportunity to participate in the survey.

The target population for this study was educators from one PK-12 public school district in southwest Missouri. Participants included in the research were general educators, special educators, and administrators. Additionally, educators encompassed individuals serving as counselors, aides, and paraprofessionals. To avoid sampling error and bias, the PK-12 public school district superintendent in southwest Missouri was contacted and asked permission for the researcher to send the survey used for this study. A sample of approximately 104 surveys was completed by the PK-12 educators from a school district in southwest Missouri. See Figure 1 for Southwest Missouri Region 7 RPDC.

Figure 1

Missouri RPDC's



Missouri Regional Professional Development Centers (RPDC's) https://dese.mo.gov/educator-quality/educator-development/regional-professional-development-centers, 2024

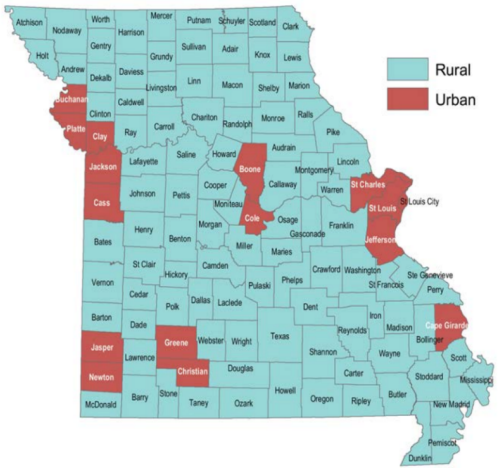
Research Setting

The setting of this study was a PK-12 public school district in southwest Missouri. The state of Missouri is comprised of 115 counties and 99 were classified as rural while 16 were urban. In order to be considered a rural county, the county must have less than 150 people per square mile (Missouri Office of Rural Health, 2020). According to the

Missouri Office of Rural Health (2020), Figure 2 displays the rural and urban counties in Missouri.

Figure 2

Rural and Urban County Classification in Missouri



Missouri Office of Rural Health. (2020) *Rural and Urban County Classification in Missouri.* (https://health.mo.gov/living/families/ruralhealth/pdf/biennial2020.pdf).

The Missouri public school system, according to the Show-Me Institute (2019), consisted of 518 traditional public school districts with 2,424 traditional public schools. The state of Missouri consisted of 68,814 educators and administrators. The Southwest Region consisted of 94 traditional PK-12 public schools. For the purpose of this study, the researcher used one school district from the RPDC Southwest Region 7 in Missouri. This participating school district had approximately 3000 students. The ethnic makeup of the school district was 1.32% Black, 5.35% Hispanic, 4.6% Multi-Race, and 87.45% White (Missouri Department of Elementary & Secondary Education, 2024).

Research Design

This action research study was designed to explore the symptoms of STS between PK-12 educators, special educators, and administrators throughout various demographic settings in a school district in southwest Missouri. Thus, the independent variables in this

study included educators, special educators, and administrators, as well as various demographics, age, years taught, grade level taught, subjects taught, and gender. The dependent variable included the level of STS symptoms experienced by the participants. The levels of STS symptoms experienced by educators, special educators, and administrators across the various demographics were measured. Doing this allowed for a more in-depth understanding of the research problem.

Instrumentation

With consent from Stephen Hydon, Permission to Use the Teachers' Exposure to Stressful Events Instrument (Appendix A) and the Permission to Use ProQOL Instrument (Appendix B) from the Center for Victims of Torture was approved for the purposes of this study. Additionally, a four-part questionnaire that included a demographic survey called Teachers' Exposure to Stressful Events Instrument (Appendix C), Secondary Traumatic Stress Scale (Appendix D), Professional Quality of Life Scale-5 (Appendix E), and Short Answer Questions (Appendix F) was utilized for this study. This four-part survey aligned with the research questions of this action research study. The survey was comprised of demographics, two scales, and a short answer section.

The Secondary Traumatic Stress Scale (Bride, 1999) measured characteristics such as arousal and avoidance symptoms associated with exposure to traumatic events. When completing the scale, participants were instructed to read each item and indicate how frequently the item was true for the past 7 days using a five-choice, Likert-type response format ranging from (1 = *never* to 5 = *very often*). The STSS is comprised of three subscales: Intrusion, Avoidance, and Arousal.

Once the items on the scale were completed, the results directly indicated the levels of STS symptoms. Scores ranged from 17 to 85. According to Bride (2007), scores below 38 indicated none to mild STS, scores between 38 and 43 were considered moderate STS, and scores above 49 demonstrated severe levels of STS.

The Professional Quality of Life Scale (ProQOL5) developed by Stamm (2009), measured the negative effects of STS such as sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences. The instrument is a 30-item self-report scale that assesses risk of compassion fatigue (CF), which has been used interchangeably for STS, potential for compassion satisfaction (CS) and risk of burnout. This scale helped to measure the relationship between risk factors and STS symptoms. Scores ranged from low, 22 or less, moderate, 23-41, and high, 42 or more. Once the items on the scale were completed, the variables that could reduce the prevalence of STS could be identified.

The instrument used for this study included a survey with demographic questions distributed among participants across one PK-12 school district in southwest Missouri, which included grade level taught, subjects taught, years of experience, age, and gender. The survey provided information from each participant including the demographic variables used to complete the various comparisons. Originally, the instrument was used in health care settings such as service-oriented workers including nurses, doctors, psychologists, and social workers. More recently, educators have been included in the service worker scale.

Procedures

Southwest Baptist University guidelines required approval from the National Institutes of Health—Protecting Human Research Participants (Appendix G) to be granted to ensure human participants were protected prior to conducting research on PK-12 educators. Additionally, the Research Review Board (RRB) gave approval for this study to be activated to utilize data received in the spring semester from PK-12 participants in one southwest Missouri school district (Appendix H). Data collection did not occur until approval from the RRB was granted. Finally, the southwest Missouri school district's superintendent was emailed surveys with instructions and an Informed Consent to Participate form enclosed (Appendix I).

The school district superintendent was emailed permission to distribute the surveys, a four-part questionnaire, to all current PK-12 general educators, special educators, and administrators. The superintendent then emailed the survey to the faculty and staff of the school district. The participants had 2 weeks to complete the survey with an email reminder after one week.

Watts and Robertson (2015) explained the Secondary Traumatic Stress Scale was the only peer-reviewed and validated tool to measure STS between general educators, special educators, and administrators. Accordingly, data collected from the questionnaire were used to determine the percentages of elevated STS Secondary Traumatic Stress symptoms between PK-12 educators, special educators, and administrators. Identities of PK-12 participants and school district in southwest Missouri were protected. The data collected will be stored on a password-protected device and will be shared with SBU advisor and committee members on Excel spreadsheets to protect the identities of all

individuals who participate in the study. Then, after completion, all information will be permanently deleted.

Data Analysis

Data cleaning is the first step in the data analysis process and must be done before any further analysis can be performed (Chai, 2020). Data cleaning began after all data for the study was received, and any incomplete, inaccurate, irrelevant, or missing data were analyzed, corrected, or replaced, as necessary. The survey was completely anonymous and voluntary. Additionally, the participants could choose not to participate at any moment during the survey.

The purpose of this action research study was to explore the theory of STS by examining the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri across various settings including grade levels, subjects taught, years of experience, age, and gender. This study explored the results of the survey using four instruments—demographics, Secondary Traumatic Stress Scale (Bride, 1999), and ProQol-5 (Stamm, 2009)—looking for perceptions in responses between the regular educators, special educators, and administrators. The survey data were collected and entered into Google spreadsheets for interpretation of data and answering research questions. The data collected divided the clusters of symptoms of STS, which included reexperiencing, avoidance, numbing, and hyperarousal into t-charts and compared those with various settings of grade levels, subjects taught, years of experience, age, and gender with general educators, special educators, and administrators.

Summary

The purpose of this action research study was to explore the theory of STS by examining the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri across various settings including grade levels, subjects taught, years of experience, age, and gender. This chapter outlined the process and method for this study. The researcher distributed the Secondary Traumatic Stress Scale developed by Bride, 1999). Professional Quality of Life Scale developed by Stamm (2009), and an informal demographic questionnaire. Survey data were collected and examined for the perceptions of STS symptoms between general educators, special educators, and administrators.

Chapter One had a brief overview of STS, the purpose, and the need to explore the symptoms of STS between regular educators, special educators, and administrators. Chapter Two supplied a literature review of the history and definition of trauma and stress, trauma in schools, and other service-related professions, and STS definition, characteristics, and perceptions. Chapter Four will examine the data collected. The data will be examined to determine the impact of STS Secondary Traumatic Stress between PK-12 educators, administrators, and special educators in a school in southwest Missouri. Chapter Five will supply a conclusion of the study, implications, significance of the findings, and future studies.

CHAPTER FOUR

ANALYSIS OF THE DATA

Introduction

This chapter provides a description of the demographics and results for this action research study. The conceptual framework or guiding theories of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993) provided a comprehensive background of understanding the possibility of STS symptoms among educators. The integration of theories by Carlson and Dalenberg, Bloom, and Lazarus was useful in developing a framework that effectively identified STS symptoms educators may experience. The purpose of this action research study was to explore the theory of STS by examining the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri across various settings including grade levels, subjects taught, years of experience, age, and gender.

Research Questions

The research questions used for this study were as follows:

RQ1. What were the perceptions of secondary traumatic stress symptoms between PK-12 general educators, special educators, and administrators in one southwest Missouri school district?

RQ2. What were the perceptions of secondary traumatic stress symptoms of grades taught including PK-2, 3-5, 6-8, and 9-12 between PK-12 general educators, special educators, and administrators?

RQ3. What were the perceptions of secondary traumatic stress symptoms

and subjects taught (math/science, language arts/history, art/music/ electives/physical education, and special education) by PK-12 general educators and special educators?

RQ4. What were the perceptions of secondary traumatic stress symptoms between gender, age, and years taught between PK-12 general educators, special educators, and administrators?

Demographics and Participant Descriptions

The target population for this study was educators from one PK-12 public school district in southwest Missouri Region 7 of RPDC. The school district had an enrollment of approximately 2,700 students with a rate of 17:1 student-to-teacher ratio. Building demographics included percentages of Black students 1.325%, Hispanic students 5.35%, multi-race of 4.6%, and White students averaged 87.45 % of the student population. The district averages 43.7% free/reduced lunch among all school levels.

Participants included in the research were general educators, special educators, and administrators. Besides general and special educators, and administrators, educators also encompassed individuals serving as counselors, aides, and paraprofessionals. Of the 104 participants, 93 were PK-12 educators while 11 were in a category labeled Other. These included administrative assistants, cooks, janitors, and nurses. Females consisted of 71.2% (74), males 27.9% (29), and other 1% (1).

An informed consent form was provided to all participants. Participants then signed the consent form that indicated the survey was voluntary and participants could withdraw at any time or not participate at all. There were 104 participants who willingly participated in the survey. There were 103 participants who gave consent, and one did

not. A description of the purpose of the survey was provided that informed participants that participating was voluntary and they were not required to respond to any survey question to which they did not feel comfortable responding.

Age varied across the population sample including ages 20 through 69. There were no participants in the 70-79 age group. The number of years taught among educators ranged from fewer than 5 five years to more than 20 years. Grades taught included PK-2 at 26%; third-fifth grades, 20%; sixth-eighth grades, 31%; and ninth-12th grades were 32%. Subjects taught among the participants included 13 taught all subjects, 19% taught math and/or science, 24% taught language arts and/or history, 13% taught art/music/physical education/electives, and 17% taught special education. The buildings where educators taught included 28% at the primary level, which consisted of PK-2; 18% of educators taught at the intermediate school, which consisted of third-fifth grades; 25% of educators taught at the middle school, which consisted of sixth-eighth grades, and 29% of educators taught at the high school. Demographic information for this study is provided (see Table 2).

Table 2

Demographic Variables for All Participants

Variable	*n*	%
Gender		
Female	74	71
Male	29	28
Other	1	1
Total	104	100
Age (years)		
20-29	19	18
30-39	29	28
40-49	32	31
50-59	17	16
60-69	7	7
70-79		
Total	104	100
Race/ethnicity		
Asian American	1	1
Black American	1	1
Irish/Hispanic	1	1
Latino/Hispanic	1	1
White	99	96
Total	103	100
Subjects taught		
All Subjects	13	16
Math/Science	19	24
Lang Arts/History	19	24
Art/Music/PE/Elec	12	15
Special Education	16	21
Total	77	100
Years in education		
Fewer than 5 years	19	19
5-10 years	25	24
11-15 years	19	19
16-20 years	13	13
More than 20 years	26	25
Total	102	100
Grades taught		
Primary PK-2	29	28
Intermediate 3-5	18	18
Middle School 6-8	26	25
High School 9-12	30	29
Total	103	100

Note. $N = 104$. Participants used to perceive STS symptoms in various settings.

Results of Survey

Four research questions were developed to explore the perceptions of the symptoms of STS. The questions were not just developed to measure the symptoms of STS among educators. The questions also explored how symptoms of STS could be measured in various grades, subjects, and years taught. Additionally, gender and age were examined for symptoms of STS.

Scores ranged from 17 to 85 on the STS. The indicators included none to mild STS, moderate STS, and severe STS. According to Bride (2007), scores below 38 indicated none to mild levels of STS, scores between 38 and 43 were considered moderate levels of STS, and scores above 49 demonstrated severe levels of STS. The scores on the Professional Quality of Life-5 ranged from low, 22 or less, moderate, 23-41, and high, 42 or more. For the purpose of this research four research questions guided this study.

RQ1. What were the perceptions of Secondary Traumatic Stress symptoms between PK-12 general educators, special educators, and administrators in one southwest Missouri school district?

Results of Research Question 1

Among the 104 participants, 54 were general educators. Of those general educators, 29 or 54% experienced little to no symptoms and 33 or 61% scored low on the ProQOL. Fifteen or 28% of general educators scored in the mild level of STS and 21 or 39% scored in the moderate range of symptoms on the ProQOL. Scoring at the moderate to high levels of STS was eight or 15% of the general educators while two of the participants scored at the severe level of STS.

Special educators consisted of 25 of the 104 participants. Of the special educators, 14 or 56% experienced little to no STS symptoms and 17 or 68% experienced low levels of STS on the ProQOL. Four or 16% experienced mild symptoms of STS and eight or 32% scored in the moderate level on the ProQOL. Scoring moderate to high levels of STS was four or 16% while three or 12% of the participants scored at the severe level.

For the purpose of this study, administrators included central office, building administrators, and counselors. There were 14 administrators who participated in this study. Of those administrators, 14 or 79% experienced little to no STS on the STS scale as well as 14 or 79% scored in the low range on the ProQOL screening. Three or 21% experienced mild STS symptoms on the STS scale and three or 21% scored in the moderate level of symptoms on the ProQOL. No administrators experienced moderate to high levels or severe levels of STS symptoms on the STS scale and no moderate to high levels of STS symptom on the ProQOL.

As a whole group, the little to no STS was 61% or 63 of 104 participants, which occurred most frequently. Twenty-three percent of participants experienced mild STS symptoms. Moderate/High symptoms of STS were experienced by 12% of the participants. Five percent of the total population of participants experienced severe STS symptoms. Out of the 104 participants, 41 or 39% indicated mild to severe symptoms of STS (see Table 3).

Table 3

STS Symptoms Between General Educators, Special Educators, and Administrators

	Little no STS	%	Mild STS	%	Mod high STS	%	Severe STS	%	Pro QOL Low	%	Pro QOL Mod	%
General educators	29	54	15	28	8	15	2	4	33	61	21	39
Special educators	14	56	4	16	4	16	3	12	17	68	8	32
Admin.	11	79	3	21	-	-	-	-	11	79	3	21
Other	9	8	2	18	-	-	-	-	9	82	2	18
Total 104	63	60	24	23	12	12	5	5	70	67	34	33

Note. General and special educators, administrators, and others perceived symptoms of STS.

RQ2. What were the perceptions of secondary traumatic stress symptoms of grades taught including PK-2, 3-5, 6-8, and 9-12 between PK-12 general educators, special educators, and administrators?

Results of Research Question 2

Among the 104 participants and the grades they taught, 22 taught PK-2, 16 taught Grades 3-5, 25 taught Grades 6-8, 32 taught Grades 9-12, and nine were considered others. The other category was considered administrative assistants, cooks, and daycare. Administrators that did not fall under any of the grade categories were placed in the other category.

Of the 22 in the PK-2 grades taught, 13 or 59% experienced little to no STS symptoms on the STS scale and 14 or 64% experienced low STS symptoms on the ProQOL screening. Six or 27% experienced mild STS symptoms. Two or 9%

experienced moderate to high STS symptoms and eight or 36% experienced moderate STS symptoms on the ProQOL screening.

Ten or 63% of educators in Grades 3-5 experienced little to no STS symptoms on the STS scale and 11 or 69% experienced low levels of STS symptoms on the ProQOL. Four or 25% experienced mild symptoms of STS on the STS scale. One or 6% experienced moderate to high STS symptoms on the STS scale and five or 31% experienced moderate STS symptoms on the ProQOL screening. One or 6% of educators in Grades 3-5 experienced severe STS symptoms on the STS scale.

In Grades 6-8, 15 or 60% of educators experienced little to no STS symptoms on the STS scale and 16 or 64% experienced low STS symptoms on the ProQOL screening. Five or 20% experienced mild STS symptoms on the STS scale. Four or 16% experienced moderate to high STS symptoms on the STS scale and nine or 36% experienced moderate levels of STS symptoms on the ProQOL screening. One or 4% of educators in Grades 6-8 experienced severe STS symptoms on the STS scale.

Educators in Grades 9-12 experienced little to no STS symptoms, 21 or 66% on the STS scale, and 24 or 75% experienced low levels of STS symptoms on the ProQOL. Five or 16% experienced mild levels of STS symptoms on the STS scale. Four or 12% experienced moderate to high levels of STS symptoms on the STS scale and eight or 25% experienced moderate levels of STS symptoms on the ProQOL screening. Two or 6% of the educators who taught Grades 9-12 experienced severe STS symptoms on the STS scale. On the category of other, seven or 78% experienced little to no STS symptoms on the STS scale and low levels of STS symptoms on the ProQOL screening.

Cumulative totals for Grades PK-2 through 9-12 and others indicated the majority, 66 or 63% of educators, experienced little to no STS symptoms on the STS scale and 72 or 77% experienced low symptoms of STS on the ProQOL screening. Twenty-two or 21% experienced mild STS symptoms on the STS scale. Eleven or 11% experienced moderate to high STS symptoms on the STS scale and 32 or 31% experienced moderate STS symptoms on the ProQOL screening. Five or 5% of 104 grades taught experienced severe STS symptoms on the STS scale. Overall, of all grades taught, 37% or 38 experienced mild to severe symptoms of STS (see Table 4).

Table 4

Grades Taught

	Little no STS	%	Mild STS	%	Mod high STS	%	Severe STS	%	Pro QOL Low	%	Pro QOL Mod	%
PK-2	13	59	6	27	2	9	1	5	14	64	8	36
3-5	10	63	4	25	1	6	1	6	11	69	5	31
6-8	15	60	5	20	4	16	1	4	16	64	9	36
9-12	21	66	5	16	4	12	2	6	24	75	8	25
Other	7	78	2	22	-	-	-	-	7	78	2	22
Total 104	66	63	22	21	11	11	5	5	72	69	32	31

Note. Perceived symptoms of STS among educators and grades taught.

RQ3. What were the perceptions of secondary traumatic stress symptoms and subjects taught (math/science, language arts/history, art/music/electives/ physical education, and special education) between PK-12 general educators and special educators?

Results of Research Question 3

The data showed among the 77 educators who taught math/science, language arts/history, art/music/physical education/electives, special education, and all subjects, 44 or 57% experienced little to no STS on the STS scale and 48 or 62% experienced low symptoms of STS on the ProQOL screening, which was comparable. Fourteen or 18% of the 77 participants experienced mild symptoms of STS on the STS scale. Thirteen or 17% participants experienced high symptoms of STS on the STS scale and 28 or 36% experienced moderate symptoms of STS on the ProQOL screening. Six or 8% experienced severe symptoms of STS on the STS scale and one or 2% of participants experienced high symptoms of STS on the ProQOL screening (see Table 5).

Table 5

Subjects Taught

Subjects Taught	Little no STS	%	Mild STS	%	Mod high STS	%	Sev STS	%	Pro QOL Low	%	Pro QOL Mod	%	Pro QOL High	%
Math/Sci	11	64	3	18	2	12	1	6	12	70	4	24	1	6
LA/Hist	10	53	4	21	4	21	1	5	11	58	8	42	-	-
Art/Mus/ Elec/P.E	8	67	-	-	3	25	1	8	8	67	4	33	-	-
Sp. Ed	7	44	4	25	2	13	3	19	9	56	7	44	-	-
All Subjects	8	62	3	23	2	15	-	-	8	62	5	38	-	-
Total 77	44	57	14	18	13	17	6	8	48	62	28	36	1	2

Note. Perceived symptoms of STS among educators and subjects taught.

RQ4. What were the perceptions of secondary traumatic stress symptoms of gender, age, and years taught between PK-12 general educators, special educators, and administrators?

Results of Research Question 4 (Gender)

Considering the data of 104 participants' gender, 45 females or 61%, 20 males or 69%, and one other experienced little to no STS symptoms on the STS scale. Combined, 72 males, females, and one other participant experienced low symptoms on the ProQOL screening. Male and female combined experienced 22 or 21% mild symptoms of STS on the STS scale. Nine female participants and two male participants experienced moderate to high STS symptoms on the STS scale. Altogether, 27 female and 5 male participants experienced moderate symptoms on the ProQOL scale. Four or 5% female and one or 3% male experienced severe symptoms of STS on the STS scale (see Table 6).

Table 6

Gender

Gender	Little no STS	%	Mild STS	%	Mod high STS	%	Severe STS	%	Pro QOL Low	%	Pro QOL Mod	%
Female	45	61	16	22	9	12	4	5	47	64	27	36
Male	20	69	6	21	2	7	1	3	24	83	5	17
Other	1	100	-	-	-	-	-	-	1	100	-	-
Total 104	66	63	22	21	11	11	5	5	72	69	32	31

Note. Perceived STS symptoms among educators and gender.

RQ4. What were the perceptions of secondary traumatic stress symptoms of gender, age, and years taught between PK-12 general educators, special educators, and administrators?

Results of Research Question 4 (Age)

The participants ages were grouped from ages 20-29, 30-39, 40-49, 50-59, 60-69, and 70-79. Summarizing the data of the total age groups, 66 or 63% experienced little to no STS symptoms on the STS scale and 72 or 69% experienced low STS symptoms on the ProQOL screening. Twenty-one percent experienced mild STS symptoms on the STS scale. Ten percent experienced moderate to high levels of STS symptoms on the STS scale and 32 or 31% experienced moderate levels of STS symptoms on the ProQOL. No one experienced high levels of STS on the ProQOL screening (see Table 7).

Table 7

Age

Age	Little no STS	%	Mild STS	%	Mod high STS	%	Severe STS	%	Pro QOL Low	%	Pro QOL Mod	%
20-29	9	47	6	31	2	11	2	11	12	63	7	37
30-39	16	55	7	24	5	17	1	4	21	72	8	28
40-49	22	69	6	19	2	6	2	6	22	69	10	31
50-59	14	82	2	12	-	-	1	6	12	71	5	29
60-69	5	71	1	14	1	14	-	-	5	71	2	29
70-79	-	-	-	-	-	-	-	-	-	-	-	-
Total 104	66	63	22	21	10	10	6	6	72	69	32	31

Note. Perceived STS symptoms among educator age groups.

RQ4. What were the perceptions of secondary traumatic stress symptoms of gender, age, and years taught between PK-12 general educators, special educators, and administrators?

Results of Research Question 4 (Years Taught)

In the years taught category, 102 participants represented years taught ranging from fewer than 5 years, five to 10 years, 11-15 years, 16-20 years, and more than 20 years of teaching. The 102 educators who completed the years worked question, experienced little to no STS symptoms on the STS scale and 70 or 69% experienced low symptoms of STS on the ProQOL. Twenty-one or 20% experienced mild symptoms of STS on the STS scale. Eleven or 11% experienced moderate to high levels of STS on the STS scale and 32 or 31% experienced moderate symptoms of STS on the ProQOL. Six or 7% experience severe symptoms of STS (see Table 8).

Table 8

Years Taught

Years Taught	Little no STS	%	Mild STS	%	Mod high STS	%	Severe STS	%	Pro QOL Low	%	Pro QOL Mod	%
Fewer than 5 years	9	47	7	37	2	11	1	5	13	68	6	32
5-10	14	56	5	20	4	16	2	8	17	68	8	32
11-15	14	74	2	10	2	10	1	6	14	74	5	26
16-20	9	69	2	15	2	15	-		10	77	3	23
More than 20	18	69	5	19	1	4	2	7	16	62	10	38
Total 102	64	63	21	21	11	11	6	6	70	69	32	31

Note. Perceived symptoms of STS among educators and years taught.

Results of Short Answer Questions

Following the demographics, STS scale, and the ProQOL5 screening for perceived experiences of STS symptoms among all participants, four short answer questions were provided to allow participants to participate qualitatively. Once again, participation in this section was strictly voluntary. Participants could choose to answer one, none, or all questions voluntarily.

Four questions made up the qualitative portion of this study. These questions were used to mainly get an understanding of the participants after they completed the STS scale and ProQOL screening for STS. These questions included:

1. What support services are in place for you as an educator at the school or district level to help you with stress and trauma?
2. What would alleviate your stress levels at school?
3. How often do you think about your students' trauma? How does it make you feel?
4. After completing this survey, do you feel you have experienced secondary traumatic stress? If so, please share information about what you have experienced and felt.

Questions 1, 2, and 3 had 101 responses each from the 104 participants. Question 4 had 92 responses. Three hundred ninety-five responses were collected for the purpose of this study. However, in these responses more than one answer or example was provided and are included in the final count on the short answer tables.

Short Answer Question 1

What support services are in place for you as an educator at the school or district

level to help you with stress and trauma?

The top four themes of support services on the short answer survey included no support or none the teachers were aware, school counselors, administration, and colleagues. When asked what support services were in place to help educators cope with stress and trauma, the most common theme was 40 or 29% of the 139 responses reported "none," "none that I am aware of," "not sure," and "nothing" was in place to support the amount of stress educators experienced. The next highest theme that occurred was school counselors were needed or too busy to help at 33 or 24% of the 139 responses. Twenty-one or 15% of the 139 responses noted a theme of strong supportive administration and helpful, connected administrators. Occurring the fourth most often was the theme of communication with colleagues, which received 19 or 14% of supportive services educators relied on for support when coping with stress or trauma. Educators talked, listened, decompressed, and were just present when colleagues needed support. The remaining themes that were evident included 26 or 17% participants under 15 responses, from greatest to least in order, were educator assistance program, insurance paid counseling, professional development days, talking to the nurse, team plan, self-care through medication, exercise, and flex days (see Table 9).

Table 9

Support Services in School or District

Support Service	Responses	*n* (%)
None	"None" "None that I am aware of" "Not sure" "Nothing is in place to support the amount of stress that educators are under within the district"	40 (29)
School counselors	"School Counselors but they serve students" "Counselors, but they are so busy and hard to reach" "Can always talk to our counselors about any situation"	33 (24)
Administration	"Strong, supportive administration" "Administrators are connected and helpful" "Talk with principals" "I feel very supported by my supervisor"	21 (15)
Colleagues	"Talk and decompress with colleagues" "Check on each other" "Talking w/peers doesn't feel like the support we need"	19 (14)
Outside counseling	"Virtual Counseling" "Counseling paid w/insurance" "Team Plan" "Flex Days"	15 (11)
Professional development	"PD every 8 months, not enough" "Occasional PD Day"	8 (5)
Nurse	"Nurse"	3 (2)
	Total answers to 101 responses	139

Note. Even though there were 101 responses, there was more than one answer noted on several responses.

Short Answer Question 2

What would help alleviate your stress levels at school?

Nine reoccurring prevalent themes were evident when participants were asked what would alleviate the educators' stress levels at school. These themes included: behavior, less/more, support, time, counseling/resources, consistency, communication,

trauma training, and encouragement. The most occurring theme from the results of Question 2 that could alleviate stress in educators was improving student behavior, work ethic, manners, and morals, with 35 or 28% of the 125 responses. Closely related to the theme of improving behaviors was the “less/more” theme, with 34 or 27% of the participants having reported the need for fewer PD days, fewer additional responsibilities, fewer meetings, fewer students in the classroom, less paperwork, less structured agendas, and fewer caseloads. Respondents wanted more plan periods, more preps, additional paras and administrators, more work time in classrooms, and to use professional development days for additional workdays. The remaining themes included support, time, counseling/resources, consistency, communication, trauma training, and encouragement would help in relieving educator stress. Incorporating the feedback on this short answer question from the participants could lessen stress in the educators’ already busy schedules (see Table 10).

Table 10

Possible Alleviations of Stress

Possible alleviations	Participant responses	*n* (%)
Behavior	"Improve work ethic, manners, morals, and student behavior" "Most stressful part of job is difficult students' behavior" "Counseling" "Behavior Specialist"	35 (28)
Less/More	"Use PD days for workdays" "Lighter caseloads and paperwork" "2nd plan period" "Less additional responsibilities" "Additional para support" "Take responsibility away when one is added"	34 (27)
Support	"Parent support for their kids" "Parents supporting teachers" "Admin supporting teachers and counselors	11 (9)
Time	"More extended weekends/breaks-4-day work week" "Time to just take a walk around school" "Read the Bible" " "Take PTO days w/o guilt" "Admin checking in"	10 (8)
Counseling/ resources	"Plan in place to help students and teachers with stress and trauma" "School provides mental health counselors/professionals for teachers" "District paid counseling" "Free counseling with someone not affiliated with the district" "Additional counselors per building"	8 (6)
Consistency	"Consistency in administration" "Clear expectations" "Consistent cell phone policies and social media" "Same level of expectation for all students"	7 (6)
Communication	"Better communication" "Being able to vent" "Better communication from admin" "Build positive relationships with students and staff"	7 (6)
Trauma training	"Develop an environment that supports healing" "Being aware of trauma, listening, and understanding" "Additional training about building relationships with student's w/trauma"	7 (6)
Encouragement	"Being recognized, encouraged, noticed, and rewarded by administrators" "Admin show appreciation and empathy for the work we do" "Teachers understanding the admin role does not make us immune to stress and trauma"	6 (5)
	Total answers to 101 responses	125

Note. Even though there were 101 responses, there was more than one answer noted on several responses.

Short Answer Question 3

How often do you think about your students' stress and trauma? How does it make you feel?

The short answer to Question 3 concerning how teachers think about their students' stress and trauma included the themes of always, often, daily, sometimes, rarely, and never or none. The always, often, and daily theme included 60 or 59% of the 101 participants. The participants responses included, "It makes me extremely anxious, and I can't let it go," "I feel helpless and numb," and "I feel helpless, frustrated, angry, depressed, and exhausted." The second most occurring theme included 31% of the participants who thought about their students and trauma sometimes. These participants observed, "I feel deflated, overwhelmed and frustrated, and reluctant to go to work on Monday." The third theme included 8% of the participants noted they think about their students rarely. They responded, "I feel sad because there is nothing I can do to help them, and it stresses me out to think about it." Only 2% of the 101 participants replied with never or zero times do I think about my students and their trauma. It was noted that, "It's part of the daily job." Overall, the majority of respondents, 91 or 90% of the 101 participants report they thought of their students and the trauma they experienced always, often, daily, and sometimes (see Table 11).

Table 11

Thoughts of Stress and Trauma

Frequency	Participant responses	*n (%)*
Always often daily	"I lose sleep" "Can't stop thinking about what they go through at home" "Nothing I can do to help them; I worry about them daily" "Stresses me out, makes me sad, and worries me" "I take the worry home with me" "I feel simultaneously sympathetic and overwhelmed" "Makes me extremely anxious because I can't fix it" "I feel helpless/numb" "I feel helpless, frustrated, angry, depressed, and exhausted" "Causes great anxiety and I can't let it go"	60 (59)
Sometimes	"I feel helpless and so bad for my students" "Difficult to process students' trauma and I worry for them" "Feel so deeply for my students" "I feel deflated and not equipped to help them" "Overwhelmed and frustrated" "Think about it after church on Sunday, makes me reluctant about going to work on Monday"	31 (31)
Rarely	"Feel sad because there's nothing I can do to help them" "It does cause sympathy but not personal stress or trauma" "It stresses me out to think about it"	8 (8)
Never none	"It's part of the daily job"	2 (2)
	Total	101

Note. This is just a portion of comments made.

Short Answer Question 4

After completing this survey, do you feel you have experienced secondary traumatic stress? If so, please share any information about what you have experienced and felt.

When asked the question do you feel you have experienced secondary traumatic stress and please share information about what you have experienced, 75 or 81% of 92 participants responded yes, no, unsure, or maybe. Seventeen or 18% of the 92

participants on Question 4 elected not to answer. Two of the 17 indicated the question did not apply to them.

Forty-five percent of those surveyed felt like they had experienced STS. The themes occurring most often from the survey responses included having panic attacks, overwhelming guilt, loss of sleep, and being unable to shut thoughts off. Twenty-six percent of the participants reported they did not or have not experienced STS. Those who felt they had not experienced STS reported common themes that included feelings of hopelessness, not being listened to, or understood. Eleven percent were unsure or thought maybe they had experienced STS. One comment that was reported indicated the participant was not sure they had experienced STS but knew they were experiencing stress. Of the 92 participants who answered Question 4 of the short answer, 18% elected not to respond at all or felt the question did not apply to them.

In summary, almost twice as many yeses to nos were reported by the participants to had experienced perceived STS symptoms. Forty-five percent of participants noted "yes" they had experienced perceived symptoms of STS. The most occurring responses from the participants encompassed themes of hopelessness, feelings of stress, panic attacks, overwhelming guilt, loss of sleep, and inability to shut thoughts off (see Table 12).

Table 12

Experiences of Secondary Traumatic Stress

STS	Participant responses	*n* (%)
Yes	"I think it is impossible not to feel the trauma our students experience." "I have panic attacks at school at times having to deal with certain students." "It puts me on edge, and I feel ineffective." "Instead of being teachers, we are expected to be counselors, parents, and specialists in every area of our students' lives."	41 (45)
No	"I do stress and worry for my students often, but I don't think I have STS from it." "I feel heard and understood." "I have certainly experienced a hopelessness and sense of Futility." "I do what I can do and turn the rest over to God."	24 (26)
Unsure maybe	"I think being empathetic and understanding towards students lend itself to making you feel the stress of those around you." "I am stressed but not sure I have experienced STS."	10 (11)
No response not applicable		17 (18)
	Total	92 (100)

Note. This is just a portion of comments made.

Summary

Chapter One had a brief overview of STS, the purpose, and the need to explore the symptoms of STS between regular educators, special educators, and administrators. Chapter Two supplied a literature review of the history and definition of trauma and stress, trauma in schools, and other service-related professions, and an STS definition, characteristics, and perceptions. Chapter Three described the methods and procedures by which data were collected among educators throughout a PK-12 public school in southwest Missouri. Chapter Four examined the data collected. The data were examined

to determine the perceived symptoms of STS between PK-12 educators, special educators, and administrators in a school in southwest Missouri. Chapter Five will provide a summary of the findings, recommendations for the school district, recommendations for future studies, and conclusion.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter provides a summary of the description of the demographics and results for this action research study. Thus, the purpose of this action research study was to examine the impact of STS by comparing the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri. This was completed across various settings including grade levels, subjects taught, years of experience, age, and gender.

Research Questions

This action research study answered the following questions:

RQ1. What were the perceptions of secondary traumatic stress symptoms between PK-12 general educators, special educators, and administrators in one southwest Missouri school district?

RQ2. What were the perceptions of secondary traumatic stress symptoms of grades taught including PK-2, 3-5, 6-8, and 9-12 between PK-12 general educators, special educators, and administrators?

RQ3. What were the perceptions of secondary traumatic stress symptoms and subjects taught (math/science, language arts/history, art/music/ electives/physical education, and special education) by PK-12 general educators and special educators?

RQ4. What were the perceptions of secondary traumatic stress symptoms between gender, age, and years taught between PK-12 general educators,

special educators, and administrators?

Limitations and Delimitations

In this action research study, the following limitations were designed and presented to provide the most accurate and relevant data. Limitations were as follows:

1. The researcher used self-reported data, which was hard to verify.
2. Educators who had experienced STS may have been unaware they had experienced it.
3. Secondary Traumatic Stress among educators is new so there was insufficient current data available.
4. Educators may have replied to survey questions based on what they thought the researcher was trying to validate.
5. Educators may not have been able to answer questions honestly about their experienced symptoms.
6. The results of the study were limited to the number of survey responses versus the number of surveys distributed.
7. The survey was limited to a 2-week time period allotted for participants to take the survey and return the survey back to the researcher.

The limitations of the study did not result in interference by the researcher and did not hinder the study. Although the results of the study were limited to the number of survey responses versus the number of surveys which were distributed, 50% of faculty and staff participated in the survey. The study was not hindered due to the total population sampling of educators, response rates of the questionnaire, and information obtained from the STSS, ProQOL-5, a short demographic informal questionnaire, and 2-

week time period. Evidence from the results showed teachers were unaware of STS and its symptoms.

The following delimitations were designed and presented to provide the most accurate and relevant data. The delimitations were as follows:

1. The research delimited the population to only PK-12 Missouri educators and only those currently employed were surveyed.
2. This study was limited to one PK-12 public school in southwest Missouri.
3. The study did not survey school districts outside of Missouri.
4. The researcher restricted the period of study to the Spring 2024.
5. The theoretical framework chosen for this study was from the works of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993).

The researcher acknowledged there were certain delimitations to the study. The surveys were sent to a school district in southwest Missouri to PK-12 educators in the spring of 2024. Bloom (1999), Carlson and Dalenberg (2000), and Lazarus (1993) were used for the theoretical framework of this study. The researcher focused on trauma of students and the secondary trauma experienced by educators, and how trauma impacted individual lives.

Summary of Methods

For the collection of data, demographic questions, Secondary Traumatic Stress Scale, Professional Quality of Life Scale-5, and short answer questions were utilized. The STS Scale (Bride, 1999) measured characteristics such as arousal and avoidance symptoms associated with exposure to traumatic events. The Professional Quality of Life Scale (ProQOL5) developed by Stamm (2009) measured the negative effects of STS such

as sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences.

Data collection did not occur until approval from the institution's Research Review Board (RRB) was granted. The southwest Missouri school district's superintendent was emailed surveys with instructions and an informed consent to participate form was included. The school district superintendent was emailed permission to distribute the surveys to all current PK-12 general educators, special educators, and administrators. The participants had 2 weeks to complete the survey with an email reminder after one week.

Data collected from the questionnaire were used to determine the percentages of elevated perceived STS symptoms between PK-12 educators, special educators, and administrators. Identities of PK-12 participants and the school district in southwest Missouri were protected. The data collected were stored on a password-protected device and were shared with SBU advisor and committee members on Excel spreadsheets to protect the identities of all individuals who participated in the study. Then, after completion, all information was permanently deleted.

Summary of Findings

The target population for this study was educators from one PK-12 public school district in southwest Missouri Region 7 of RPDC. Participants included in the research were general educators, special educators, and administrators. Besides general and special educators, and administrators, educators also encompassed individuals serving as counselors, aides, and paraprofessionals. Participants signed an informed consent form that indicated the survey was voluntary and participants could withdraw at any time or

not participate at all. There were 104 participants who willingly participated in this survey.

Ninety percent of all participants of the study experienced some level of STS according to their comments on experiencing STS. Special Education had the most occurrences of severe symptoms of STS. Women were more apt to experience higher levels of STS symptoms than men. Educators teaching grades 6 through 12 experienced the highest mild, moderate, and severe symptoms of STS. Primary educators teaching all subjects had the lowest number of mild and moderate symptoms of STS. A connection was observed between participants teaching 5-10 years and the age range of 30-39. Each of these groups of participants experienced mild, moderate, and severe symptoms of STS. Among subjects taught, language arts, history, and special education had the highest number of mild and moderate symptoms of STS.

Results showed at least one participant in each building who scored in the severe range of experiencing STS symptoms. Forty-one of the 77 participants felt like they were experiencing STS. The comments made by the participants were congruent with what the DSM-5 clusters included such as intrusive memories, avoidance, numbing and negative changes, and hyperarousal, and possible STS symptoms entail. Comments of the short answer question of whether STS had been experienced by the participants included themes of panic attacks, overwhelming guilt, loss of sleep, inability to shut thoughts off, hopelessness, and feelings of stress, which aligned with DSM-5 clusters of distress, avoidance, feeling isolated, negative thoughts, irritability, feeling of being overwhelmed, difficulty sleeping, guilt, avoidance of thoughts, feelings, or reminders, and numbness.

Scores of the STS scale and the ProQOL5 screening in all themes mentioned confirmed these results as well.

Discussion of Findings

A contrast was noted between the actual data collected on the STS scale, the ProQOL, and the comments made on the short answer questions. For example, 37% responded “no” and “maybe/unsure” about experiencing symptoms of STS, but their comments demonstrated perceived symptoms of STS. Special educators experienced more perceived symptoms of STS than general educators and administrators. Forty-five percent of participants noted “yes” they experienced STS. The most occurring themes were panic attacks, overwhelming guilt, loss of sleep, and inability to shut thoughts off. Other themes included hopelessness and feelings of stress. The characteristics or symptoms, that were the result of traumatic experiences aligned with those found through the work of Carlson and Dalenberg (2000), including characteristics of secondary traumatic stress of avoidance, intrusive thoughts, numbing/negative feelings, isolation, and challenges maintaining relationships.

An emergent pattern included every school in the district had at least one person who had experienced or was experiencing severe STS symptoms. Figley (1995) emphasized the psychological toll and the importance of support and intervention strategies of STS for those collaborating with individuals in high-stress environments. Educators often work in an environment with students who experience long-term severe trauma (Rankin, 2022). Eighty-eight percent of all participants of the study experienced some type of STS according to their comments on experiencing STS. The majority of respondents, 90% of the 101 participants, reported they thought of their students and the

trauma they experienced always, often, daily, sometimes, and occasionally. Women were more apt to experience symptoms of STS than men. Twenty-eight percent of females and 9% of males experienced mild to severe symptoms of STS. These results support Bloom's theory (1999) of how traumatic experiences impact the entire person in the way they think, learn, remember things, the way they feel about themselves, the way they feel about other people, and how their world is changed by traumatic experiences.

Among the 104 participants, 54 were general educators, 25 were special educators, and 14 were administrators. Consistent with previous research this study highlighted the prevalence of STS among educational professionals (Baicker, 2020; Kafele, 2018). Sixty-one percent of general educators, special educators, and administrators experienced little to no symptoms on the STS and 67% scored low symptoms on the ProQOL. Scoring at the moderate to high levels of STS was 12% of the general educators and special educators while 5% scored at the severe level of STS, which mirrored the findings of Terrasi and Crain de Galarce (2017) who identified similar STS prevalence rates among teachers. No administrators experienced moderate to high or severe levels of STS symptoms, suggesting a potential difference on the impact of STS based on roles within the educational setting. These results contributed to the growing body of literature documenting the heterogeneous experiences of STS among educational professionals and underscore the need for targeted support and interventions (Medaris, 2023). This study deepens the knowledge and awareness in the field of education among educators regarding the symptoms of STS due to little research studies completed prior to this study.

This research provided data on the relationship between teaching experience, age, and the prevalence of STS. Unlike previous studies, this study included a connection and pattern among teachers aged 30-39 with 5-10 years of experience. Thirteen percent of 30-39-year-old participants and 11% of the participants teaching 5-10 years experienced mild to severe symptoms of STS. While these percentages are similar, the identification of these specific demographics experiencing a higher incidence of STS is a finding that warrants further investigation.

Prior to this research of this study, no information was found on STS symptoms and subjects taught in PK-12 public schools. While research on STS among educators is growing (Rankin, 2022), limited data exist on the specific challenges faced by PK-12 educators. The examination of the data of language arts, history, and special education had the highest number of mild to moderate/high symptoms of STS with 13% of the participants. Special education had the most occurrences with 3% of participants indicating severe symptoms of STS . Overall, of all grades taught, 37% of participants experience mild to moderate/high, and severe symptoms of STS. Primary educators teaching all subjects had the lowest number of mild and moderate/high symptoms of STS. Educators teaching Grades 6 through 12 experienced the highest mild, moderate, and severe symptoms of STS. These findings align with previous research indicating that educators working with students with significant needs are at increased risk of experiencing STS symptoms (Agyapong et al., 2022).

Findings of the first short answer question revealed the Top 3 themes of support services at the district level that participants noted were not in place. The theme of no support/not aware support systems in place was noted by 40 % of participants. The

second theme included lack of outside counselor support available to help educators was noted by 33% of the participants. Twenty-one percent of the participants noted the final theme of the lack of additional administration. These findings align with previous research suggesting a gap in support services for educators (Cancio et al., 2018). The findings of the themes provided new information that has not been previously acquired due to limited research at the time of this study.

Because of limited previous research, the results of this second short answer question contributed to new data attained regarding information on alleviating stress levels among educators. Results of the second short answer question revealed participants noted the theme of improving student behavior is one of the most important aspects of alleviating stress in educators, aligning with existing research on the negative impact of disruptive student behavior on teacher well-being (MSTA, 2024). Participants reported less preps, less paperwork, and fewer meetings were needed to lessen stress in a busy schedule. Additional plan periods, para support, and assistant administrators were other themes noted for relieving educators' stress that supported research from previous studies indicating that excessive workload is a significant contributor to educator STS (Herman et al., 2018).

The results of the third short answer question of educators thinking about their students were consistent with work of Carlson and Dalenberg (2000) related to the indirect exposure to symptoms of STS. The results included 90% of the 101 participants reporting the theme of thinking of their students and the trauma they experienced always, often, and daily, again aligning with research suggesting that indirect exposure to traumatic events is common among educators (Cummings et al., 2021). Eight percent

responded they rarely thought of their students' stress and trauma. Two percent never thought of their students and the stress and trauma they endured. Indirect exposure to trauma, such as hearing about traumatic events secondhandedly, can lead to trauma-related symptoms (Cummings et al., 2021).These findings underscore the importance of recognizing the impact of indirect trauma on educator well-being, as evidenced by studies linking indirect exposure to increased rates of stress and STS symptoms (Eyal et al., 2019; Namminga, 2021).

Carlson and Dalenberg's (2000) work on traumatic events and why depression, substance abuse, low self-esteem, avoidance, physical illnesses, identity crisis, guilt and shame, and interpersonal relationships seemed to hang on long after a traumatic event align with the comments made on final short answer question by the participants. This final question included participants answering if STS was experienced and how it made the participants feel. Twice as many yeses to nos were reported by the participants experiencing STS. Forty-one percent of participants noted "yes" they experienced STS. Twenty-six percent of participants noted "no" they had not experienced STS. Eleven percent responded unsure or maybe. Eighteen percent chose not to respond to the question. Without proper training, counseling, and a solid support system in place, the more apt educators could experience STS (Heubeck, 2021). Providing educators with access to appropriate support and coping mechanisms is crucial for mitigating the negative effects of indirect trauma (SAMHSA, 2023).

Implications

Previous research on STS among educators has been limited, leaving a gap in understanding the specific demographics, focus areas, and psychological impacts of STS. The data from this study informs the field of education regarding specific focus areas and demographics of educators and STS. An implication for practice is this study consisted of age, grades taught, subjects taught, and years taught, which were areas that have not been explored in previous studies regarding STS and educators. The perceived symptoms the educators experienced were very comparable to the underpinnings of the psychological stress theory of Lazarus (1993), which included nine different negative emotions of anger, fright, anxiety, guilt, shame, sadness, envy, jealousy, and disgust. The participants in this study experienced six of the nine of Lazarus's nine negative emotions with the exception of jealousy, envy, and disgust. With the number of negative emotions experienced by the participants, it is imperative educators become aware and recognize the symptoms of STS. Awareness and recognition of the symptoms can help educators receive the appropriate support they need to cope with and overcome STS. With increased awareness of symptoms of STS, educators could better recognize signs and symptoms sooner and receive support and interventions they need.

The work of Carlson and Dalenberg (2000) has been instrumental in shaping the field and helping to identify factors that increase the likelihood of developing STS, and the specific symptoms associated with the condition. Carlson and Dalenberg were significant contributors to the understanding and research of STS. Their work focused on what makes an experience traumatic, the expected psychological responses, and reasons

for symptom persistence. This study revealed another dimension in how educators experienced moderate, high, and severe levels of STS. The frameworks of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993) commensurate the secondary symptoms experienced by the participants of this study and why depression, substance abuse, low self-esteem, avoidance, physical illnesses, identity, guilt and shame, and interpersonal relationships seemed to hang on long after a traumatic event, which can lengthen and determine the level and longevity of STS experienced by educators. Carlson and Dalenberg, Bloom, and Lazarus have contributed to the foundation of knowledge about the psychological effects of traumatic events, which is essential for comprehending the development of STS in these participants exposed to the trauma of students. At the time of this study, it was unknown if there were any other PK-12 public schools with STS support systems in place. Through increased professional development, training, and support system opportunities, educators can better recognize, navigate, and overcome the perceived symptoms of STS.

By creating professional development opportunities and providing outside support, school districts could help educators become aware of STS symptoms, ways to cope, and overcome symptoms. Educators gaining knowledge of STS could become more understanding of coworkers and students who are experiencing symptoms of trauma whether firsthand or secondhand. With adequate training on STS, the faculty and staff could benefit by gaining knowledge and receiving consistent support regarding educators' mental health well-being.

Recommendations for School District

Given the data in this study, there are a few suggestions that could be used to improve teachers' mental well-being, morale, attitudes, and retention. Administrators can support their educators' well-being by collaborating with educators and developing an action plan of how school practices and policies could be improved to reduce educator stress. Several policies were mentioned by the participants and student use of cellphones and social media were at the top of the list. Next, it was mentioned on numerous occasions that teachers do not know nor understand how to connect with their students who experience severe behaviors in their classrooms. Administrators, counselors, social workers, case workers, or whoever is involved with these students need to conference in person and develop a detailed plan of action to instill strategies on helping the student and teacher experience a positive relationship and success in the classroom. Participants mentioned alternative schools were not available until seventh grade. An alternative school could be put in place for students with severe behavior concerns for the younger grades.

When trying to improve mental health of faculty and staff, developing and collaborating with educators about how to access mental health supports provided by the school district could be beneficial. Forty-percent of educators mentioned they were unaware if the school provided support to help educators who experienced STS. For example, many teachers mentioned it would be helpful if they could visit with a counselor that was not affiliated with the school district. This could be done by the school district hiring a retired counselor to come into each school once a week to just visit with educators one-on-one. This could be called Coffee with the Counselor.

Educators could even receive counseling via virtual sessions provided by the district. Another option, if the school district could support it, would be to develop district mental health and wellness teams to offer support to teachers as well. For example, teams could provide training and support about how to cope with STS during professional development days. Finally, educators could take advantage of instructional coaches and behavioral specialists provided by the school district to improve classroom structure, environment, and student behavior.

The last situation to be addressed is all stakeholders, including parents, teachers, and administrators, finding common ground to support each other. This was noted several times in the survey. One way this could be accomplished is going above and beyond in the area of communication. Communication was another area of concern among the educators. This begins with sharing the same common ground and expectations. Coming together with the community and parent-teacher organizations to collaborate on ways the groups can work together to support parents, teachers, and administrators for the best possible outcomes for students is recommended to alleviate stress for all stakeholders involved.

Recommendations for Future Research

A relevant future research implication is to be able to replicate this study with more participants, allowing for a more representative sample, increasing generalizability of the findings. Increasing the sample size will further illuminate the demographic variables that may contribute to the nature of STS in general educators, special educators, and administrators. Previous literature indicated educators exposed to traumatic events of

those students they serve will experience symptoms of STS (Baicker, 2020; Carlson & Dalenberg, 2000).

Future research might investigate additional variables as they contribute to reported levels of STS experienced by educators. Further exploration of mediation and moderating factors may provide more information to further isolate factors contributing to STS. Major factors included student behavior and educators experiencing STS. The training of all educators to be able to recognize signs, symptoms, and occurrences of STS is both effective and necessary in retaining educators in the field of education.

Retention of educators and STS studies is paramount. Data collected has shown many educators are leaving or have left the field of education as a result of possibly experiencing STS and not having ways to cope and manage their mental health. This lack of retention of educators ties in with the psychological stress theory of Lazarus (1993), which involved two concepts: appraisal and coping. Lazarus's work identified the significance of how trauma was decided by (appraisal) and by how the mind managed the trauma (coping). Bloom (1999) also noted it is not the damage from the trauma but how the mind and the body process the trauma that was the issue.

Conclusion

The purpose of this action research study was to explore the theory of STS by examining the perceptions of STS symptoms between PK-12 general educators, special educators, and administrators in a school district in southwest Missouri across various settings including grade levels, subjects taught, years of experience, age, and gender. Overall, the results of this study demonstrated that general educators, special educators, and administrators are experiencing symptoms of STS. This research fills the gaps of

limited literature available regarding the areas of STS symptoms among grade levels, subjects taught, years of experience, age, and gender at the time of this study.

Every building in the school district had at least one participant who was experiencing severe STS symptoms. The results of this study support the work of Carlson and Dalenberg (2000), Bloom (1999), and Lazarus (1993) who have contributed to the foundation of knowledge about the psychological effects of traumatic events, which is essential for comprehending the development of STS in these participants exposed to the trauma of students. At the time of this study, it was unknown if there were any other PK-12 public schools with STS support systems in place. This study provides evidence of the need for the school district to invest and provide resources to support and help educators. The school district can do this by helping educators gain knowledge and equipping them with managing and developing coping skills when working with students with severe behaviors as a result of experiencing trauma. Through increased professional development, training, and support system opportunities, educators can better recognize, navigate, and overcome the perceived symptoms of STS.

Chapter One had a brief overview of STS, the purpose, and the need to explore the symptoms of STS between regular educators, special educators, and administrators. Chapter Two supplied a literature review of the history and definition of trauma and stress, trauma in schools, and other service-related professions, and STS definition, characteristics, and perceptions. Chapter Three described the methods and procedures by which data were collected among educators throughout a PK-12 public school in southwest Missouri. Chapter Four examined the data collected. Data were examined to determine the impact of symptoms of STS between PK-12 educators, administrators, and

special educators in a school in southwest Missouri. Chapter Five included a summary of the findings, recommendations for the school district, recommendations for future studies, and conclusion.

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Appendix A

Permission to Use the Teachers' Exposure to Stressful Events Instrument

1-19-23

Dear Mrs. Francka,

You have my permission to use the *Teachers' Exposure to Stressful Events Instrument* in your research.

Best wishes in your work,

Stephen P. Hydon, Ed.D., MSW
Professor of Social Work Practicum Education Director,
Social Work in Schools/PPSC Programs USC Suzanne
Dworak-Peck School of Social Work University of
Southern California
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Appendix B

Permission to Use ProQOL Instrument

ProQOL Office <noreply@alchemer.com> Fri, Mar 8, 1:58 PM

To Karen Francka

Thank you for your interest in the ProQOL.

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:

(a) You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;
(b) It is not sold; and
(c) No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."

Our goal is to find a way for everyone who wants to use the ProQOL to do so.

The ProQOL Office
at The Center for Victims of Torture
proqol@cvt.org

Appendix C

Teachers' Exposure to Stressful Events Instrument

Sometimes teachers see, hear about, or experience stressful or violent events on or near their school campus. I would like to know about the experiences you have had as a teacher and how these experiences may have affected you personally.

Part 1: Background Information

1. Are you: Male=1 Female=2 Prefer not to identify=3 Other=4 (*Please specify*: _____).

2. How old are you?
   20-25=1
   26-30=2
   31-35=3
   36-40=4
   41-45=5
   46-50=6
   51-55=7
   56-60=8
   61-65+=9

3. What group or groups do you consider yourself belonging to?
   Asian American=1
   Black or African American=2
   Latino or Latin American or Hispanic=3
   Native American=4
   Pacific Islander=5
   White=6
   Other=7 (*Please specify:* _____)

4. What is the most advanced degree that you have obtained?
   HS diploma=1
   BA/BS=2
   MA=3
   MSW=4
   Ed.S=5
   Ph.D/PsyD.=6
   Other=7 (*Please specify:* _____).

5. What is your current role at your school(s)?
   Regular Education Teacher=1
   Special Education Teacher=2
   Special Education Director=3
   Administrator=4
   School Counselor=5
   Aide/Paraprofessional=6

6. How many years have you worked in this role? _____Years.

7. In what type of school do you spend most of your work time?
   Kindergarten=1
   Elementary School=2
   Middle School=3
   High School=4
   Other=5 (*Please specify:* _____).

8. How many years have you worked at your current school? _____ Years

9. How many total years of experience in education do you have? _____.

10. What grade do you teach the majority of the time this year?
    _____.

11. What subject(s) do you currently teach? (Check all that apply).
    All subjects=1
    Math/Science=2
    Language Arts/History=3
    Art/Music/Electives=4
    PE=5
    Special Education=6
    Special Education Administration=7
    Administration=8
    Other=9 (Please specify _____).

Hydon (2016) created this instrument.

Appendix D

Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	0	1	2	3	4
	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb.					
2. My heart started pounding when I thought about my work with students.					
3. It seemed as if I was reliving the trauma(s) experienced by my student(s).					
4. I had trouble sleeping.					
5. I felt discouraged about the future.					
6. Reminders of my work with students upset me.					
7. I had little interest in being around others.					
8. I felt jumpy.					
9. I was less active than usual.					
10. I thought about my work with students when I didn't intend to.					
11. I had trouble concentrating.					
12. I avoided people, places, or things that reminded me of my work with students.					
13. I had disturbing dreams about my work with students.					
14. I wanted to avoid working with some students.					
15. I was easily annoyed.					
16. I expected something bad to happen.					
17. I noticed gaps in my memory about student(s) in my building or classroom.					

Appendix E

Professional Quality of Life Scale- 5

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you teach students, you have direct contact with their lives. As you may have found, your compassion for those you teach can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a teacher. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

_____ 1. I am happy at school.
_____ 2. I am preoccupied with more than one person I teach.
_____ 3. I get satisfaction from being able to teach students.
_____ 4. I feel connected to others at school.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I teach.
_____ 7. I find it difficult to separate my personal life from my life as an educator.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a student I teach.
_____ 9. I think that I might have been affected by the traumatic stress of the students I teach.
_____ 10. I feel trapped by my job as an educator.
_____ 11. Because of my teaching, I have felt "on edge" about various things.
_____ 12. I like my work as an educator.
_____ 13. I feel depressed because of the traumatic experiences of the students I teach.
_____ 14. I feel as though I am experiencing the trauma of someone I have taught.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with educational techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as an educator.
_____ 20. I have happy thoughts and feelings about those I teach and how I could help them.
_____ 21. I feel overwhelmed because my student case load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the students I teach.
_____ 24. I am proud of what I can do as a teacher.
_____ 25. As a result of my experiences as a teacher, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a teacher.
_____ 28. I can't recall important parts of my work with students.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

Appendix F

Short Answer Questions

1. What support services are in place for you as an educator at school to help you with stress and trauma?
2. What would help alleviate stress levels at school?
3. How often do you think about your students' stress and trauma? How does it make you feel?
4. After completing the survey, do you feel you have experienced Secondary Traumatic Stress? If so, please share any information about what you experienced or felt.

Appendix G

National Institutes of Health

Protecting Human Research Participants

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Karen Francka** successfully completed the NIH Web-based training course "Protecting Human Research Participants."

Date of Completion: 09/20/2018

Certification Number: 2943519

NIH National Institutes of Health
Office of Extramural Research

Appendix H

RRB Permission Form

Southwest Baptist UNIVERSITY

COLLEGE OF PROFESSIONAL PROGRAMS
1600 University Avenue
Bolivar, Missouri 65613
(417) 328-2099

,

April 21, 2024

Re: Secondary Traumatic Stress: The Impact on Pk-12 Educators, Special Educators, and Administrators

Dear Ms. Francka,

On April 21, 2024 a review of your application and supporting documents for the above named research proposal was completed. The Research Review Board (RRB) for Southwest Baptist University has determined that the proposed research project meets the criteria for Exempt status as per policy 1.15.3 (A.1) in the faculty guidelines. As per the above policy "If the project is certified exempt, the principle investigator need not resubmit the project for continuing RRB review as long as there are no modifications in the exempted procedures". The study has now been approved, therefore, work on the project may begin.
If any modifications to the exempted procedures are made, the RRB will need to complete a new review of the changes to determine if the project remains Exempt or if further review is necessary.

Congratulations on the approval of your project, we wish you well during its completion.

Sincerely,

Colleen Shuler

Colleen Shuler
Chair, Research Review Board
Assistant Professor of Education

Appendix I

Informed Consent to Participate

CONSENT TO PARTICIPATE IN AN ACTIVE RESEARCH STUDY ON SECONDARY TRAUMATIC STRESS: THE IMPACT ON PK-12 GENERAL EDUCATORS, SPECIAL EDUCATORS, AND ADMINISTRATORS

You are asked to participate in a research study conducted by **Karen Francka,** a student enrolled in the doctoral Educational Leadership program at Southwest Baptist University. You are invited to participate in this research because you are an **educator who is defined as any person who imparts (shares experiences or communicates information) to a student. This could include administrator, counselor, general education teacher, special education teacher, aide, or paraprofessional.** The purpose of this action research is to explore the theory of Secondary Traumatic Stress symptoms between PK-12 general educators, special educators, and administrators. You have been asked to participate in this survey because you are an employee of a Missouri School District.

Your participation in this research study is voluntary. You may choose not to participate or skip any question you are not comfortable answering. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized. If you choose to participate fully in this study and you provide your email address, it will be entered in a drawing for a $250 gift card to Amazon. Participants will be given the opportunity to provide their email address below. If you would like to be placed in the drawing for completing the survey. please add your email address below. You will be sent a link to access the Amazon gift card at the email provided below if you are selected as the winner. The email address is used for drawing purposes **ONLY**. The responses to the survey will still remain confidential with **NO** identifying information associated with the email address given. The participant may also choose to participate in the survey without releasing their email address, thus choosing **not to be a part** of the drawing.

The procedure involves completing a Google online survey, which will take approximately **10-15 minutes**. As this is an online survey, participants can complete the survey in the location of choice. Your responses will be confidential, and no identifying information such as your name, email address, or IP address will be collected. The questions presented in the survey are focused on understanding educators' perceptions of Secondary Traumatic Stress symptoms.

Data gathered will be completely confidential. All data will be stored in a password-protected electronic format. To help protect your confidentiality, the survey will not contain personally identifiable information. The results of this study will be used for scholarly purposes only.

If you have any questions or concerns about the research study, please contact **Karen Francka at kkfcruiser@gmail.com.** You may also contact RRB for questions or concerns regarding the study at rrb@sbuniv.edu. The research was approved by the RRB on April 21, 2024. **Clicking on the "agree" button below indicates:**

- You have read the above information.
- You have voluntarily agreed to participate.