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The Difficulty of Bearing Witness: Experiences of Educators and Therapists with Childhood Trauma

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ABSTRACT

Often among the first witnesses to child trauma, educators and therapists are on the frontline of an unfolding and multi-pronged occupational crisis. For educators, lack of support and secondary traumatic stress (STS) appear to be contributing to an epidemic in professional attrition. Similarly, therapists who do not prioritize self-care can feel depleted of energy and optimism. The purpose of this phenomenological study was to examine how bearing witness to the traumatic narratives of children impacts similar helping professionals. The study also sought to extrapolate the similarities and differences between compassion fatigue and secondary trauma across these two disciplines. Exploring the common factors and subjective individual experiences related to occupational stress across these two fields may foster a more complete picture of the delicate nature of working with traumatized children and the importance of successful self-care strategies. Utilizing Constructivist Self-Development Theory (CSDT) and focus group interviews, the study explores the significant risk of STS facing both educators and therapists.

KEYWORDS: qualitative, secondary traumatic stress, self-care, child trauma, educators, therapists.

Educators and therapists often enter the field with a romantic view of themselves as agents of social change. However, the realities of working among persistent inequities, child abuse, and bearing witness to experiences of children's trauma can erode these noble ideals (Gallant & Riley, 2014). As these professional witnesses organize and process stories of abuse, violence, or neglect, a cognitive dissonance can be created that challenges personal beliefs (Middleton et al., 2021). For educators, such cognitive dissonance may compromise trust in their ability to help children impacted by trauma. This takes on added importance as educators have emerged as critical community stakeholders expected to support not just academic development but their students' social, emotional, and behavioral development (Berger et al., 2016; Brown et al., 2022).

Educators continue to report difficulty defining where the boundaries of their role as a supportive ally end and where the responsibilities of trauma-informed social workers or therapists begin (Alisic, 2012; Venet, 2019). For therapists, there may be less role ambiguity, but inconsistent academic and supervisory curriculums often place the burden of accessing trauma-related training

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on the practicing clinician (Cook, Newman, & Simiola, 2019). This is particularly concerning as research identifies taxing caseloads as a consistent predictor of emotional exhaustion and stress which, when not managed proficiently, can harm both therapist and client (Cook, Dinnen, Rehman, Bufka, & Courtois, 2011; Kim et al., 2018). Among both educators and counselors, lack of support and compassion fatigue continue to contribute to an epidemic of professional attrition (Fukui et al., 2021; Gallant & Riley, 2014).

While any professional exposure to trauma can be distressing, repeated interactions with physical or psychological injuries involving children can be particularly detrimental (Letson et al., 2020). High-touch professionals sometimes find it selfish and almost impossible to address their own emotional well-being (Lipsky, 2009). However, there remains a paucity of research into how working with children whose needs outweigh their own affects professionals in the related but distinct fields of education and therapy. This phenomenological study aims to examine how hearing the traumatic narratives of children can impact educators and therapists. The study also seeks to extrapolate the similarities and differences between compassion fatigue and secondary trauma across these two disciplines. Exploring the common factors and subjective individual experiences related to occupational stress across these two fields may foster a more complete picture of the delicate nature of working with traumatized children and the importance of successful self-care strategies.

Literature Review

Educators are often among the first to bear witness to childhood trauma by noticing bruises, emotional outbursts, bizarre behavior, or signs of neglect. Conversely, therapists will typically begin to provide interventions after the abuse has been identified. Despite these different entry points for witnessing children's trauma, there is a recognizable overlap in the emotional risks to both educators and therapists (Foreman, 2018). Exposed to similar emotional trauma, both groups of professionals are expected to provide coping assistance, stimulate emotional processing, and facilitate traumatic recovery (Alisic, 2012). Adequate training, support, and critical reflection skills are essential to developing the competency to work confidently with children experiencing child abuse or neglect (Pearce et al., 2019; Tweedlie & Vincent, 2019).

A study by Brattfjell et al. (2019) noted that disclosure rates differ with age and that younger children frequently release information accidentally. Participants in the same study described the importance of possessing age-appropriate knowledge and attuned skills that create a safe space for children to share uncomfortable stories. Without proper training and knowledge, helping professionals can be more easily overwhelmed by sadness, frustration, or guilt (Tweedlie & Vincent, 2019). An increased understanding of the trauma-informed training educators and therapists received prior to entering their fields may provide important insights into the gaps current helping professionals perceive in their competencies.

Compassion fatigue and secondary trauma are among the most acute emotional risks to helping professionals. Unfortunately, these terms contain much ambiguity. Compassion fatigue has been used to describe the disengagement of caregivers from patients, a reduction in a person's emotional capacity, and a diminished ability to nurture others (Coetzee & Laschinger, 2018; Figley, 2002; Ting et al., 2005). Similarly, secondary traumatic stress results from vicarious experiences of trauma but can vary in intensity and expression (Bride et al., 2007; Hupe & Stevenson, 2019). Thicker descriptions that give additional context to these ambiguous terms and provide real examples of how these occupational risks are experienced and resolved are needed.

Although self-care is often advanced as preventative and restorative, research exploring coping strategies for bearing witness to trauma is remarkably sparse (Salloum, 2015). Research has noted, however, that as emotional distress exceeds a person's ability to manage it, individuals begin to professionally disengage, compartmentalize, and may push away peers or family to engage in high-risk behavior (Letson et al., 2020). The literature also cautions that individual coping strategies can be less effective than occupational strategies that create balanced workloads and shared responsibilities (Gupta et al., 2012). Building partnerships and common languages between educators and therapists is a way to generate a better understanding of trauma-informed care and coping strategies across both professions (RB-Banks & Meyer, 2017).

This qualitative research study was initiated to discover how the lived experiences of educators and therapists working with traumatized children might intersect. By investigating how distinctly helping professionals respond to stories of abuse and neglect, the researchers hoped to better understand how compassion fatigue and secondary traumatic stress might similarly disrupt their personal and professional lives. Additionally, the research endeavored to discover successful self-care strategies that might be utilized across both professions to decrease symptoms. The two research questions used to guide this study are:

1. Do compassion fatigue and secondary traumatic stress affect the lives of educators and therapists in similar ways?
2. What are strategies educators and therapists use to reduce symptoms of compassion fatigue and secondary traumatic stress?

Methodology

Theoretical Orientation

This study is grounded in Constructivist Self-Development Theory (CSDT), which describes the effects of secondary trauma as cumulative, pervasive, and permanent (Middleton et al., 2021). While originally formulated to explain the impact of traumatic experiences on trauma survivors, it is currently used to help explain how secondary trauma can alter a helping professional's beliefs, cognitive schemas, and perceptions of the world (Evans & Graves, 2018). CSDT proposes that exposure to vicarious trauma diminishes a person's sense of security and can lead to persistent feelings of emotional dysregulation (Harvey, 2015). As a theoretical orientation, CSDT also suggests that people construct their own realities as they interact with the contexts of their social and cultural worlds (Evans & Graves, 2018; Middleton et al., 2021). Utilizing CSDT as a theoretical lens offers an opportunity to understand how witnessing trauma not only impacts educators and therapists professionally but also how witnessing trauma compromises their personal coping strategies.

Hermeneutic Phenomenology

This study used a hermeneutical phenomenological methodology to examine the lived experiences and interpretations of educators and therapists. This research methodology assumes that understandings derived from lived experiences can be more meaningful than abstract or theoretical knowledge (Standing, 2009). Viewing language as socially constructed with room for multiple interpretations plays an essential role in hermeneutical phenomenology (Ho et al., 2017; Holroyd, 2007). As researchers, we felt it was impossible to eliminate or bracket our presuppositions from understanding the subject. As educators and therapists, we engage this topic

with engrained memories of hearing children express traumatic stories. In many cases, we have visceral images of children who have been abused or self-harmed. The hermeneutical phenomenological methodology allowed us to explore our deeply rooted beliefs and examine how these meanings converged with the thoughts and perceptions of the study's participants (Chan et al., 2020; Harris, 2017). Through dialogue and questioning, this methodology invited researchers and participants into conversations that co-created a larger understanding of the totality of bearing witness to children's trauma (Ramsook, 2018).

Design

This study also used a focus group approach. Focus groups provide opportunities to gain important insights into individual experiences and the comparable experiences of other participants during generative conversations (Wegmann et al., 2013; Xerri, 2018). Utilizing a combined focus group of educators and therapists helped establish a shared matrix of knowledge surrounding the negative stressors that can emerge when working with traumatized children. By intersecting the experiences of educators and therapists, a richer understanding of the impact of these negative stressors across both professions emerged.

Participants

To be considered for inclusion, participants were required to be Pre-K to 12th grade Texas public school educators actively teaching or licensed therapists currently working with children or adolescents. Private school and home-school educators were excluded from this study as these environments do not necessarily require educators to be certified or follow a state-mandated standardized curriculum. Unlicensed and retired therapists were also excluded. Forty-two individuals completed the eligibility screener, out of which thirty-two qualified to participate. After contacting qualified participants, a total of six individuals chose to participate.

This study included two educators, two therapists, and two participants with counseling and educational degrees. To identify participants more clearly, we use the term educator/therapist when referring to participants who are both certified educators and a therapist. Educator refers to participants who are certified educators only. Therapist refers to a fully licensed therapist or an individual practicing as an associate therapist toward full independent licensure.

Ethical Considerations

The Institutional Review Board at Texas Women's University approved this expedited study as Protocol #IRB-FY2022-233. Potential risks of participating in this voluntary study were reviewed with participants, and informed consent was obtained from all participants. Before each focus group was conducted, the researchers reiterated that participation was voluntary and that interviews were audio and video recorded. Participants were also advised they could refrain from answering any questions and choose to stop participating at any time during the interview.

Interviews

As already noted, data were collected through focus group interviews. The researchers used a moderating team approach with open-ended questions and follow-up queries to clarify the participants' responses (Prince & Davies, 2001). Specific questions were designed for participants to identify and describe their experiences working with traumatized children. The interview

protocol explored participants' training *("How did your training prepare you for working with children who may have experienced neglect or abuse?")* and the impact of professionally bearing witness to children's trauma *("Can you describe times or situations when hearing the experiences of neglected or traumatized children have been particularly distressing?")*. Interview questions also investigated how participants manage stress and attempt to remain positive about their work *("What beliefs or self-care strategies help you stay passionate about the work you do?")*.

Overview of Data Analysis Procedures

ZOOM was used to record audio and visual material for the focus group. ZOOM recordings were transferred to Panopto to transcribe the data. The interviews were uploaded to the university's secure Panopto server for transcription. After transcription, the audio/video files were removed from the server and stored on the university's secure Google Drive. The research team only accessed these interviews. After completing the interviews, the researchers discussed the experience and created headnotes (Tracy, 2020). The following day, the researchers began to transcribe the interviews.

Once transcriptions were completed, the researchers separately read the transcribed data a minimum of two times to determine units of meaning (Tracy, 2020). A table was created to begin the coding process (Tracy, 2020). The first coding round was organized around each interview question and open-coded. The second round of coding included in-vivo and descriptive coding, in which categories were created to include similar experiences. These categories were further broken down into themes focused on emotion, role, and process. During this second coding round, the researchers also discovered that participants' experiences closely aligned with items on the Secondary Traumatic Stress Scale (STSS), which measures individuals' self-reported levels of secondary traumatic stress (Bride et al., 2007). The STSS includes three subscales, namely, arousal, intrusion, and avoidance. During the third coding round, the researchers reviewed transcripts and coded items based on these three concepts from these three subscales.

To ensure the rigor and trustworthiness of the data analysis, we partnered to check for data interpretation accuracy. Peer debriefing was also utilized after the focus groups were conducted and when cross-checking codes (Tracy, 2020). Each of our interpretations of themes and findings was compared multiple times throughout the coding process. Repeatedly reconsidering the thematic interpretations produced a multifaceted understanding of the data.

Results

We identified five major themes from the lived experiences of the educators and therapists in this qualitative study: (1) feeling unprepared to work with traumatized children, (2) blurred boundaries between educator and therapist, (3) personal impact of bearing witness to child trauma, (4) importance of managing emotions, and (5) approaches to self-care. Each theme reflected the complexity of working with children who experienced abuse or neglect. Participants shared stories of sadness, empathy, and hope, producing rich descriptions that answered both research questions.

Feeling Unprepared to Work with Traumatized Children

Educators and therapists are tasked with a myriad of responsibilities beyond what can be learned in textbooks, internships, and professional development prior to licensure (Fairburn & Cooper, 2011). Though both professions require an extensive amount of formalized training, none of the participants in the study's sample felt fully prepared to work with traumatized children.

Missy, an educator/therapist explained, "it's difficult to have the proper amount of training to deal with that on a personal level." Alicia, an educator, described her training as "totally different than in the classroom."

These descriptions support results found in a study by Phillips and Chetty (2018) in which educators believed that a lack of practical experience contributed to a lack of confidence and feeling ill prepared to manage teaching responsibilities. For educators working in Title I or low-income schools, these feelings can be exacerbated by the challenge of working with children and families with limited resources. Over fifty percent of children have experienced at least one incidence of trauma in childhood and that percentage dramatically increases when a child is living in poverty (Brown et al., 2022; Christian-Brandt et al., 2020). Educators in these school environments may struggle more not only due to a lack of trauma-informed training but also a lack of administrative support or lack of resources to provide for students and their families (Brown et al., 2022; Christian-Brandt et al., 2020). Participants in the current sample also reported feeling overburdened by the impoverishment of their students. Missy recounted, "I feel like I've gotten some training on the job as a teacher, and then obviously, through my coursework and counseling, I've had lots of training…but I don't think you're ever really prepared to witness it."

Research into vicarious trauma suggests that therapists-in-training can develop commiserating symptoms that impact their mental health and diminish their therapeutic effectiveness when working with traumatized clients (Chatter & Liu, 2020). Trevor, a therapist, reflecting on his training, stated, "you're never really prepared enough." Trevor's statement highlights a vital component missing in counselor education. While the literature identifies the need for more trauma-centered training, specific training recommendations are remarkably sparse (Lu et al., 2017).

Aspects of working with traumatized children that both educators and therapists felt especially unprepared to navigate were uninvolved parents and negative parental behavior. For Trevor, working as a therapist in an inpatient facility was made more difficult by the ambivalence of some of the parents he encountered. Trevor reported, "I really felt overwhelmed, when I was assessing, doing intakes with children whose parents did not seem to be motivated to really try to really raise them." Study participants described feelings of emotional fatigue and resentment as parents rushed them to complete paperwork, complained, and placed the burden of managing their child's behavior on the treatment professional. Trevor described it this way, "Like they just wanted, I was under the impression, some of the parents wanted to send their kids to inpatient and just keep them there so they wouldn't have to take any responsibility." Rochelle, both an educator and a therapist, would describe her experience in similar terms:

> *It's more addressing how the parent's negative behaviors really affect what the child is going through or doing…a lot of the times in therapy, parents will say I need you to fix this kid and I'm like, well, we probably need to talk to you and your spouse to fix the kid. Because the kid is probably unlikely to be the beginning of the problem. Same thing at school. I feel most frustrated when I have to talk to the adults that are making bad decisions.*

While all participants reported having substantial training, they also unanimously agreed that their training did not fully reflect their actual experiences. Both teachers and therapists spoke of a diminished sense of professional competence when initially confronted with a child's trauma, poverty, or uninvolved parents. As they acclimated to their work, participants from both professions would report a blurring of boundaries between the roles of educator and therapist.

Blurred Boundaries Between Educator and Therapist

Previous research has characterized educators as being on the first tier of intervention for identifying mental health issues in children, suggesting a blurred boundary between the responsibilities of educators and counselors (Rodger et al., 2020; Rothi et al., 2007). The participants in the present study echoed these findings, describing the differences and expectations as "very blurred" and reporting that the roles are "fluid." Specifically, the educators within the sample acknowledged an urgent need for more trauma-informed tools. Summer, a teacher, noted that "a huge part of my day is spent working with children on emotional issues and distress." Another educator, Alicia, stated, "I'm actually going…for a master's in counseling because it, especially with the course I teach, I feel like I need more tools to help them."

Educators voiced concerns over being able to help emotionally distressed children effectively in their classrooms due to a lack of trauma-informed training. These concerns are supported in the literature as other teaching professionals have voiced concerns that traditional classroom and behavioral management tools may lead to re-traumatization in children (Brown et al., 2022). Additionally, while newer socio-emotional learning and trauma-informed curriculums continue to be developed, the costs and effectiveness of these approaches have yet to be fully evaluated (Maynard et al., 2019).

Educators without specialized trauma training spoke of attempting to maintain more solid boundaries between education and counseling. Alicia reflected, "I do want to make sure I respect those boundaries of teacher and counselor as much as I can with students. I try to just help them talk through things if they don't feel comfortable going to someone else." Summer would echo those sentiments, "I'm not necessarily an expert in counseling or therapy or anything like that, but I think sometimes just being able to be heard, listened to, and validated…I think sometimes helps them."

However, these blurred lines did elicit special concern in the participant who worked as a school counselor. Naomi, a therapist, remembered a specific incident when the boundary between educator and therapist was not respected. She explained, "I had a…suicidal student, and they told that to the teacher, and the teacher chose to work with it herself instead of sending her to the professional, myself. She didn't send it to the counselor." For the educators who were also therapists, these blurred lines did not provoke the same anxiety. Instead, the educators/therapists noted that bringing skills from their clinical work into the classroom could provide additional support for traumatized students.

While all participants verbalized an ambiguity between the roles of educator and therapist, the educators within the sample described unique responsibilities within the classroom. Rochelle, an educator/therapist, put it this way:

> *Teaching is not just about teaching your subject, there's a lot of responsibility put on teachers to, to teach social intelligence, to teach emotional intelligence. That they [students] may or may not be getting at home. So, absolutely there's a lot of bleed over.*

These descriptions support previous research suggesting that when traumatized children enter the classroom, educators are faced not only with promoting academic success but also with helping children develop social and emotional skills, often without training or support (Brown et al., 2022; Rothi et al., 2007; Weegar & Romano, 2019). Previous studies have documented how traumatized children can struggle with behavioral issues and often have difficulty regulating emotions or managing social situations (Brunzell et al., 2019; Hutchison, 2015). However,

educators continue to report difficulty putting social-emotional curriculums into practice (Rodger et al., 2020; Rothi et al., 2007). Naomi, a therapist, and Rochelle, with experience both as a teacher and a therapist, shared similar thoughts:

> *I think districts are pushing SEL, social-emotional learning, and I'm not sure that all the teachers understand that. The districts just gravitate towards some curriculum, and I'm not sure that the curriculum is teaching them what they need to know.* (Naomi)

> *They're definitely not equipped to handle the emotional side of things. Some of them [teachers], I mean, we all have our own junk to deal with, but some of them also have very specific things that they need to work on before they can help emotionally with a student.* (Rochelle)

In the current study, educators verbalized pressure to facilitate social and emotional learning beyond their training, while therapists expressed worry over educators not seeking referrals for students experiencing issues beyond the educator's expertise. These blurred boundaries and worries may be precipitated by the differences in time spent engaging with children. The study's therapists reported looking for "teachable moments" and often "doing psycho-ed" in school settings rather than having the time and space to provide traditional therapy. Therapists might only have an hour a week with traumatized children to build emotional connections and foster resilience. Educators, however, interact with children for many hours each day and have opportunities to "build a community" with students in their classroom. Alicia, an educator, explained, "for some of them, it is truly their home…their family." Despite the large variance in time spent with traumatized children, both educators and therapists in the sample expressed being personally impacted by bearing witness to their trauma.

Personal Impact of Bearing Witness to Child Trauma

A third theme abstracted from the qualitative data was the personal impact of bearing witness to child trauma. When working with children who have experienced trauma, helping professionals, including both educators and therapists, often experience a level of stress that leads beyond compassion fatigue to secondary traumatic stress (Bride et al., 2007). During the focus group interviews, participants shared traumatic narratives that included attempted suicide, homelessness, deportation, sexual assault, and children trafficked into prostitution. For many of the participants, the stress accumulated as they spent more time with a particular student. Missy, an educator/therapist, recalled:

> *One that really sticks out to me was a family, where I had taught the older sibling, and then I had the younger sibling in my class at that time. And his family was raided by ICE and his dad was deported…he came to school very dysregulated…not able to focus because he witnessed that trauma at home. And it took a lot of support to get him to, you know, track better. It took weeks to kind of bring him back…to be able to learn, and that was…that was heart-wrenching for me to watch.*

For others, the emotional shock was sudden. Alicia, an educator working in a multi-year program for disadvantaged high school students, remembered:

> *I have a student who I've taught for three years, at this point, and the student recently opened up to me about the fact that they have been homeless their whole high school career. That was eye-opening to me.*

Each participant also shared stories of working with impoverished children experiencing abuse and neglect. The developmental needs of children who are not having their basic needs met are diverse and can overwhelm both families and professionals (Maguire-Jack & Font, 2017). Missy, an educator/therapist, emphasized, "They have a need for love and attention and food and water and clothing. There's a lot of just wanting to care and nurture those kids and give them the best you can every day".

Many participants described attachment bonds that extended beyond the classroom. Alicia, an educator, stated, "my students are my children" and Missy, an educator/therapist said, "I call my students my children." Alicia also recalled the distress of not knowing where her "children" were when school was let out for an extended period during the COVID-19 pandemic:

> *I didn't know what happened to my children, and there was no way to really reach out to them. Many of them would email, and they were like what's going on with school. I didn't know, and I think that was the hardest emotionally.*

Despite these deep connections, both educators and therapists emphasized the importance of working with the family system. Still, when forming partnerships with parents, both educators and therapists described worry surrounding the impact on parent-child relationships. For one educator, Alicia:

> *Reaching out to home could have a variety of different results. The hoped result is that you have supportive parents and that they'll either help you understand the child better or they'll help reinforce it at home, but that's not how every family works. So, I think it's twofold. You've got to make sure you're talking with the child, so you understand what their family life is like because I have students I don't call home to because…there will be repercussions that would not be good.*

When parental support was non-committal or absent, the emotional impact on participants intensified. Another educator, Summer, commented:

> *You know, it's very hard when we're on break or when we're gone for the weekends or a long break. When you come back on a Monday, you see a change in the difference between Monday and Friday, and you just always…when Friday rolls around, you just kind of almost hate to see the day end because you don't know…what's going to happen.*

Therapists in the sample described similar emotional experiences when working with children from abusive homes. Trevor noted the difficulty of normalizing inpatient treatment for clients:

> *If they've got a situation at home that is really bad, which they almost all do, I do my best to let them know that, you know, this time that they have here, even if it's nerve-racking, even though it's gonna be, you know, they're not going to have the same freedoms, they're also going to have time away from that situation.*

Creating connections with children and providing appropriate boundaries are important to a child's social and emotional development (Spilt et al., 2011). Reciprocally, the educator-child relationship is also important to the well-being of educators as it can have a direct influence on educators' mental health (Rankin, 2021). Therapists and educators both mentioned the emotional strength required to support traumatized children without taking personal responsibility for the children's failures or choices. Alicia, an educator, described the reciprocal relationship between educator and student this way: "I'm able to have the relational capacity to actually talk to them, and they understand that I'm not going to use it against them in any way. I'm here to help and support them." Maintaining the emotional strength to help children work through difficult situations with trust and support was important to both educators and therapists.

Importance of Managing Emotions

Another consistent theme supported the importance of managing emotions. When bearing witness to children's traumatic narratives, educators and therapists described struggling to manage their own emotions at times. Alicia mentioned the need to work with a professional counselor to help cope with situations shared by students. Missy, an educator/therapist, described how both professions demand empathy and create anxiety:

> *As a teacher and as a therapist…you take on the stress that you watch the people you help handle. Because you know, well, at least I do, that empathy that's ingrained in your training, that genuine care and understanding, you know there's a certain level of anxiety that you take on just wanting to kind of be in their shoes and understand it from their perspective to help them better.*

The educators and therapists in the present study recognized that the strong emotional connection that exists within the professional-child relationship can profoundly affect the well-being of both the helping professional *and* the child. Both types of professionals also discussed the importance of managing their own emotions before working with a child experiencing emotional dysregulation. Travis, a therapist, acknowledged, "I regulate my own emotions before going in." Similarly, Rochelle, an educator/therapist, said, "If you're anxious…the kids will become anxious as well."

Sometimes, this emotional connection can lead to the development of secondary traumatic stress (Berger et al., 2016; Christian-Brandt et al., 2020; Rankin, 2021). The secondary traumatic stress scale (STSS) is an instrument that was developed to measure self-reported levels of secondary traumatic stress (Bride et al., 2007). Arousal, intrusion, and avoidance are the key concepts within the STSS. Although this study did not directly measure secondary traumatic stress and this instrument was not the focus of this study, the researchers found that many comments supported the symptomology measured in the STSS.

Arousal examines a person's negative cognition and reactions toward themselves or others (Bride et al., 2007). When referring to working with traumatized children, Missy (educator/therapist) stated, "seeing neglect and seeing any type of struggle in a child is hard. I don't think you are ever prepared to witness it." Trevor (therapist) stated, "You are never really prepared. It's a difficult thing to see."

Intrusion describes intrusive and repetitive memories resulting from working with traumatized individuals (Bride et al., 2007). Rochelle, an educator/therapist recalled an intense memory of a female adolescent whom her mother had sexually trafficked. After recalling the story, she said, "I can't believe someone would do that to another human." Other words participants used to describe working with traumatized children included "intense", "heartbreaking", and "jarring." Participants described feelings of guilt, emotional hardship, and difficulty letting go of intrusive thoughts. Summer, also an educator/therapist, reported "having a hard time emotionally decompressing" and "I just hold onto things and as much as I want to let go, I just can't, especially things that are important or close to me." She continued, "we take things from the job home all the time…sometimes it doesn't feel like enough…and I might have to go to sleep to just let it go."

Avoidance refers to avoiding working with traumatized individuals and avoiding stressful events (Bride et al., 2007). All participants mentioned feeling overwhelmed emotionally at times. To avoid the stress associated with working with traumatized children, participants mentioned "focusing one hour at a time," "changing the environment," and compartmentalizing." Participants also indicated the importance of self-care and voiced strategies to promote wellness. Rochelle, an educator/therapist, described trying to "visualize that there's a box and then I put everybody's crap in it that they told me." She discussed using this strategy at the beginning and end of each day. Other participants mentioned medication, religion, cooking, hobbies, and intentionally taking a day off from work when necessary. Additionally, participants emphasized the importance of finding space for self-care every day.

The emotional dangers of working with trauma are offset by equally powerful psychological rewards. In a study by Baker (2012) therapists described working with trauma as a double-edged sword that can be both intensely rewarding and emotionally triggering. Educators also reported feeling intrinsically rewarded through their ability to help children grow and heal (Spilt et al., 2011). The lived experience described in this qualitative study supports the potential for a mutually beneficial relationship between helping professionals and traumatized children. While acknowledging the difficulty of working with traumatized children, participants also affirmed the emotional benefits of their work, "I…really fell in love with working with children with special needs" and "the more I taught, the more I realized I really liked building relationships with students." Missy, an educator/therapist, put it this way:

> *I'm 100% for the kids. I am 100% in it for the kids. I love the kids. I love watching them learn. I love watching them change and grow and use the skills that they are being taught, whether it be social, emotional, academic…everything.*

Approaches to Self-Care

The final aspect of bearing witness to children's trauma the researchers selected to explore was individual approaches to self-care. Self-care is often noted as an antidote to compassion fatigue and secondary traumatic stress. However, specific strategies are often missing from the literature. The participants in the current study described a wide range of personalized self-care strategies.

Among the therapists, small self-care activities seemed to make the biggest difference. Trevor, a therapist, reported incorporating pauses in his daily routine. Another therapist, Naomi, spoke about creating a gratitude journal to notice the things she might otherwise miss when feeling overwhelmed. For educators and educator/therapists, making room to check in with colleagues was an especially important self-care strategy. Rochelle, an educator/therapist noted a more individualized self-care technique, while Missy, also an educator/therapist, described her self-care differently:

> *I visualize a lot. I also visualize taking a shower and like washing all the crappy stuff off…Or also, kind of, you know, changing the environment, going and sitting outside in nature, whether it's to the park or the backyard or the front porch, and just breathing and paying attention to the smaller things like the birds.* (Rochelle)

> *I like to do exercise. Any type of exercise when I'm done with my day, walking the dog, doing yoga… my religion is something I fall back on a lot to handle the pressures of the day and kind of give it away to someone else so that I don't have to have all that on my shoulders…And, just taking care of myself like, you know, picking out a new meal to cook or going shopping or watching a movie that I want to watch, something like that.* (Missy)

While agreeing with many of the other self-care strategies presented by other participants, Alicia, a teacher, shared advice for avoiding the guilt educators may experience when needing time off due to feelings of emotional or physical fatigue:

> *I feel like teachers have too much teacher guilt like even taking a sick day. It's like I have to spend four hours planning a lesson for my kids and I'm sick…Like it's okay to phone it in if you really are sick, I think. I feel like this is bad advice but like this is the advice a teacher needs to hear. Like it's okay if you're sick to phone it in to say, yeah, like, read this article and write a summary on it and know that they won't read it and that's okay.*

Discussing self-care, sample participants would emphasize addressing the more subtle aspects of their professions that can lead to compassion fatigue. Unlike other professions, educators and therapists must prepare for any time off as it can significantly impact students, clients, and colleagues. This can often be more burdensome than just going to work while not feeling well. For therapists, unscheduled time off means canceling and rescheduling appointments. Therapists also feel the emotional burden of disappointing clients in need of consistent mental health care. For teachers, preparation for time off includes lesson planning for each missed class period as well as full descriptions of routines, behavior management, individual student needs, and many other items. Some administrators even discourage educators from taking time off and require educators to find a substitute for their classes to take time off from school. This can be especially challenging when a limited number of substitutes are available.

Discussion

Although educators and therapists have different training and continuing education requirements, both educators and therapists in this study found that professional development and formal education did not fully prepare them to face the challenges of bearing witness to children's trauma. These results parallel findings by Brown et al. (2022), Brunzell et al. (2019), Foster (2017), and Rodger et al. (2020), which report gaps in training and feelings of competence toward working with children who have experienced trauma. Participants noted these feelings were often magnified by the negative behaviors of parents.

A unique finding in the present study concerns the blurred lines that appear to exist between the roles of educator and therapist. Educators expressed a desire to respect the boundaries between counselor and educator but emphasized that a large part of a teacher's role is to decrease the emotional distress of a child who may not feel comfortable sharing their trauma with anyone else. Similarly, educator/therapists described the boundaries as "fluid" and utilized their different skills across both classroom and clinical environments. Alicia, a teacher, mentioned starting graduate work to become a therapist to gain more tools for working with trauma. Both therapists in the sample acknowledged blurred professional lines, but Naomi, specifically reported concern related to educators working outside their scope of practice.

These gaps in training and blurred professional lines converged in the study's other emergent themes: the personal impact of bearing witness to child trauma and the importance of managing emotions. Participants described the "heart-wrenching" aspects of working with children who have been exploited, abused, or neglected. The most "jarring" and "intense" children's stories often went home with helping professionals we interviewed. Participants reported difficulty "emotionally decompressing," sleep disturbance, and associated guilt. However, both educators and therapists also reported immense intrinsic rewards when they were able to manage their emotions and create connections with students through empathy, validation, and understanding.

Self-care was found to be the primary way participants emotionally separated from the vivid stories and memories of working with traumatized children. Personal self-care strategies were remarkably diverse. Participants described using gratitude journals, checking in with colleagues, visualization, exercising, spending time with family, and taking personal days to decrease symptoms related to compassion fatigue and secondary traumatic stress. Interestingly, participants shared few occupational strategies for decreasing workloads or professional stressors. This absence is especially salient as other studies by Bardhoshi et al. (2014) and Hester et al. (2020) have associated a lack of administrative support with feelings of emotional exhaustion.

Limitations and Future Directions

There are several limitations to this study. First, the interviews were structured as focus groups to encourage shared expressions of knowledge. However, it is possible that some participants felt uncomfortable with self-disclosure or withheld information due to having other participants present. Second, the research sample was limited to six participants. A larger and more diverse sample may have returned more variable results. Finally, it is also possible that participant responses may have been influenced by the researchers' backgrounds in education and counseling.

The current study offers future researchers multiple avenues toward an increased understanding of how secondary trauma impacts educators, therapists, and students. Many of the participants' responses indicated symptomology moving beyond compassion fatigue and toward secondary traumatic stress. Future studies utilizing the STSS may provide more quantifiable data on how working with traumatized children impacts the personal and professional lives of helping

professionals. Additionally, research clarifying the blurred responsibilities between educators and therapists may serve to diminish stress related to working outside an individual's competency or scope of practice. The research presented here also advocates for increasing trauma-informed training, occupational self-care, and administrative support to help reduce secondary traumatic stress among both educators and therapists. Future research exploring how increased contact between helping professionals and the parents of traumatized children may improve adolescent outcomes is also advised.

Conclusion

Through hermeneutical phenomenological analysis, the current study explored similarities in the lived experiences of educators and therapists bearing witness to the traumatic stories of children. Despite advanced education and supervised training, participants reported feeling unprepared for the trauma and traumatic responses that were brought into their classrooms and counseling offices. Participants described repeated experiences of compassion fatigue and symptoms of traumatic stress correlating to the blurred lines between the roles of educator and therapist. However, participants also shared self-care strategies for managing emotional distress and forming reciprocal relationships that can improve the well-being of both high-touch professionals and traumatized children. Future research should continue to explore how secondary trauma manifests among educators and therapists, as both are likely to remain a critical resource to children who have been abused, neglected, or sexually exploited.

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