

Vicarious Trauma Among U.S. Educators Before COVID-19

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Before effects could result from the worldwide COVID-19 pandemic, some U.S. teachers were likely already experiencing vicarious trauma. In response to a question from this educational affairs organization I have begun to examine how vicarious trauma is impacting teachers in the U.S. Thus far, I have discussed vicarious trauma with a focus group of school educators in the city of Chicago. Future publications will offer in-depth discussion of this focus group study, so here I share some brief and unranked insights below.

How Vicarious Trauma Was Already Impacting Educators in the U.S.

Before COVID-19 began to impact the U.S., this focus group of educators in Chicago shared that the schedule and events of the school year were a significant factor in their experiences with vicarious trauma. The drastic, unimaginable changes that COVID-19 has now brought about for these educators' school year underscores their point.

Another insight that these educators reported was that their work environment itself had a "huge role" in their experience of vicarious trauma. Relatedly, these educators had different roles in their school, from the classroom to counseling to after school programs.

Finally, this focus group discussed their own backgrounds as important to how they experienced vicarious trauma. For example, a child's or a family's primary trauma was not universally regarded as vicariously traumatic to the focus group and did not seem to have the same effect upon each focus group member. These educators had both shared and unique experiences with the primary trauma(s) of children and adults.

Overall, these school educators reported that, indeed, they had experienced vicarious trauma as a direct result of their day-to-day work in their school. They did not yet know the terms or research base related to their school experiences, but once I introduced this information to the group it was clear that this knowledge hit home for them.

Just as COVID-19 is placing a magnifying glass on fundamental and pre-existing healthcare disparities and disinvestments in certain areas of Chicago and other U.S. cities, I am left wondering whether COVID-19 will also have a similar effect on the vicarious trauma of some educators who are working with un(der)served student populations and un(der)served communities in the U.S. The good news is that we already know a great deal about how to reduce and eliminate the pre-existing health and education debts or deficits that remain unpaid to America's un(der)served communities. The open question is whether or not federal, state, and local action will be taken to remedy these old, racioeconomically stratified problems that will only be compounded by newer problems.