



2025 REPORT

The Silent Cost

*Impact and Management
of Secondary Trauma
in Educators*



AUTHORS



CHRISTINE ARMAREGO

THE ENERGY FACTORY
Director of Operations



ISABEL MENESES

THE ENERGY FACTORY
Senior Programs Manager



DR ADAM FRASER

THE ENERGY FACTORY
Speaker, Researcher



DR JOHN MOLINEUX

DEAKIN UNIVERSITY
Researcher

CITATION

The Energy Factory Pty Ltd and Deakin University ‘The Silent Cost: Impact and Management of Secondary Trauma in Educators (2025 Report)’, produced by The Energy Factory Pty Ltd Sydney, Australia.

A SPECIAL THANK YOU...

We started on this journey in December 2022, when Dr Adam had that one briefing call that made him want to know more about Secondary Traumatic Stress in Educators.

It takes a special type of person or people to really understand the importance of this groundbreaking work and then, not only support with actions, but with financial assistance. The Australian Special Education Principals Association (ASEPA) had the vision and could see the importance of this work for their members. Thank you to Matthew Johnson, Byron Stuu, Diane Robertson, Deborah Taylor, Simon Ellaby and all the members of the national board and council, for your collaboration and contribution to the research. Without your insights, the research would have suffered. Your hard work and efforts are the hallmark of true collaboration.

To Pat Murphy and all the members of the Australian Government Primary Principals Association (AGPPA) board, thank you for your support at a national level for this research.

To Andrew Dalglish and the Victorian Principals Association (VPA) board, and Robyn Evans and the NSW Primary Principals Association (NSWPPA) board. Your forward thinking, clear vision and support for your members is outstanding. Thank you for your sponsorship and for partnering with us.

To Deakin University - Science and Society Network Grant, we thank you for your assistance and support of this project.



ON BEHALF OF



TABLE OF CONTENTS

Preface/Thank you	06
About the Researchers/Contributors	08
Foreword	10
Behind the data, there are real people	12
Executive Summary	14
Background/Methods	17
Demographics	19
Results	21
◇◇ Secondary Traumatic Stress	22
◇◇ Compassion Satisfaction	25
◇◇ Burnout	29
◇◇ Trauma Experience	33
◇◇ Support	35
◇◇ Professional Learning	42
◇◇ Coping with Trauma	52
◇◇ Emotional Work Demands	55
◇◇ Mental Health Risk	56

TABLE OF CONTENTS

◇◇ Recovery	57
◇◇ Rumination	62
◇◇ Likelihood of Resigning	64
Demographic Analysis	66
Correlations	72
Normative Data	77
Recommended Strategies	91
◇◇ Government & Systems	93
◇◇ Education Departments	95
◇◇ School Leaders	98
◇◇ Schools	103
◇◇ Colleagues	105
◇◇ Individuals	108
Conclusion & Discussions	112
Comments	118
References	119

PREFACE

One of the highlights of my working life has been The Flourish Movement Program we run in partnership with Deakin University. In this project, we get to study school leaders deeply and work with them to make constructive changes to help them to develop sustainable leadership practices, making them more effective, get better outcomes for their students and sustain their wellbeing. I not only respect how hard this group works but have fallen in love with their sense of dedication and passion for the role.

What started this project was a conversation with a principal. In our conversation, she recounted what had happened to her the day before. I was horrified at some of the things she relayed. Just one of these events would have floored the average person yet she faced multiple significant events in the space of hours; all that stemmed from the fact that the students had experienced trauma. Some of the stories of the trauma stayed with me for months. I thought, “If that has affected me so heavily and I don’t even know the student, imagine what it is like for the educator?”

As a researcher, I began to immerse myself in the literature exploring the impact of Secondary Trauma on educators. To my surprise I could find very few studies. It is an issue that we know very little about, including educators themselves. I met with my team, and we decided there was no way we could abandon a group that meant so much to us. I called Dr John Molineux from Deakin, who we’ve worked with for over a decade now and his response was exactly what we hoped for. He was in and we were off. This project has been fulfilling, confronting, challenging and sometimes heartbreaking. Most of all, we are proud that this research not only sheds a light on this devastating, silent cost; but that it provides strategies for reduction and mitigation for educators who face this daily as well as for the systems and departments who are there to serve both educators and students alike.

Dr Adam Fraser

THANK YOU!

We want to extend our heartfelt appreciation to all the educators who participated in this research study. Your time, insights and experiences have been invaluable, and we deeply appreciate the openness with which you shared your thoughts and stories. Your participation offered great insights into the challenges educators face in relation to Secondary Trauma.

We are committed to honouring the data and stories you have entrusted us with, and we hope to be able to provide individuals and decision makers alike with insights and strategies that will drive positive change.

We are inspired by your dedication to your students and the broader education community, and we are humbled to have had the opportunity to learn from you.

Thank you for being part of this important journey!

2285

SURVEY
RESPONDENTS

1068

COMMENTS

107

INTERVIEWS

ABOUT THE RESEARCHERS

DR ADAM FRASER

Dr Adam Fraser is a human performance researcher, consultant and speaker who studies how people and organisations adopt a high performance culture and the importance of wellbeing to thrive in this challenging and evolving world. He holds a PhD in Biomedical Science.



Adam has a true passion for the research behind his work and has long held partnerships with various Universities throughout Asia Pacific. He founded the e-lab in 2017.

The e-lab collaborates with University partners to deeply research a specific industry, role or organisation, in order to understand what limits their performance and uncover the specific strategies that will make them more successful. These research projects inform Dr Fraser's books, keynotes and programs.

DR JOHN MOLINEUX

Dr John Molineux, FCPHR, is a Senior Lecturer in the Department of Management at Deakin Business School and Course Director of the Master of Human Resource Management program. John joined Deakin in 2010 after over 30 years in Human Resource Management (HRM).



John is currently teaching HRM and leadership to postgraduate students, as well as supervising PhD students. His research interests focus on industry-sponsored projects, with an emphasis on human performance and wellbeing.

John is keenly interested in strategic HRM, organisation change and action research. In his previous career, he worked in HR roles in several organisations as a HR manager/director, HR strategist and other HR professional roles. He also serves in voluntary roles with the Australian HR Institute, where he is a Fellow Certified Practitioner in HR, and is a board member and Vice-President Australasia of the Action Learning Action Research Association.

CONTRIBUTORS

DR GEORGIANA CAMERON

Dr Georgie Cameron is the consulting psychologist for the project and has had experience in educating people about dealing with trauma. She works in the School of Psychology at Deakin University. Dr Georgie was an integral part of the survey design and interpretation of the high Exposure, low STS group.



Dr Georgiana Cameron is a Research Fellow and Lecturer at Deakin University, specializing in trauma and trauma-informed approaches in both research and practice. As a member of the CONNECT Research and Training Initiative and educational psychologist, she focuses on advancing mental health support and trauma-aware systems across education and community sectors.

DR BEN ARNOLD

Dr Ben Arnold is a Senior Lecturer in Education Leadership and Course Director for the MEd Leadership and Learning at Deakin University. Ben's teaching and research focuses on education leadership and work, health and sustainability in the education sector. Dr Ben completed the statistical modelling of the data and was an integral part of the survey design.



Ben also works on the Educator Health and Wellbeing research program at Deakin, investigating the relationship between education policies, psychosocial work environments, and mental and physical health in the education workforce. Ben's expertise includes assessing workplace health and wellbeing, and mixed methods research design, analysis and interpretation. He currently works on a number of large-scale longitudinal research projects, tracking education professionals work environments and health and wellbeing over time.

CONTRIBUTORS

REIHANEH VALIZADEH

Reihaneh is Dr John Molineux's research assistant. She played a crucial part in the analysis of the interview data and the creation of the word clouds included in this report.



Originally from Iran and based in Melbourne, Rei is a versatile professional with a background in English Literature and IT Management. Currently working as a Junior Merchandise Planner and Research Assistant, Rei combines strong analytical skills with a deep understanding of communication, planning, and strategic development. Beyond professional pursuits, Rei is passionate about travel, astronomy, and marine life, and finds focus and inspiration through neo-classical music. Committed to continuous growth, Rei strives to make a meaningful impact in every project and organization she contributes to.

FOREWORD

In 2016 we began working on The Flourish Movement a research project and training program to help school leaders sustain their career and be more effective in their roles. We studied their wellbeing, where their time was spent and strategies to build better cultures in their schools. This project has been the most important and fulfilling piece of work I have ever done in 25 years.

During this time our research uncovered a devastating silent cost that educators are dealing with every single day. It is one of the biggest threats to their wellbeing, mental health and likelihood of staying in the role. This silent cost is called Secondary Traumatic Stress. It is the stress one experiences when you hear about the trauma of others. We discovered that there was next to no research done on this issue both domestically and globally. We are proud to conduct the largest study in Australia to explore the impact of this trauma on educators as we feel it is a huge missing link in understanding the true context of education in Australia today. The purpose of this research is to not only better understand this silent cost, but to also provide educators and leaders with tangible strategies to help them cope with Secondary Trauma.

To all the educators I have worked with you inspire me every day and I thank you for your generosity and service. To my team, you were tireless throughout this project and your contribution was invaluable.

Dr Adam Fraser



When we started thinking about this research over 12 months ago, I had no idea about the extent of the issue of Secondary Trauma in education. Now with 2285 completed surveys, 1068 comments and stories, and having conducted 107 interviews, I fully realise the broad extent of the impact of trauma on educators and the need for change to better support our educators in their roles.

In particular, to those whom I interviewed, I want to thank you so much for sharing your stories with me. I hope we are able to honour your dedication and commitment to your roles by helping to bring about change into the future.

I also wish to thank Psychologist Dr Rebecca Diehm for her partnership on this project, her insight and contributions to the research design, Dr Georgie Cameron from Deakin's School of Psychology for her guidance and advice on research design and interview protocols, and Dr Ben Arnold from Deakin's School of Education for his contribution to the survey construction and advice on education research, and to my research assistant Reihaneh Valizadeh for her analysis of the interview data.

Dr John Molineux



FOREWORD

As the National President and CEO of the Australian Special Education Principals Association (ASEPA), I am honoured to introduce this pivotal research initiative. This study, led by Dr. Adam Fraser and Dr. John Molineux, focuses on the impact and management of Secondary Trauma among educators, a topic of profound importance in our field.

Educators in special settings often encounter complex challenges that can have significant emotional impacts. In supporting students who face diverse needs, educators may experience Secondary Trauma, affecting their wellbeing and, by extension, the students they serve. ASEPA recognises the critical need to understand and address these challenges to sustain a healthy and resilient workforce in our schools.

This research represents a significant step forward in identifying the prevalence and key factors of Secondary Trauma, as well as the strategies that educators currently employ and those that prove most effective. ASEPA's commitment to commissioning this research reflects our dedication to advocating for the wellbeing of educators and especially special educators across Australia. We hope these insights will drive meaningful change, offering educators the support and resources they need to continue their essential work in an increasingly demanding environment.

Mr Matthew Johnson



BEHIND THE DATA, THERE ARE REAL PEOPLE

Before diving into the data, we invite you to pause for a moment and remember what this report is really about: people. It's easy to forget, when reading a research report, that behind every statistic is a real person.

In the pages that follow, you'll find numbers, graphs and findings designed to shed light on this important issue that is affecting so many educators across Australia – Secondary Traumatic Stress. But those numbers don't exist in a vacuum. They come from real people who generously took the time to share their experiences, often in a very vulnerable way.

Data can help us see patterns and trends, but it can also unintentionally flatten the complexity and emotion of lived experience. Keeping their humanity in focus is what gives research its true value. Without that, we risk making decisions that are efficient on paper but disconnected from reality. So, as you read on, we encourage you to remember: every number has a face, a voice, and a story behind it.

To help you not lose sight of that, and to honour everyone who has taken the time to share their stories with us, we have included some of them here.

We would be remiss if we did not advise that the stories can be quite confronting. Please choose if you need to read these stories and if you do, read with care.



1. Rural Secondary Teacher - Impact on educator of student's trauma

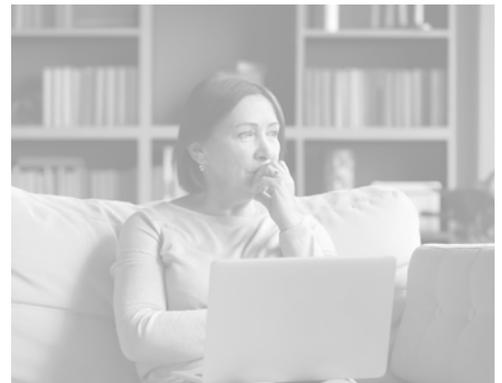
“I was in my second year out of university and got this remote location job and quickly learned that there was a lack of mental health resources for the students, but particularly for staff as well. The more I began to build a relationship with these kids, the more they opened up to me and would tell me about what's going on at home.”

[READ FULL STORY](#)

2. School Principal - Concern for child's safety at home

“We've had one little girl who was in care and has been in long care situation with a family, with her and her sister. There's been child protection issues, and a number of in-depth interviews happened. They have removed the older sister out of the home and left the younger sister in the home. And most afternoons we the younger girl refusing to go home and stating that she doesn't feel safe. So, from about two o'clock on, she becomes hypervigilant.”

[READ FULL STORY](#)





3. Secondary Teacher - Teachers becoming counsellors

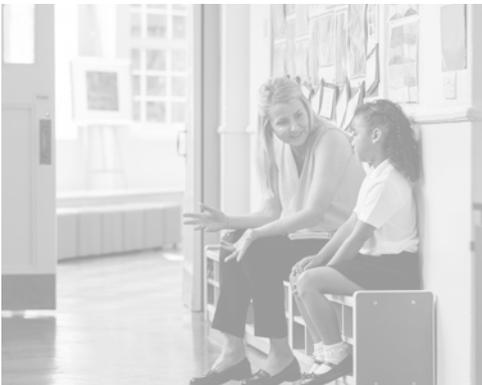
“There’s been reports of kids being jumped or getting in fights after school. There’s a report of physical abuse from parents. I’m just trying to think, I can’t even remember what I’ve said now, but many domestic violence. There is a lot, a significant amount of stuff going on in our kids’ homes that comes to school and is reported to us.”

[READ FULL STORY](#)

4. Primary School Principal - Domestic violence and medical issues

“So, our worry is if something happens to mom, what’s going to happen to this little girl? Because no one cares. No one cares. And so we talked about it in our learning support and our exec meeting and we’ve taught the girl if something happens, how to ring triple zero, how to go and knock on a neighbour’s door to get help. This is not our job!”

[READ FULL STORY](#)



5. Primary School Teacher - Young children with trauma/issues

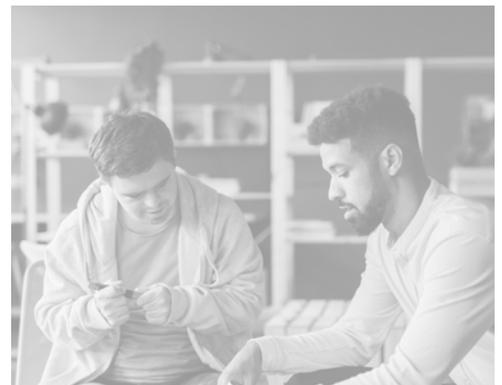
“A particular cohort of children there last year were excessively violent even for that environment. So, every day I was obviously as kindergarten teacher, I’m then going in and seeing very small children coming from places where their needs are not being met, they’re not clean, not fed, violent backgrounds, hearing the stories, but then going out and having violence subjected on me.”

[READ FULL STORY](#)

6. Special Education School Principal - Complexity of multiple issues

“Last Wednesday for instance was a prime example. I had a 13-year-old student have an 18-minute seizure. So, we had to administer Midazolam and call an ambulance. And we had the most gung-ho paramedics I’ve ever had who we had to argue with because they insisted on transporting the student. And the mother insisted on not transporting the student, but she wasn’t there.”

[READ FULL STORY](#)



EXECUTIVE SUMMARY

Having worked with and researched school leaders' wellbeing and effectiveness since 2016, we became aware of another factor influencing the overall wellbeing of school leaders and their staff. They described situations, stories and circumstances within the school context that had a harrowing impact on them. It was something within the role of an educator that had fundamentally changed, and it is called Secondary Trauma.

The purpose of this project was to gain an understanding of the prevalence of Secondary Trauma in Australian educators and the impact that it has on them including who is most impacted and, most importantly, how do we manage its impact. To do this, we measured Secondary Traumatic Stress (STS), which is a measure of the negative impact of Secondary Trauma on an individual.

We were able to have 2283 people working in education complete a survey, we collected over 1000 stories of Secondary Trauma and interviewed 107 people. Our results show that 74.9% of educators scored in the medium to high range for STS. Looking at this finding, it is more than fair to say that STS is a problem for Australian educators.

KEY FINDINGS

1. Impact of Demographics

Secondary Traumatic Stress is higher for:

- School leaders (Principals, APs, DPs), closely followed by teachers, with a 2% difference between them.
- Educators that work in Special Education within Mainstream Schools score significantly worse, followed by Special Education (Special Education within Mainstream Schools STS levels are 3.6% higher than Special Education Schools and 9% higher than Mainstream Schools).
- Rural and remote schools, over regional and metro schools.
- Educators with 16 years or more of experience.

2. Educators have more STS than other professions in Australia

It's assumed that those in medical and caring professions will experience Secondary Traumatic Stress but we do not associate STS with educators. Our results show that STS for educators is:

- 21% higher than Psychologists
- 23% higher than Mental Health Nurses
- 34% higher than Paramedics

3. Burnout is high, but it's only part of the story

In our study:

- 70.8% of educators scored in the medium to high range for Burnout;
- 61.4% answering often or very often to the statement “I feel overwhelmed because my workload seems endless”.

When STS combines with Burnout the result is called Compassion Fatigue. Compassion Fatigue is a state in which an individual struggles to have empathy for others and is so emotionally disconnected they find it difficult to recognise signs of abuse or distress in others. Tackling Burnout alone will not reduce STS nor reduce the likelihood of leaving the role.

3. Secondary Traumatic Stress is leading educators to leave the profession

Secondary Traumatic Stress alone is a risk to an educator's health. Secondary Trauma alone is fast becoming a key reason why educators are leaving the profession and action to address this is required. In our study, 37.3% of educators indicated that they are likely or extremely likely to leave the role because of Secondary Trauma, with a further 18% undecided on whether they will stay.

4. Self-care training is key

High-effectiveness self-care professional learning delivers the strongest results across Secondary Traumatic Stress (STS), Compassion Satisfaction (CS), and Burnout (BO).

Effective self-care professional learning leads to the most significant positive impact for educators—reducing STS by 7.6%, increasing Compassion Satisfaction by 9.77%, and lowering Burnout by 13.73%. This makes it the most promising form of professional learning identified in the study.

In contrast, poorly delivered self-care training can be harmful—worse than no training at all. It increases STS by 7.6%, decreases Compassion Satisfaction by 4.37%, and causes a dramatic 30.63% rise in Burnout.



5. STS can be minimised and mitigated against, but it takes more than the individual alone

The report warns this is not a problem educators can fix on their own. It calls for urgent system-level intervention from Governments, and Education Departments, and School Leaders to introduce:

- Formal recognition of STS as a professional risk
- Introduction of STS as a concern in all undergraduate teaching degrees
- Provision of highly effective evidence based self-care training to mitigate STS and Burnout
- Provision of trauma informed practice training at a school level for better student outcomes
- Access to professional supervision for educators
- Increased funding and resourcing to child and health care services and systems – mental health care services, department of child services to meet the levels of mandatory reporting
- Better coordination between schools and community services in regions
- Timely and effective responses from mandatory reporting systems
- Supervisor support for School Principals as they provide supervisor support to their teachers

Relying on the individual as a prime strategy to prevent, reduce and mitigate STS will not work.



BACKGROUND

The study was initiated following conversations between school leaders and Dr Adam Fraser about the implications of Secondary Trauma on teachers. A preliminary study in one school found that some teachers were able to cope with trauma better than others.

A more detailed study was considered to find out more information. This involved Dr Rebecca Diehm, a psychology lecturer from Deakin University, who had undertaken research in Secondary Trauma.

Dr Molineux and Dr Diehm then applied to Deakin University to obtain funding for an interdisciplinary grant. Dr Ben Arnold from the School of Education came on board, followed by Dr Georgie Cameron from the School of Psychology after Dr Diehm moved to work in psychological practice.

The grant was awarded to the team and design work commenced in late 2023 and early 2024. An ethics application was submitted by Dr Molineux in March 2024 and an amendment was submitted in June 2024. Approval was given on 4 April 2024 to the application and on 29 July to the amendment.

Preliminary data collection started late in Term 2 and in full during Term 3 2024.

METHODS

A mixed methods approach was developed to ensure that sufficient data was collected to enable the researchers to understand the extent of issues contributing to Secondary Trauma in educators and to explore the mitigating factors that helped reduce the impact of Secondary Trauma.

A survey of approximately 10 minutes was constructed so as to enable a high proportion of completed responses. We believed that if the survey was too long people would drop out of it or not complete it. The survey also contained two text response questions where individuals could write about their experiences. At the end of the survey, participants were asked to volunteer for an interview.

Interviews were designed to take about 40 minutes and were based on answers given by participants in their survey responses.

A total of 3007 people had accessed the survey by 1 October 2024, with 9 declining to give consent. A further 107 did not answer any questions and withdrew from the survey. A total of 2285 completed all components of the survey, with 609 partially completing the survey. Survey analyses were undertaken using the 2285 completed surveys.

Interviews

A total of 345 people volunteered their interest in participating in an interview. Of these 342 provided an email address and these were sent consent forms. Of these people, 136 returned the signed consent form, with 107 of these people booking an interview. No follow up was done with any of the volunteers, due to the voluntary nature of this research.

Interviewees that booked an interview were sent a copy of their survey results in a PDF format prior to the interview. Interviewees were asked, if they were comfortable, sharing a story relating to Secondary Trauma. After this, the results from the survey formed the basis for explanatory discussions on the constructs as explained in the survey measures below. The interviewees consisted of 31 principals, 25 deputy or assistant principals, 31 teachers, 6 teaching/education support/assistants, 8 counsellors/wellbeing staff and 6 in other support roles. 52 interviewees were from NSW, 24 from Victoria, 12 from Queensland, 8 from WA, 4 from SA, 2 from Tasmania, 4 from NT and 1 from the ACT. A total of 33 males and 74 females were interviewed.

Measures used in the survey

The Professional Quality of Life Scale version 5 (Stamm, 2010). The ProQOL Scale measures three separate constructs: Secondary Traumatic Stress; Burnout; and Compassion Satisfaction. There are ten questions in each of these scales with measures from 1=never to 5=very often.

The K10 Mental Health Scale (Kessler et al, 2002) was used to measure Mental Health Risk. It consists of 10 questions on a frequency scale from 1=never to 5=all of the time.

We used 12 questions from the Recovery scale of Sonnentag and Fritz (2007) to measure recovery experience. The scale consists of four sub-scales: Detachment; Relaxation; Mastery; and Control. It was measured on a 5 point scale from 1=strongly disagree to 5=strongly agree.

Experience of trauma was measured using two questions about personal trauma and one question about the level of Secondary Trauma at work. A frequency scale of 1 to 10 was used.

In relation to where respondents obtained support, a Yes/No response was asked for each of: Principal; Deputy or Assistant; Teacher colleague; Wellbeing Coordinator; EAP; Psychologist; and Other people (including family and friends). For those who responded with Yes, a scale was provided as to the level of satisfaction with that support. The 5 point scale ranged from 1=very dissatisfied to 5=very satisfied.

A question was asked about the level of professional learning participants had experienced in five separate components of trauma informed practice. This was scored 0 if no training had been received, otherwise it was rated 1=has not helped at all to 5=helped to a very large extent.

The Trauma Coping self-efficacy scale (Benight et al, 2015) was used relating to individual ability to cope with trauma, and was rated from 1=not at all capable to 7=totally capable.

The three questions from the Emotional Demands component of the COPSQ-III scale (Llorens et al, 2019) were used to rate Emotional Work Demands, with two questions rated from 1=never to 5=always and one question rated from 1=to a very small extent to 5=to a very large extent.

4 questions were asked from the Rumination scale of Trapnell and Campbell (1999) on a frequency of 1=never to 5=always.

Support was also measured from the Caplan et al (1980) Social Support scale with ratings from 1=strongly disagree to 5=strongly agree.

A single question was asked relating to Likelihood of Resigning, rated from 1=extremely unlikely to 5=extremely likely.

DEMOGRAPHICS

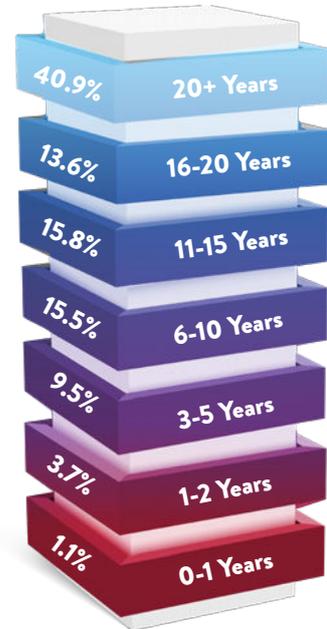


FEMALE
82%

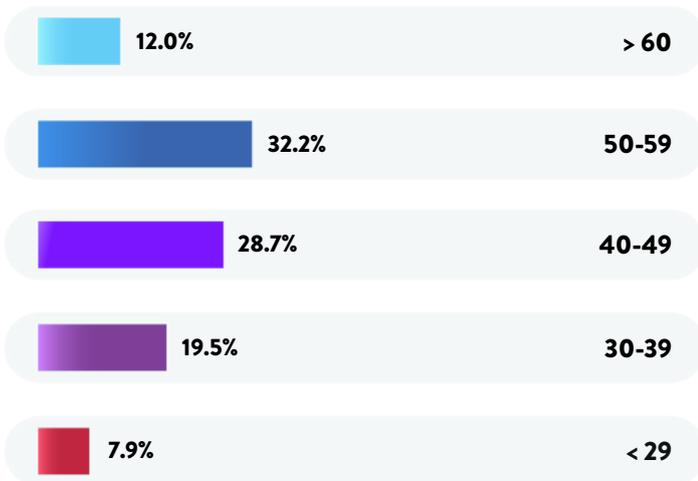
MALE
17.1%

OTHER/PREFER NOT TO SAY
0.9%

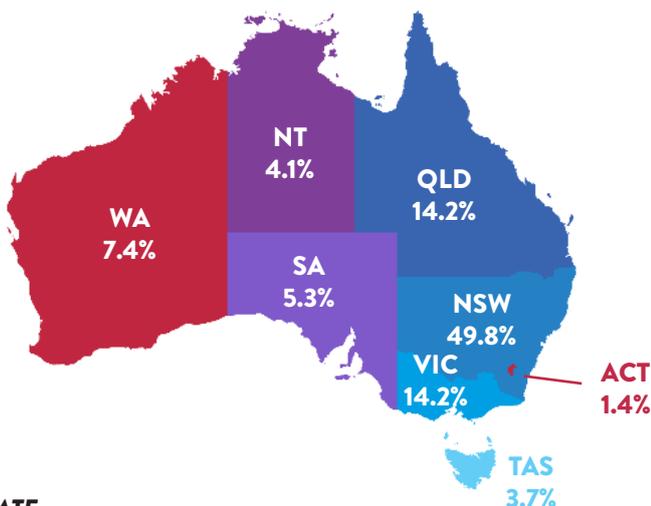
GENDER



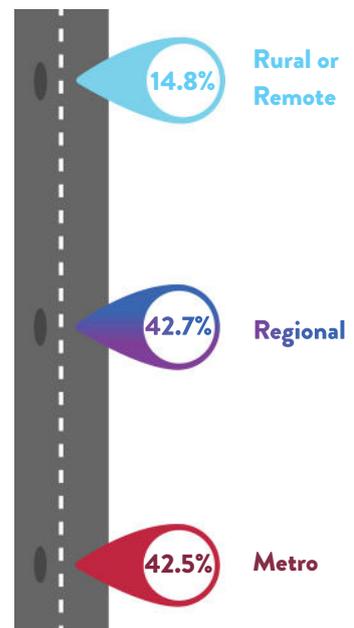
YEARS OF EXPERIENCE



AGE PROFILE

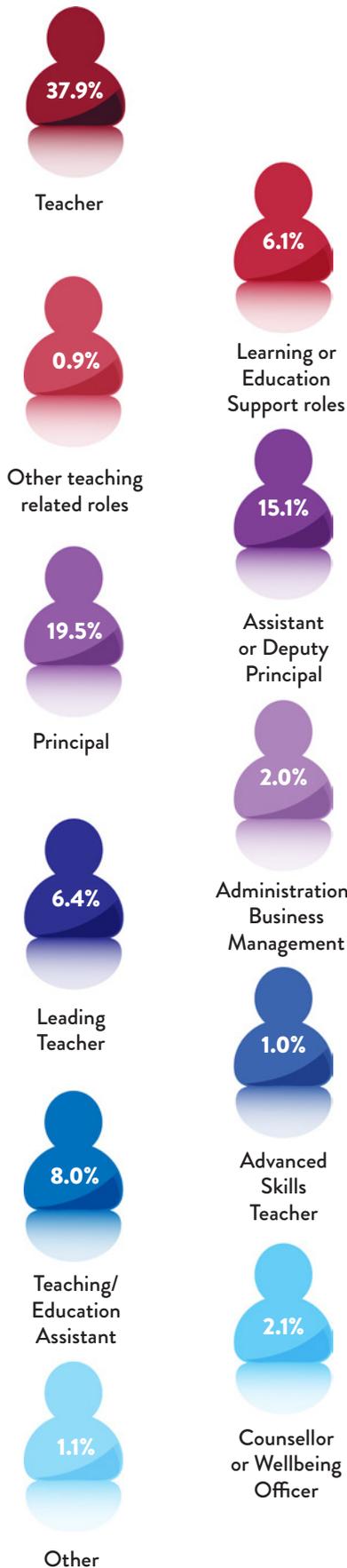


STATE

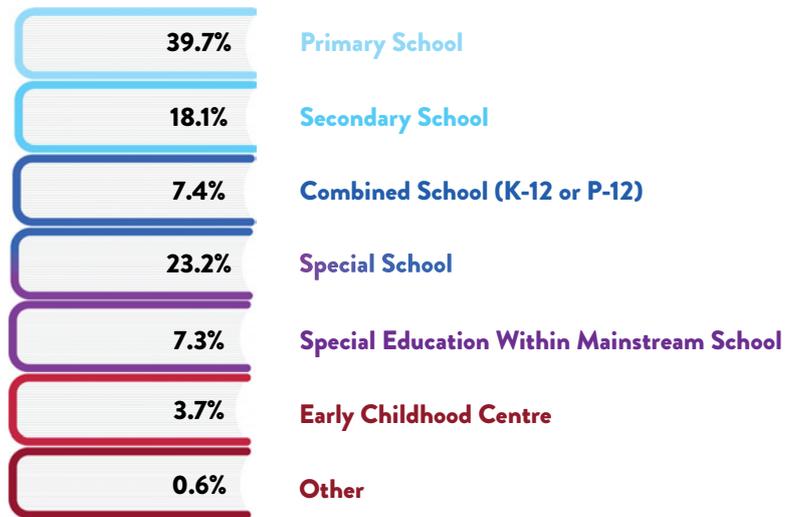


LOCATION

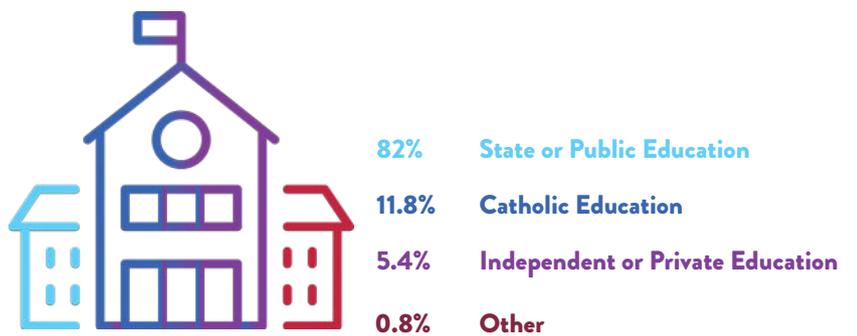
DEMOGRAPHICS



ROLE



TYPE OF SCHOOL



SCHOOL SECTOR



FIG.3

	0	500	1,000	1,500
Q1	513	214	458	
Q2	397	369		
Q4				

RESULTS

SECONDARY TRAUMATIC STRESS

Secondary Traumatic Stress (STS) is the emotional stress that results when an individual hears about or witnesses the first hand trauma of another person. It also includes the distress of trying to manage the significant changes in behaviour that usually occur in an individual that has experienced trauma.

The majority of educators in the survey indicated that STS was an issue in their work. For example, the graph below shows the answers to the question “I think that I might have been affected by the traumatic stress of children I teach/help” and that 37.8% of respondents felt they experienced this often or very often, with a further 38.4% experiencing it sometimes.

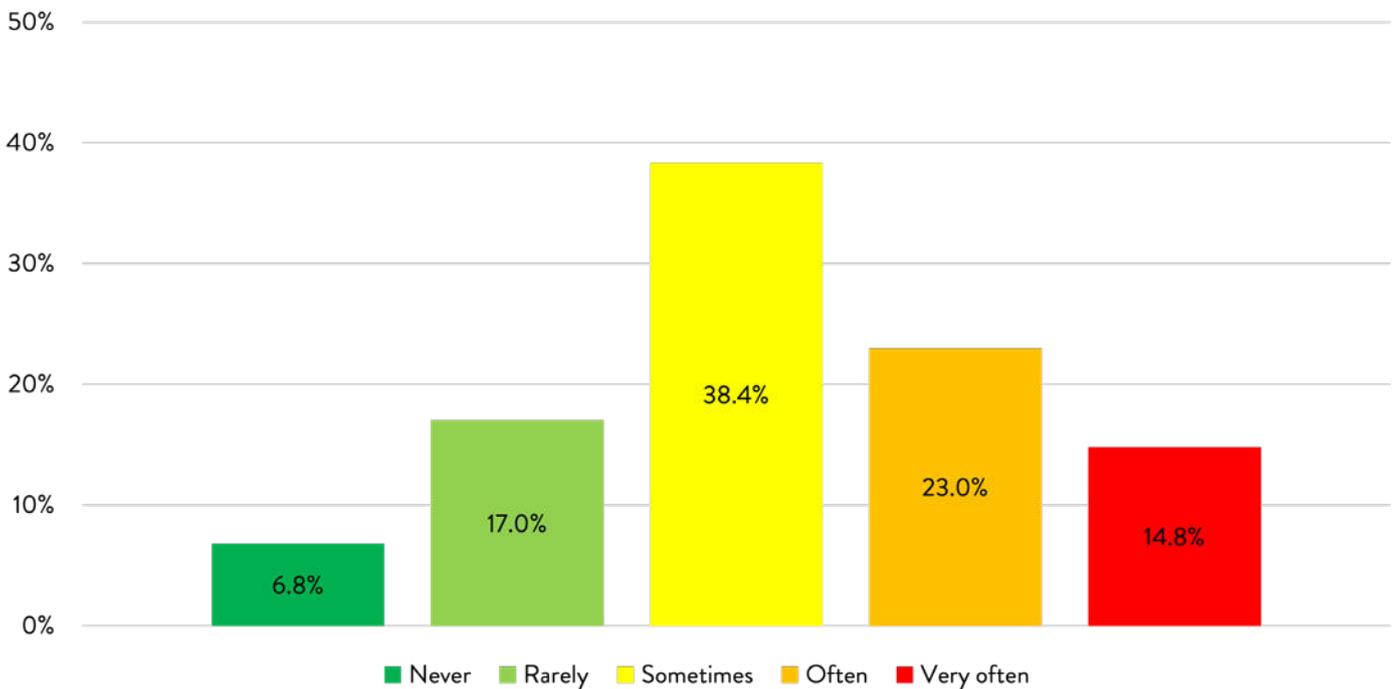
7.5/10

EXPERIENCE
SECONDARY
TRAUMATIC STRESS
AT LEAST SOMETIMES

37.8%

EXPERIENCE
SECONDARY
TRAUMATIC STRESS
OFTEN/VERY OFTEN

I think that I might have been affected by the traumatic stress of children I teach/help.



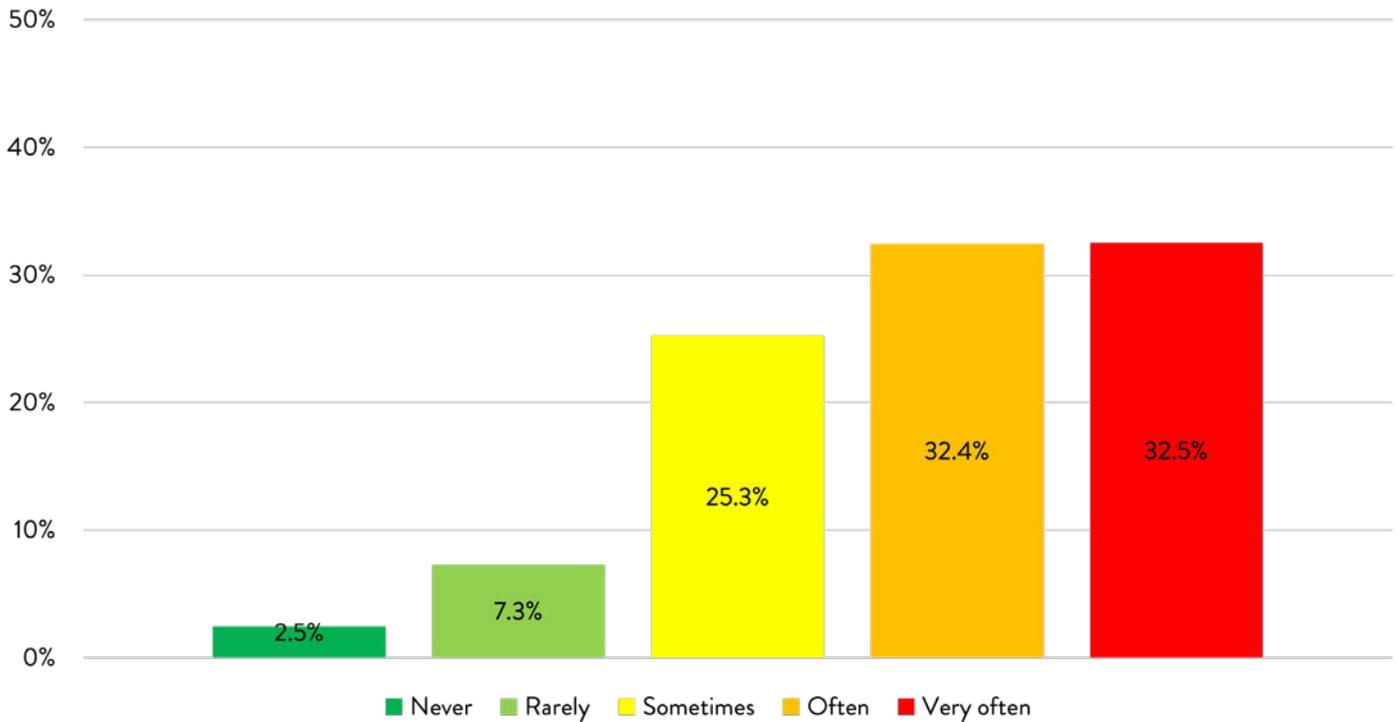
“

I see too often lessons being interrupted to support emotional wellbeing of students, which is more often than not threatening behaviour, and I’ve seen in my time at my school the data show a huge decline in student achievement outcomes as a result. More needs to be done to support Teachers and Educators with STRATEGY based training for students with Trauma. Teachers and Educators are not psychologists or psychiatrists and need more support in that area in order to teach.

”

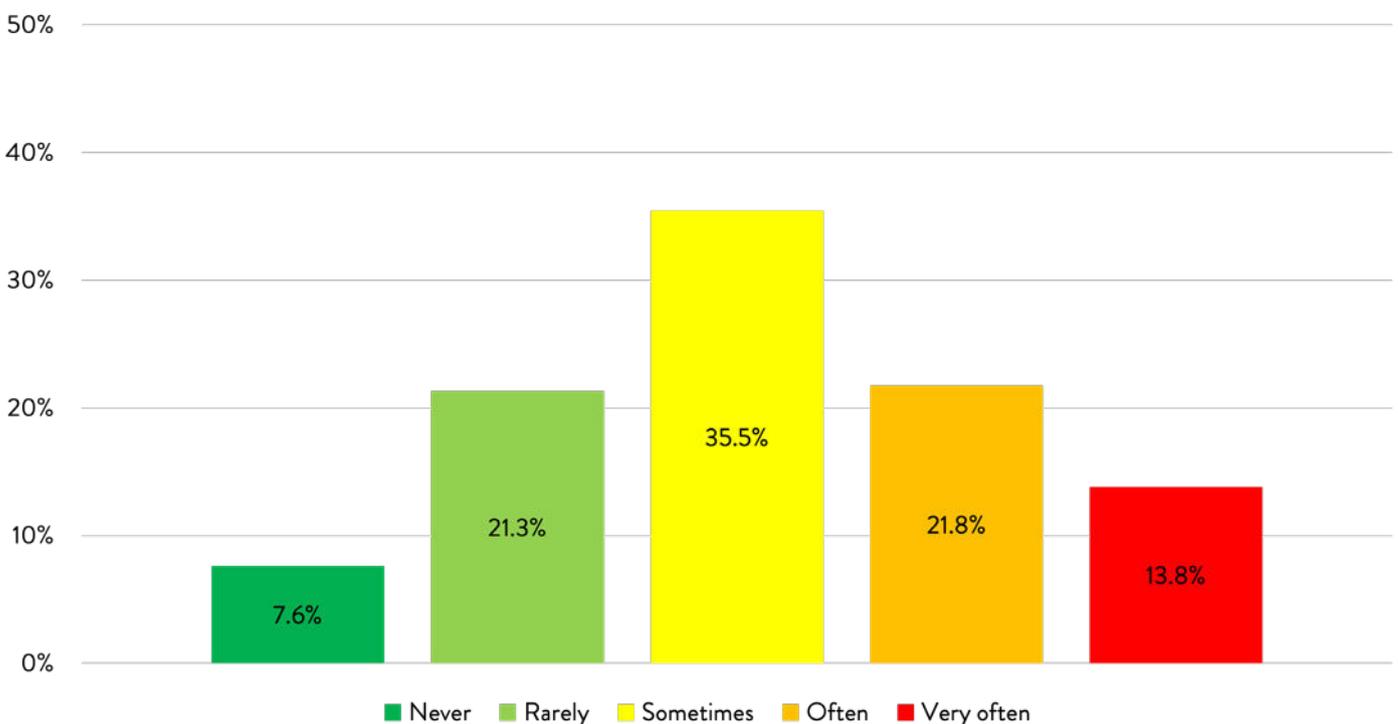
Concerningly, as seen in the graph below, the question “I am preoccupied with more than one child/student I help”, showed that 64.9% of educators surveyed answered often or very often to this question, indicating that most respondents were responding to multiple issues with students.

I am preoccupied with more than one child/student I help.



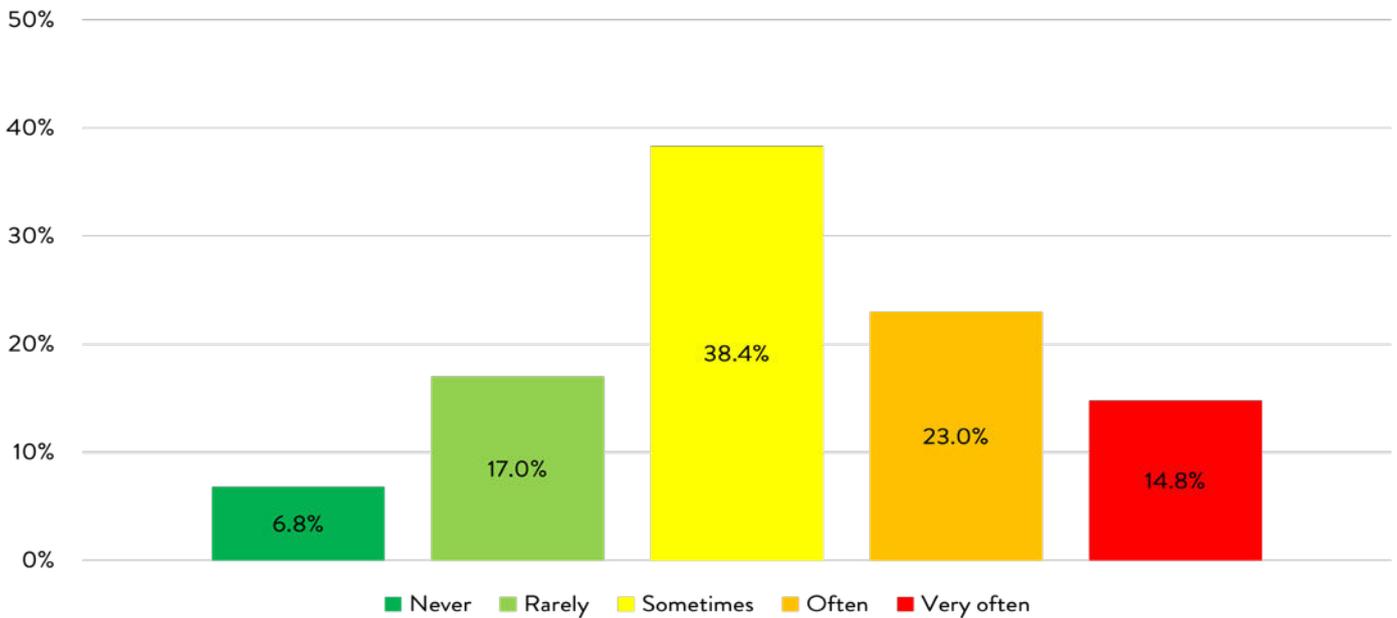
Education work can be all-consuming, as seen in the graph below, with 36.6% of educators indicating that they often or very often “find it difficult to separate my personal life from my life as an educator.”

I find it difficult to separate my personal life from my life as an educator.



The question “I feel depressed because of the traumatic experience of the students I teach/help” illustrated below, showed that 16.4% of educators surveyed stated that they had experienced this often or very often, with another 34.6% experiencing it sometimes. This shows the high risk of STS in contributing to mental health issues in educators.

I feel depressed because of the traumatic experiences of the students I teach/help.



Overall, educators responding to the survey show a concerning high level of Secondary Traumatic Stress.

“

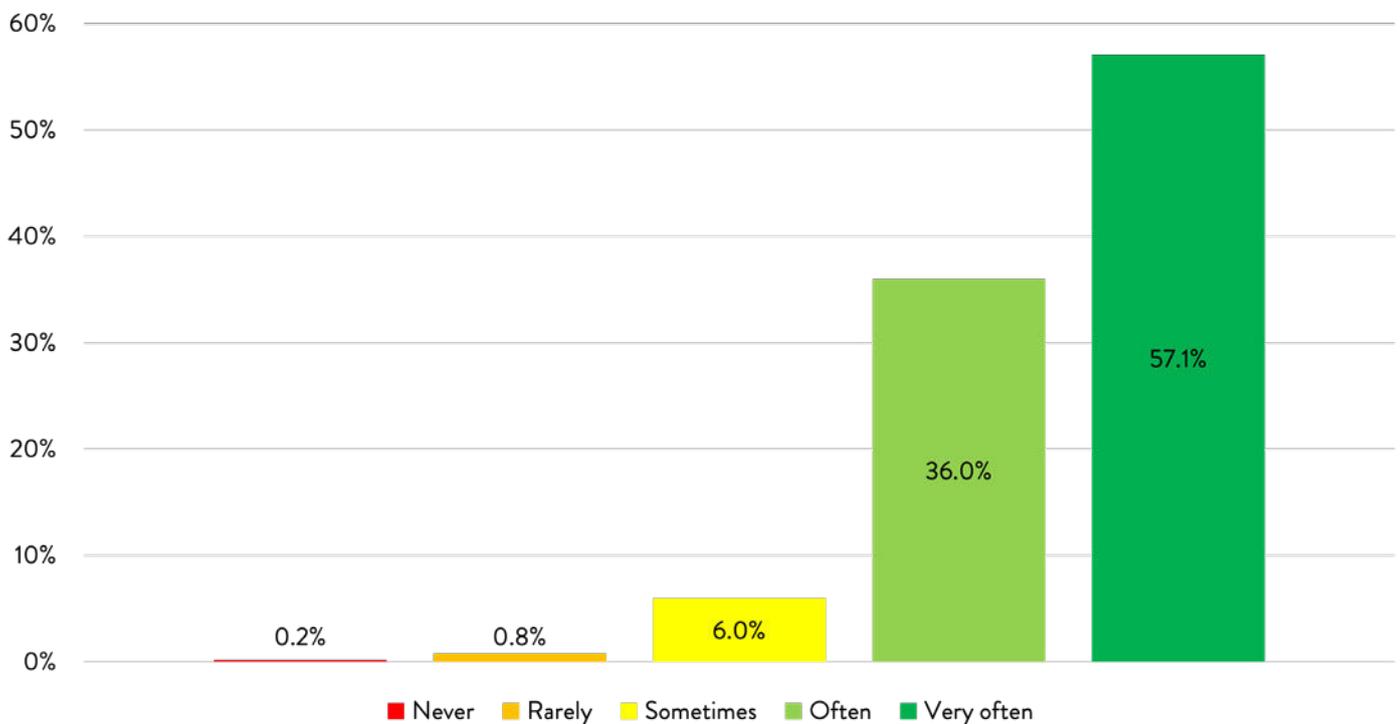
Education is in a very strange place at the moment. After many years of society dumping on teachers and teaching and our load both emotional and educational increasing incrementally each year, there is a sense of numbness and lack of purpose in me that I need to overcome, remember when it meant something more than a pay check and get back to saying that I love my job and the kids I work with. ”

COMPASSION SATISFACTION

Compassion Satisfaction relates to how much pleasure we derive from helping other people in need. Results from this survey show that it is very high in educators. This finding shows how incredibly dedicated educators are to their profession and especially the commitment shown to helping students. Even though those surveyed are experiencing high levels of challenge, STS and Burnout, they are still dedicated and feel a strong sense of compassion for their students.

For example, as illustrated in the graph below, in the question “I get satisfaction from being able to help students”, 93.1% of respondents answered this as often or very often.

I get satisfaction from being able to help students.



93.1%

EXPERIENCE
COMPASSION
SATISFACTION
OFTEN/VERY OFTEN

74.9%

BELIEVE THEY CAN
MAKE A DIFFERENCE
AT WORK OFTEN/
VERY OFTEN

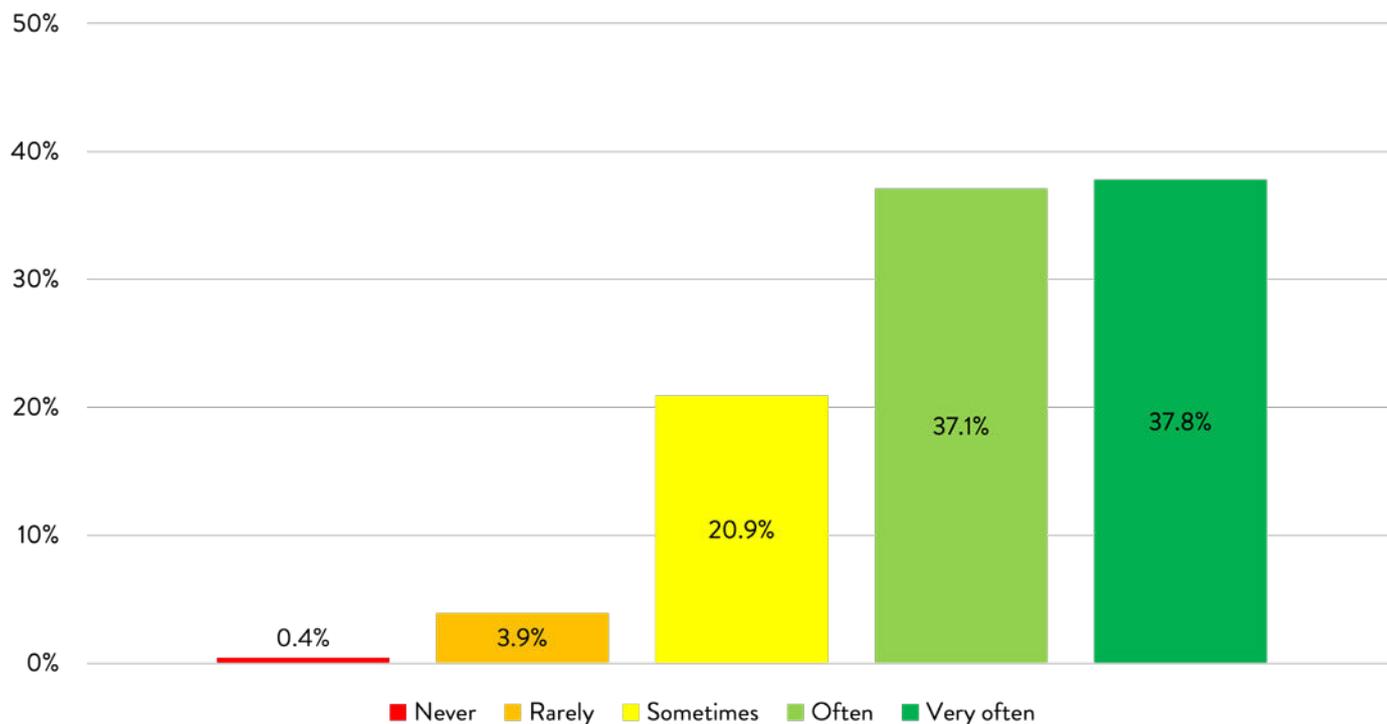
“

Love being an educator. Has always been my passion. I have always worked hard and get great satisfaction helping students.”

”

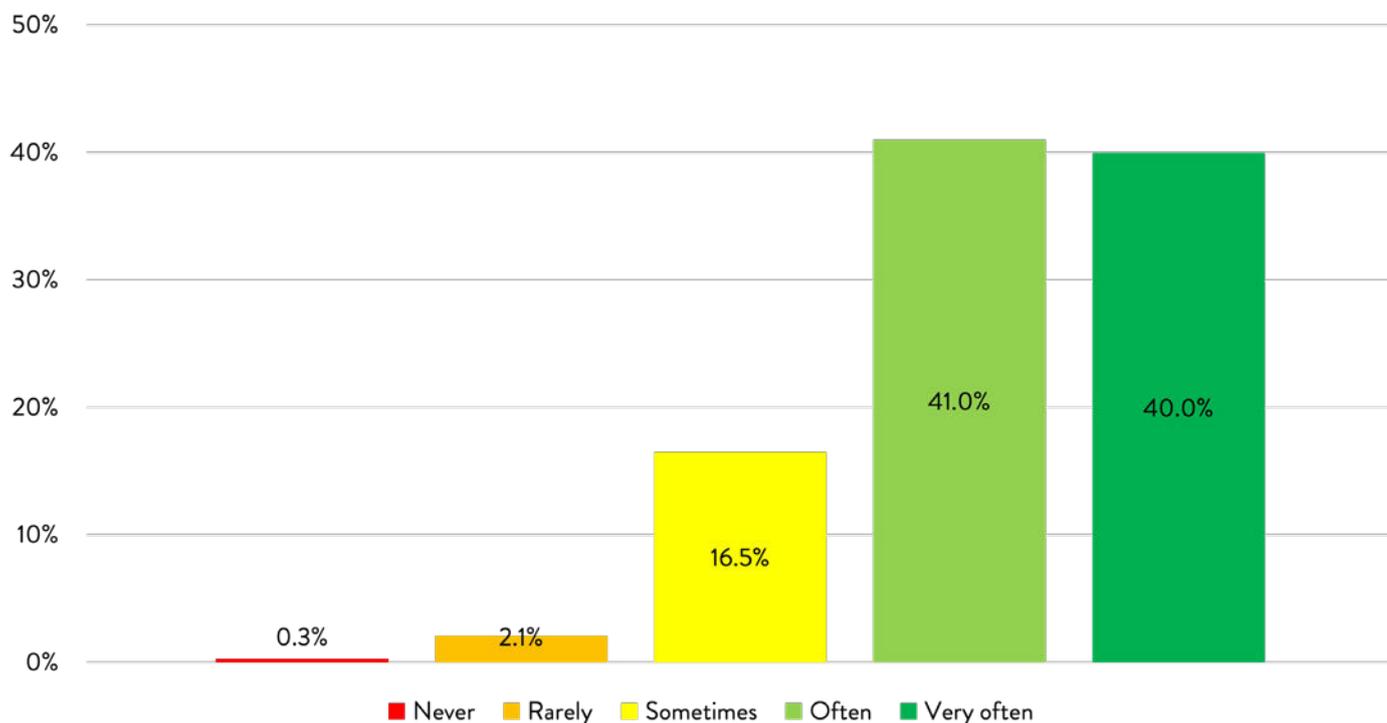
Importantly, the question “I believe I can make a difference through my work” as illustrated below showed that 74.9% of educators answered often or very often. This shows a strong sense of optimism in the work they do.

I believe I can make a difference through my work.



This also shows through a sense of pride in their work as illustrated in the graph below, with 81% of educators surveyed stating they were often or very often “proud of what I can do to help students”.

I am proud of what I can do to help students.



BURNOUT

Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors in the job. The World Health Organisation describes Burnout as a “syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

1. Feelings of energy depletion or exhaustion;
2. Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
3. Reduced professional efficacy”

SOURCE: (<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>)

I feel overwhelmed because my workload seems endless.



1

OVERWHELMING
EXHAUSTION

2

FEELINGS OF
CYNICISM

3

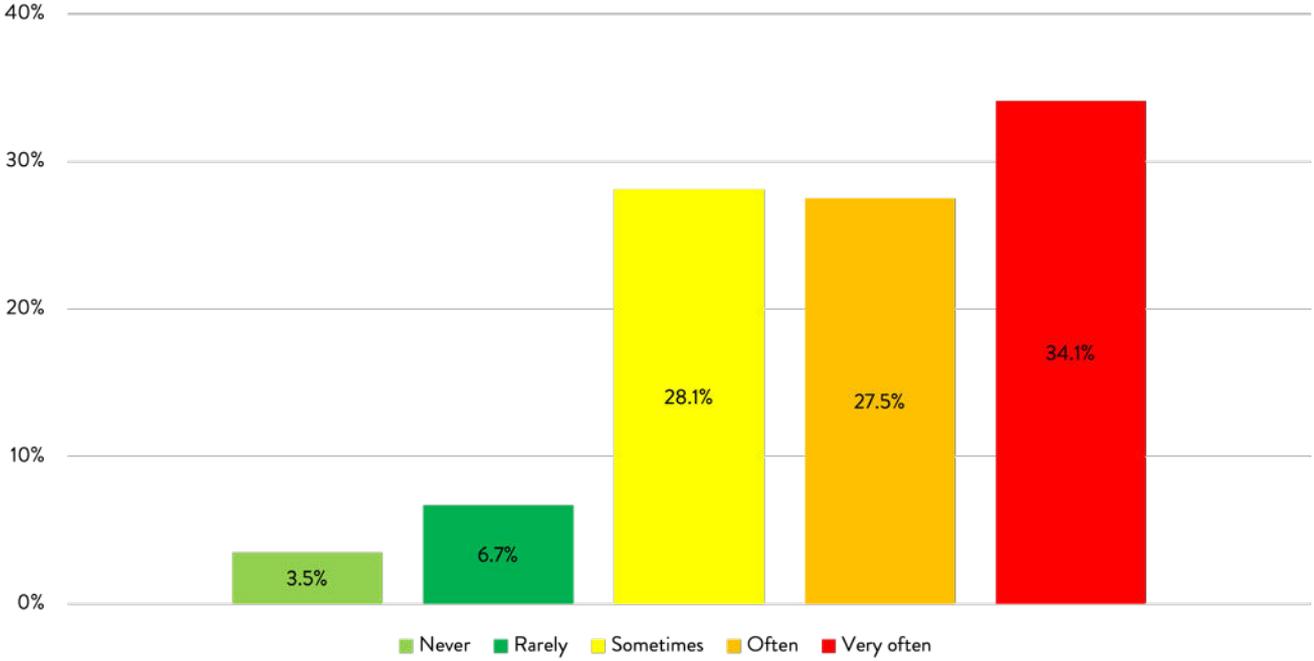
DETACHMENT

BURNOUT DIMENSIONS

“ Since joining this profession 12 years ago I have seen a significant workload (Administration) increase and teaching today feels like it is only done 10% of the time. It is hard to teach when you have so many admin issues going around in your head at once. Students are coming to school with so many ‘issues’ these days and less resilience and this also impacts the teaching style, the time of teaching and the interruptions to teaching time. ”

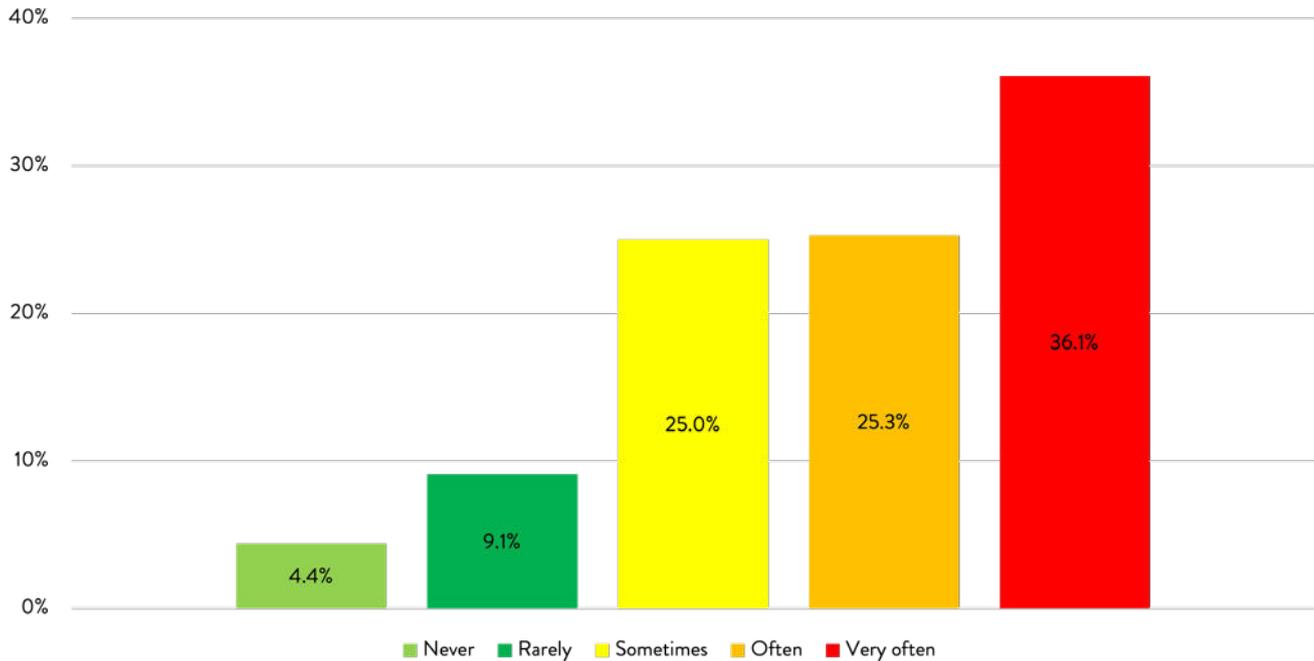
Burnout can have a dramatic impact on an educator’s capacity to deliver high performance given such a challenging role with high levels of occupational stress. This is a serious risk to the sustainability of the education workforce in Australia. For example, as illustrated below, in the question “I feel worn out because of my work as an educator”, 61.6% of respondents answered ‘often’ or ‘very often’. Only 10.2% indicated it was less of an issue.

I feel worn out because of my work as an educator.



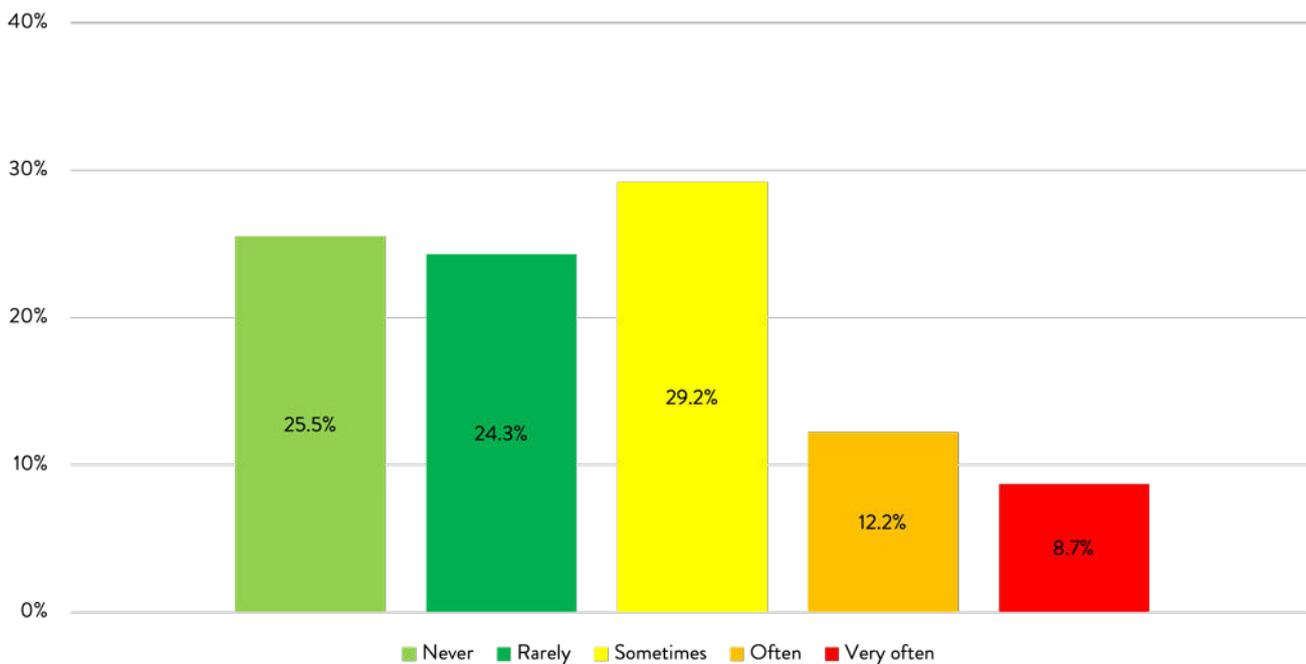
Work as an educator doesn’t have an end point, so it is not surprising, as illustrated below, that 61.4% respondents answered often or very often to the question “I feel overwhelmed because my workload seems endless.”

I feel overwhelmed because my workload seems endless.



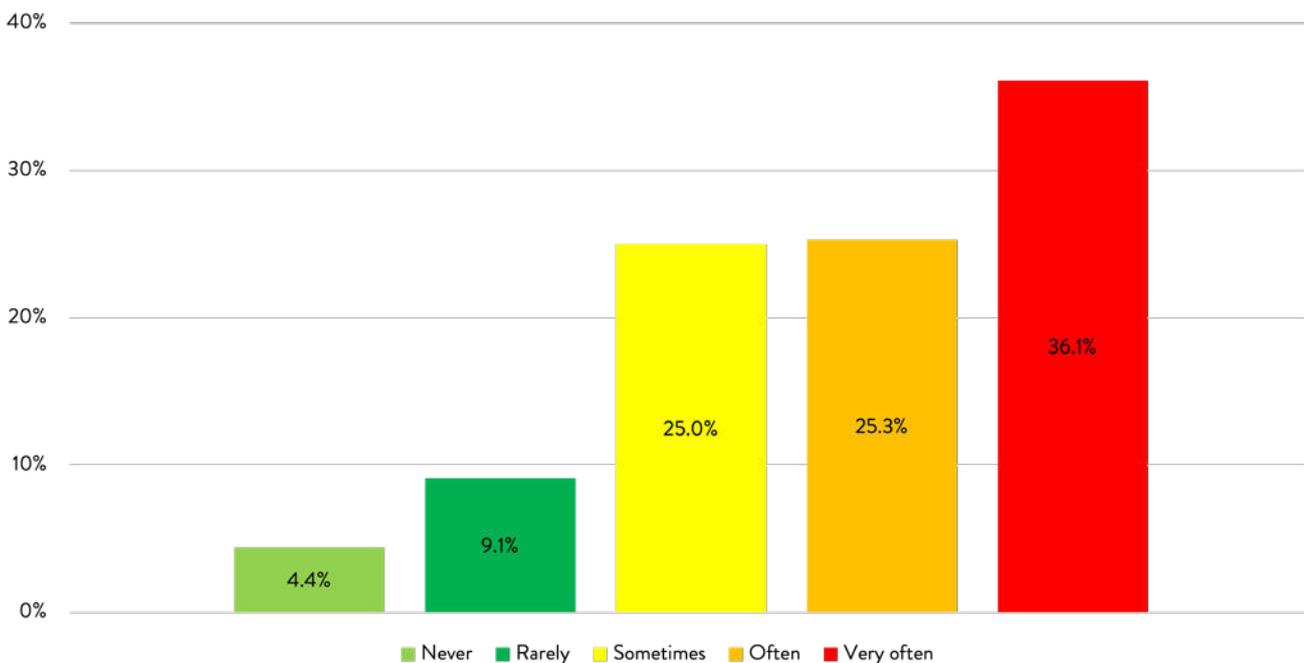
Concerningly, as illustrated in the graph below, 20.9% of educators surveyed believed that they “feel trapped by my job as an educator.” This should be cause for concern, as it may indicate a significant level of continuance commitment, where people stay in the job because they can’t afford to leave for financial or similar reasons. If such people are no longer motivated by their role, then work performance can be an issue, causing flow on effects for colleagues.

I feel trapped by my job as an educator.



As illustrated below, 62.7% of respondents answered often or very often to the question “I feel “bogged down” by the system”. Whilst it can be easy to blame ‘the system’ for problems at work, the high level of concern shown by educators indicates that there may need to be some rethinking about how the education system supports its workforce.

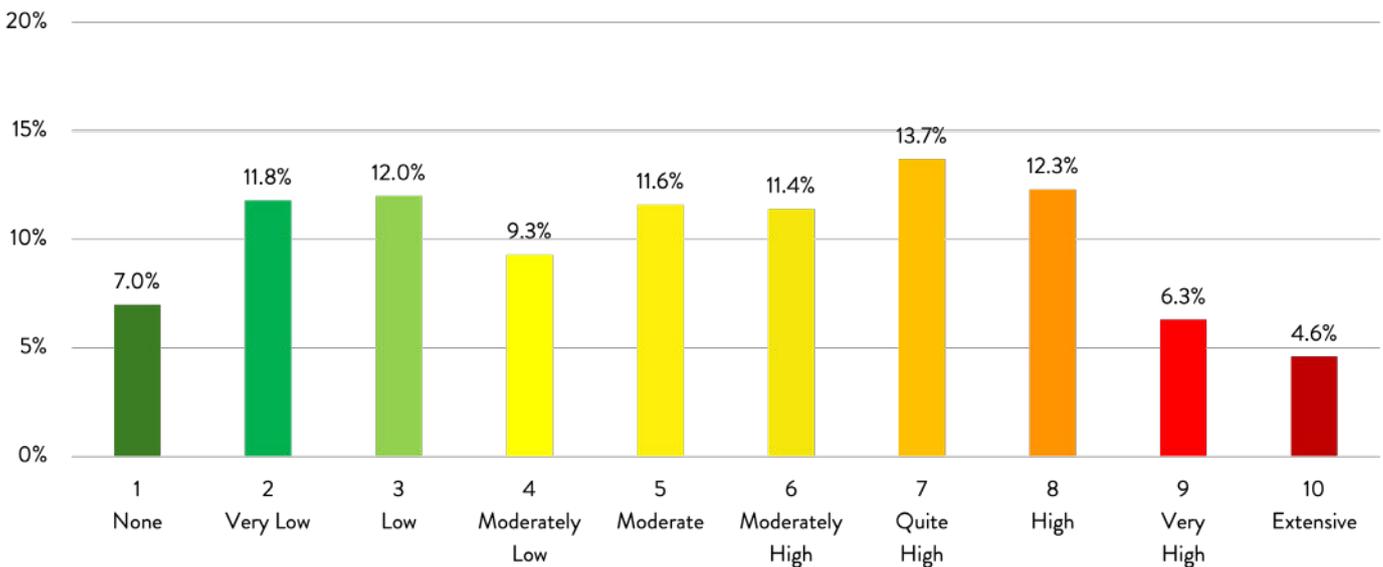
I feel “bogged down” by the system.



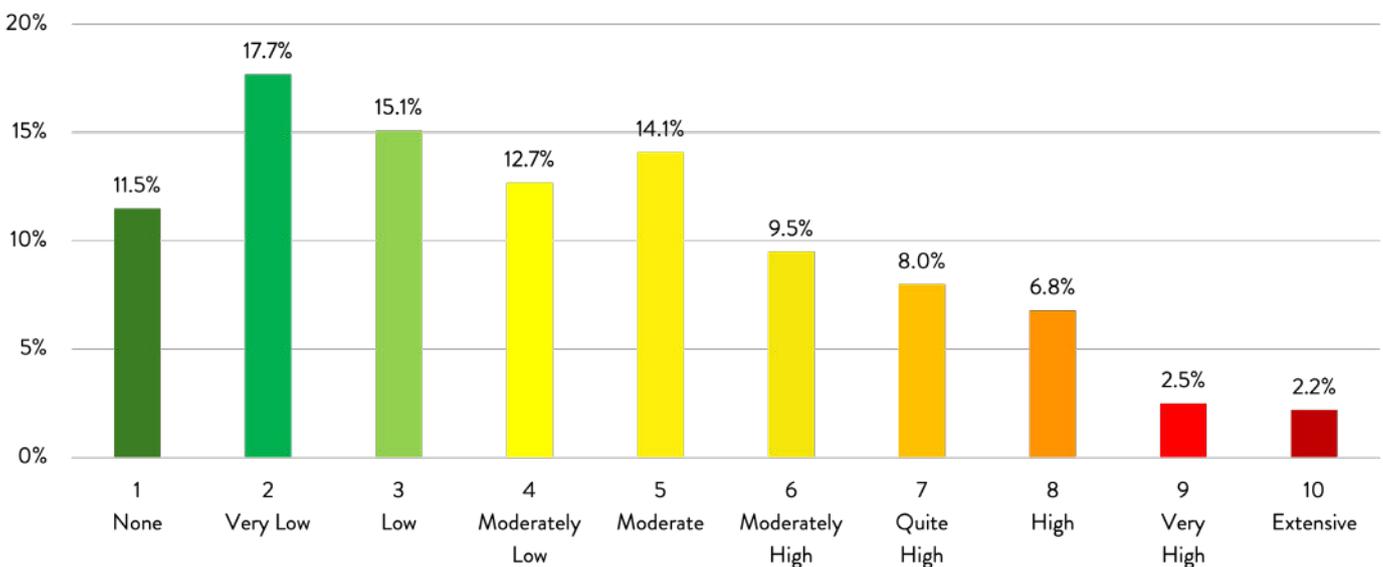
TRAUMA EXPERIENCE

We asked educators to rate their level of and impact of individual trauma that they have suffered in their life. In terms of mean scores, the levels and impact of individual trauma weren't extremely high for the educators who responded. These levels are shown below. The current level of Impact of Personal Trauma History is mostly at low to moderate levels.

Levels of Personal Trauma History

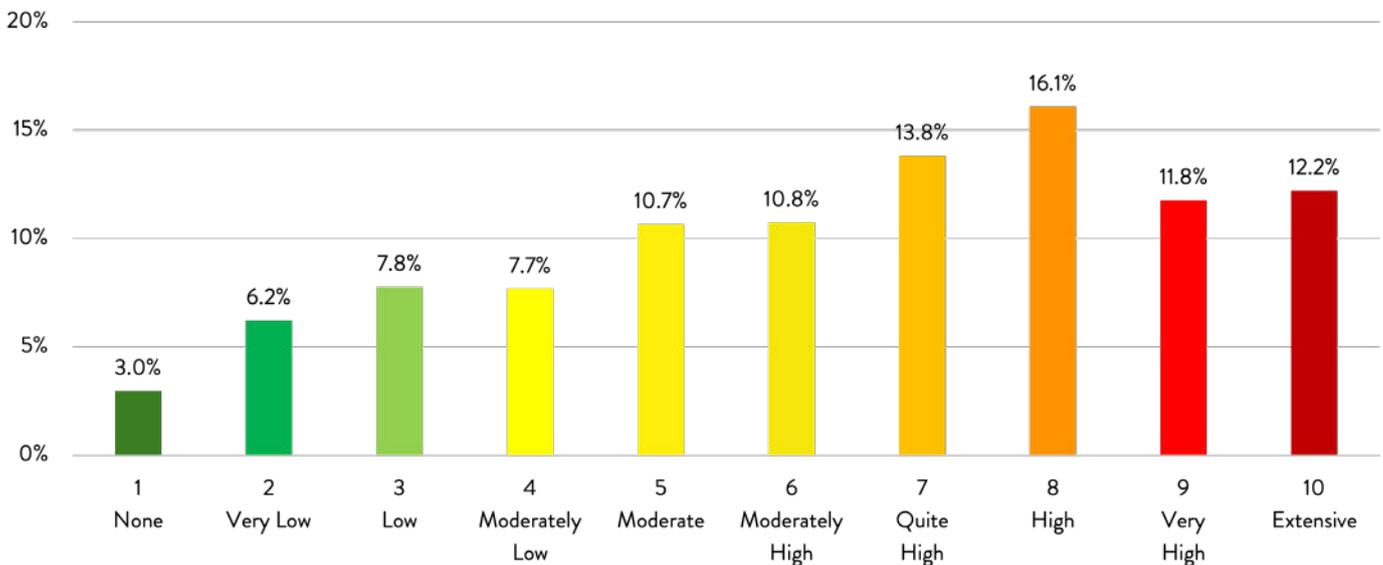


Impact of Personal Trauma History



Of much more concern is the level of Secondary Trauma that educators are exposed to at work. As shown in the graph below, 40.1% of educators rated their Exposure at 8 or more out of 10, which is considered high to very high.

Exposure to Secondary Trauma at work



As educators have indicated, there is such high levels of Exposure to Secondary Trauma at work that the importance of support strategies is becoming increasingly necessary.

“

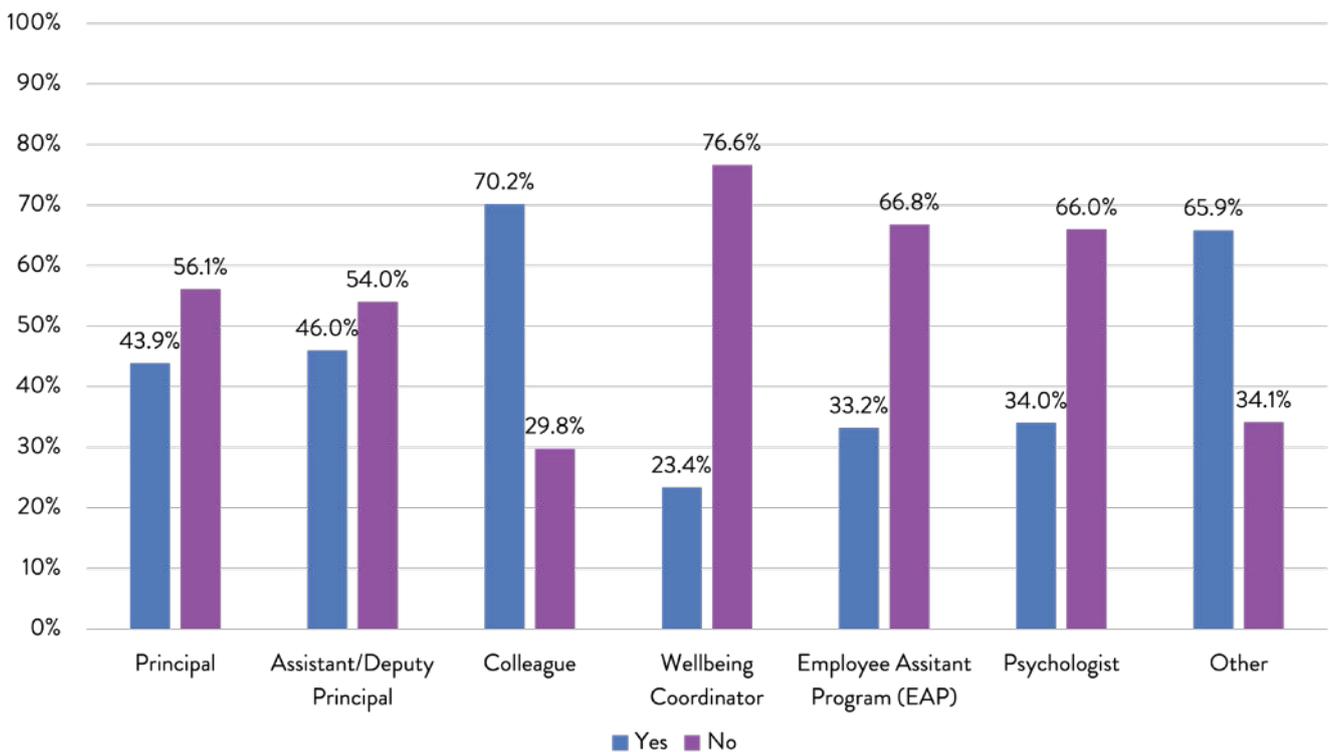
An SSP is an environment that is unique when compared to other School environments. We are nurses, and educators, the psychological impact on staff in an SSP is completely different to those in a mainstream school. An example I can share is that we have just had a student pass away. This is the 8th student that we have lost since I have been here. Another hard part of working in an SSP is seeing student self-harm. Working closely with students that hurt themselves is so hard to do. You feel helpless when it happens and it happens multiple times a day, hitting themselves, hitting their head on the floor, pulling out their fingernails, picking at their cuts to make them worse. These are examples of things that happen all day everyday. It is mentally exhausting and physically draining to a level that cannot be understood without you witnessing it for yourself. ”

SUPPORT

The provision of Support for educators was measured in several questions. We asked questions about frequency of Support from different sources and then measured the satisfaction of those sources of Support. The graph below shows whether or not educators obtained support from various sources. For the majority of educators, they obtained Support from colleagues. Next was ‘other’ which includes family and friends, followed by leadership positions in the school. Around a third of educators indicated that they obtained Support from EAP or psychologists.

We noted that far less people turn to a wellbeing co-ordinator for support. This could be because their school may not have them on staff or that the wellbeing coordinator role is for students alone, or they don’t know them as well as their colleagues and leaders.

Did you obtain support from....?

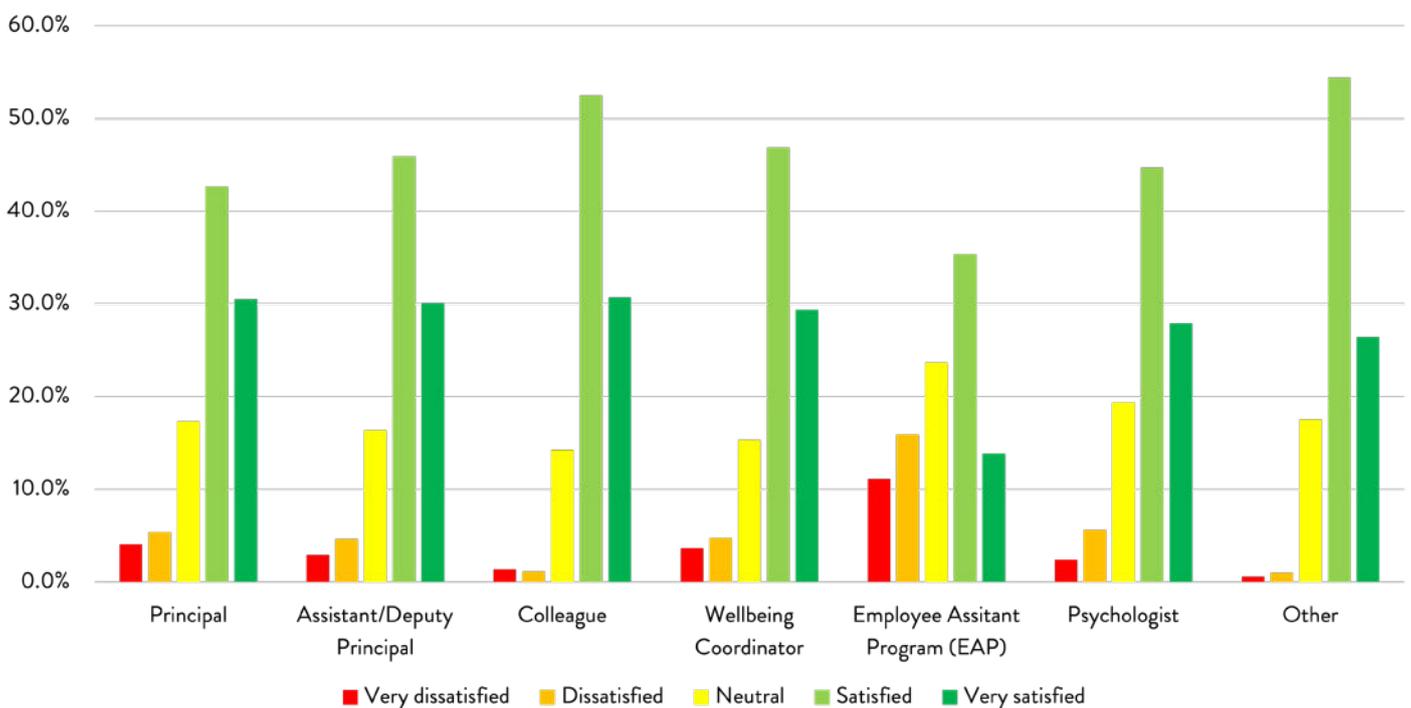


The level of satisfaction of support sources was quite good overall as shown in the graph below, however the level of satisfaction varied between the highest rated ‘Colleague teacher’ at 83.3% satisfied or very satisfied and the lowest rated ‘EAP’ at only 49.2%.

We noted that far less people turned to EAP for support. In the interviews, a number of people said they have had mixed experience with EAP, with a large variation in quality levels indicated. In fact EAP has the highest reported dissatisfaction at 27% while all others were less than 10%.

Just over a third of people said they sought support from an external psychologist. In the interviews, a number of people said they needed additional support.

Satisfaction levels of support options



“ I have responded to these questions about my previous work with high school refugees in the language school setting. War, murder, trauma, deaths at sea of siblings, violence, despair, self harm, racism...there was so much these kids had to deal with. I didn’t realise the impact until I took leave. I have anxiety and more self doubt than previously. Mild depression. I don’t know if it is secondary trauma. I do know that there is no support. There is no one to talk to apart from colleagues who do help. The teacher hotline....you can’t get through. ”

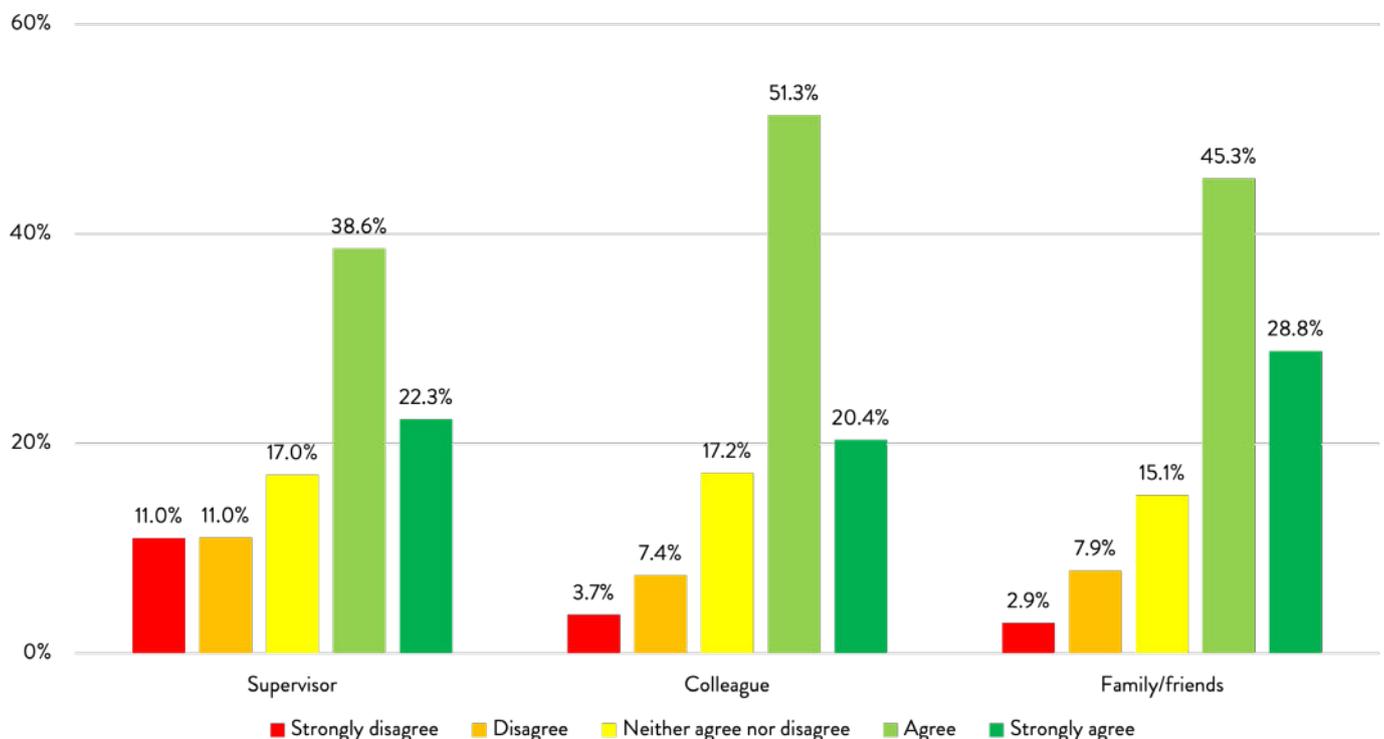
ADDITIONAL SUPPORT FOR SECONDARY TRAUMATIC STRESS

Despite the levels of satisfaction with most forms of support and the fact that 24.4% of educators obtained additional support, what is telling is that out of 45.8% of people required additional support, 21.4% did not receive it.

Received additional support.	24.4%
Did not receive additional support, but needed it.	21.4%
Did not need additional support.	38.8%
Not applicable.	15.5%

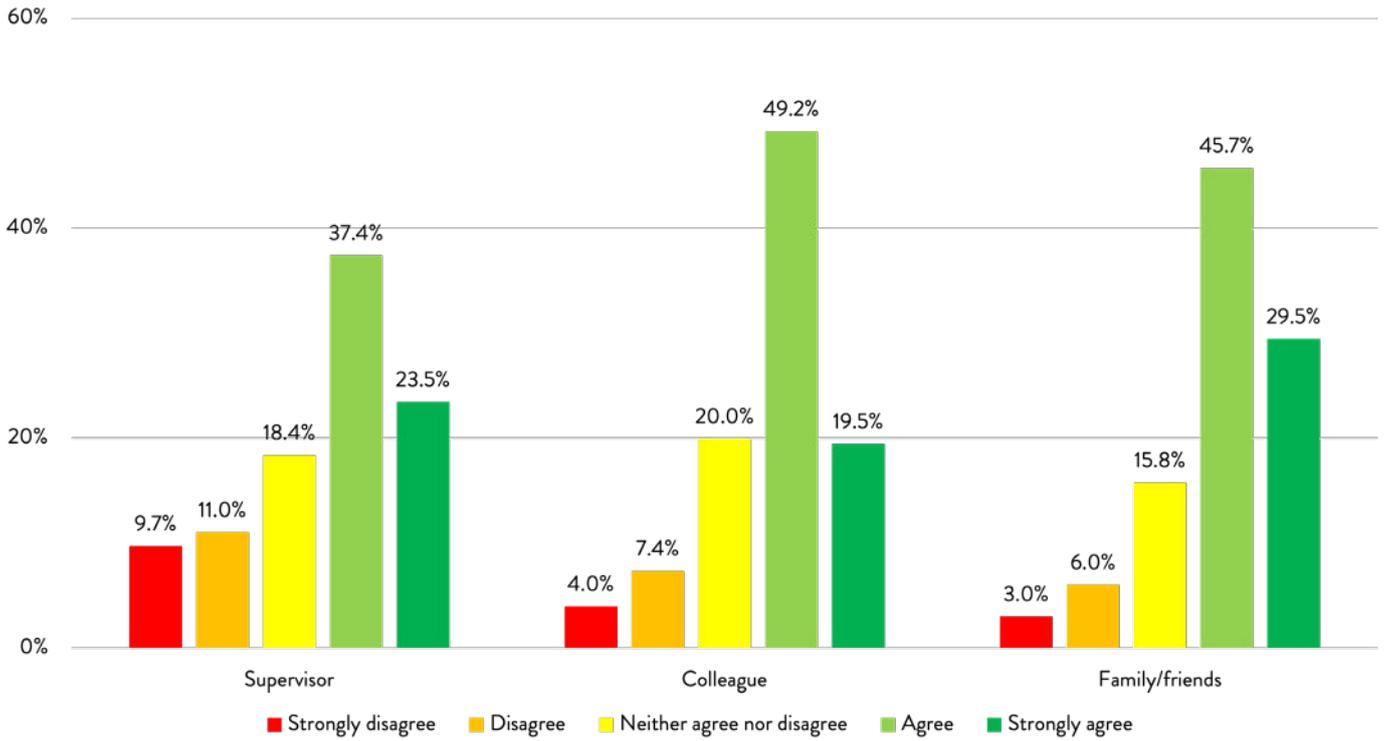
We also asked comparison questions about relationships with supervisors, colleagues and family/friends. One of these questions was whether these sources of support were “easy to talk to about work challenges”. As shown below, supervisors rated lowest, with only 60.9% agreeing with this, whereas 71.7% agreed that their colleagues were easy to talk to and 84.1% agreed that their family and friends were easy to talk to about work challenges.

Easy to talk to about work challenges



Another of these questions was whether these sources of support “can be relied on in tough times”. As shown below, supervisors rated lowest on this question, with only 60.9% agreeing with this, whereas 68.7% agreed that their colleagues could be relied on and 75.2% agreed that their family and friends could be relied on in tough times.

Can be relied on in tough times



“ I think that the way I am treated by senior staff and how much support I receive determines how well I cope with stressors. For instance I worked for two years at xxxxxxxxxx, where the Principal had created a school culture of trust and kindness amongst staff. Although I was working with a few highly traumatised children, I didn’t take the work home with me and I was able to compartmentalise because the school provided support for those traumatised students and followed through with boundaries and expectations. This made me feel safe as an educator. ”

Interviews - Support



The word clouds were developed after NVivo analysis of the interviews. They put together the most frequently used words in the interviews on certain topics. Words of under six letters have not been included.

The Support word cloud shows a large variety of support processes and sources such as colleagues, systems, family, directors, principals, counsellors. Processes involve debriefing, meeting with others, incident support systems, training and supportive cultures.

Some interviewees experienced poor support from education departments and discussed external pressures. Others discussed supportive teams and practices:



“There’s certainly no support to be had from the department. I mean, they pay lip service, they send you the stickers if you have a problem, ring EASA or whatever the current agency around here is and make sure you take time to yourself. And then comes a very long list of things to do, which are basically counterproductive to look after yourself if the proverbial shit hits the fan. There’s also no support to be had.”



“To me sometimes it feels like in an SSP that we’re our own little world and even the education system doesn’t understand us. We’re being told we need to work to the curriculum of a mainstream. It’s just ridiculous when you see what they’re asking our students to do, it’s demoralising. So our own education system doesn’t support us. And then when they’re outside of school, I feel the system’s really letting them down.”



“So besides the kids and the staff, we’ve still got external pressures from department and compliance. And particularly for this site, it’s not conducive to the clients that we have. So there’s a lot of time and energy spent with trying to convince other departments that in order to reduce the level of violence or assaults on kids and staff, that actually the environment needs to change...And the system does not support that.”



“And then I was talking to the department health and safety person, and they were quite terrible actually. They were pretty much telling me, oh, why don’t you just go and make amends, go and talk to the principal about your problem. So I did that, and I think from that point is when I just went, oh, this is going nowhere, because he either was trying to not hear me or just really didn’t understand.”

Support from colleagues was particularly important for many interviewees, as indicated by these comments:



“We definitely rely on each other. We have each other’s back really. I guess because we’re all in it together, we can empathize with one year you might have a class that’s very heavy on violent and aggressive behaviours, and then another year you won’t. But we all can empathise with each other, however our days are going. So definitely colleagues are my main point of call.”



“I have a very, very strong professional network, very strong and growing, which is great, and very close group of friends. Also the team that I’ve built at this school, we’re very close as a group, as an admin group, and we’ve got a really strong staff culture here now. So yeah, I feel there’s very little I can’t talk about with the people who are close to me, which is fantastic.”



“So in our school we have the classrooms yarn every day with the students around emotional health and things like that. And we have built it into our weekly communication meetings. So we yarn as a staff and we might talk about resilience or we might talk about what things are you doing that fill your cup? Or different things like that. Where do you go when you need support? Who are the people that support you most? And so we use, some of the things that we’ve done in Flourish in our yarning.”



“I think in my current setting, we’re all under the pump. We have no casual teachers, which means at the moment we’ve got a lot of collapsed classes with supervision only. So I don’t think other teachers have the capacity to really help when I’m already being pulled a hundred different ways and my day is just chockers...Here I have a head teacher and a deputy and a principal who are very experienced and are very open. So I’m very reflective with them. I’m constantly asking how can I improve my practice and thinking about what I’ve done and how I could do it differently.”

Leadership support is crucial as indicated in the following comments from interviewees:



“Overall, I’m in a good space and I think that we are very lucky here because our principal has a big focus on mental health and wellbeing of the staff. And so I have to say I’m very grateful. I’ve worked in many schools over the last couple of decades, and to have a principal that has that as a high focus, it really does filter from top down. And so we do lots of check-ins with each other on a day-to-day basis...I think in our environment there’s always staff that come with a load that comes from outside of school as well. And so that’s why we’re so lucky that we’ve got the principal that we do because she helps staff to manage both personal and school sort of emotional stress and strains, which is I think important.”



“My direct supervisor, who’s the head of senior school, she would be, and she’s great. Just even when all you want to do is vent, I think. And I have people who vent to me, so she’s very good finding time to do the same. I think that’s why I put the principal in as neutral, another layer above me. So I haven’t needed to access that. And I guess also of all the confidentiality concerns, you really got to be the one person.”

Some interviewees found that supervisor support was not so good:



“I just didn’t feel supported by my principal at all...just in regard to being supported with good communication. So understanding what was expected of me instead of having to be a mind reader. That takes a lot of energy. Getting any kind of positive feedback ever would be helpful. And not being criticized for things that are out of my control or personal traits and things like that would be helpful as well.”

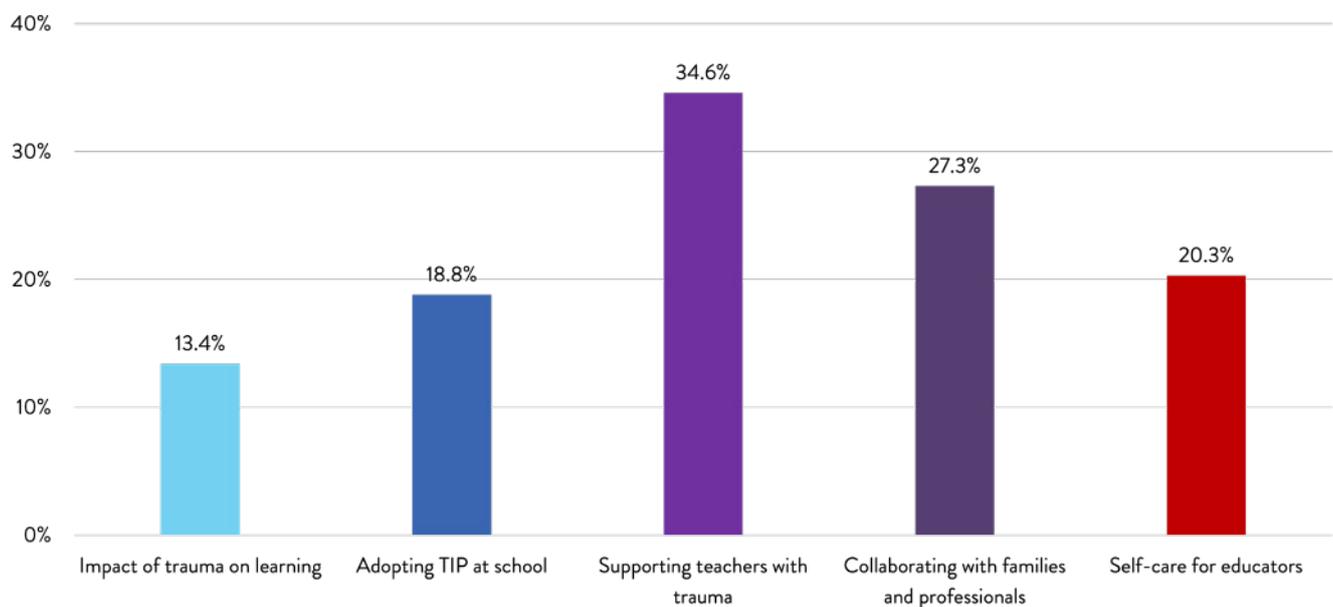


“We’ve had people leave on workers’ comp directly related to bullying from the principal, so it’s pretty bad.”

PROFESSIONAL LEARNING

This question explored the level of professional learning that educators have received in relation to trauma and the impact of that training. The figure below shows how many educators have had no professional training in certain areas. This ranges from 13% in understanding the impact of trauma on learning to 36.4% in supporting teachers with trauma. This last finding is incredibly important.

Absence of professional learning in five categories



34.6%

RECEIVED NO TRAINING
AROUND SUPPORTING
TEACHERS WITH TRAUMA

27.3%

RECEIVED NO TRAINING
ON COLLABORATING WITH
FAMILIES AND OTHER
PROFESSIONALS

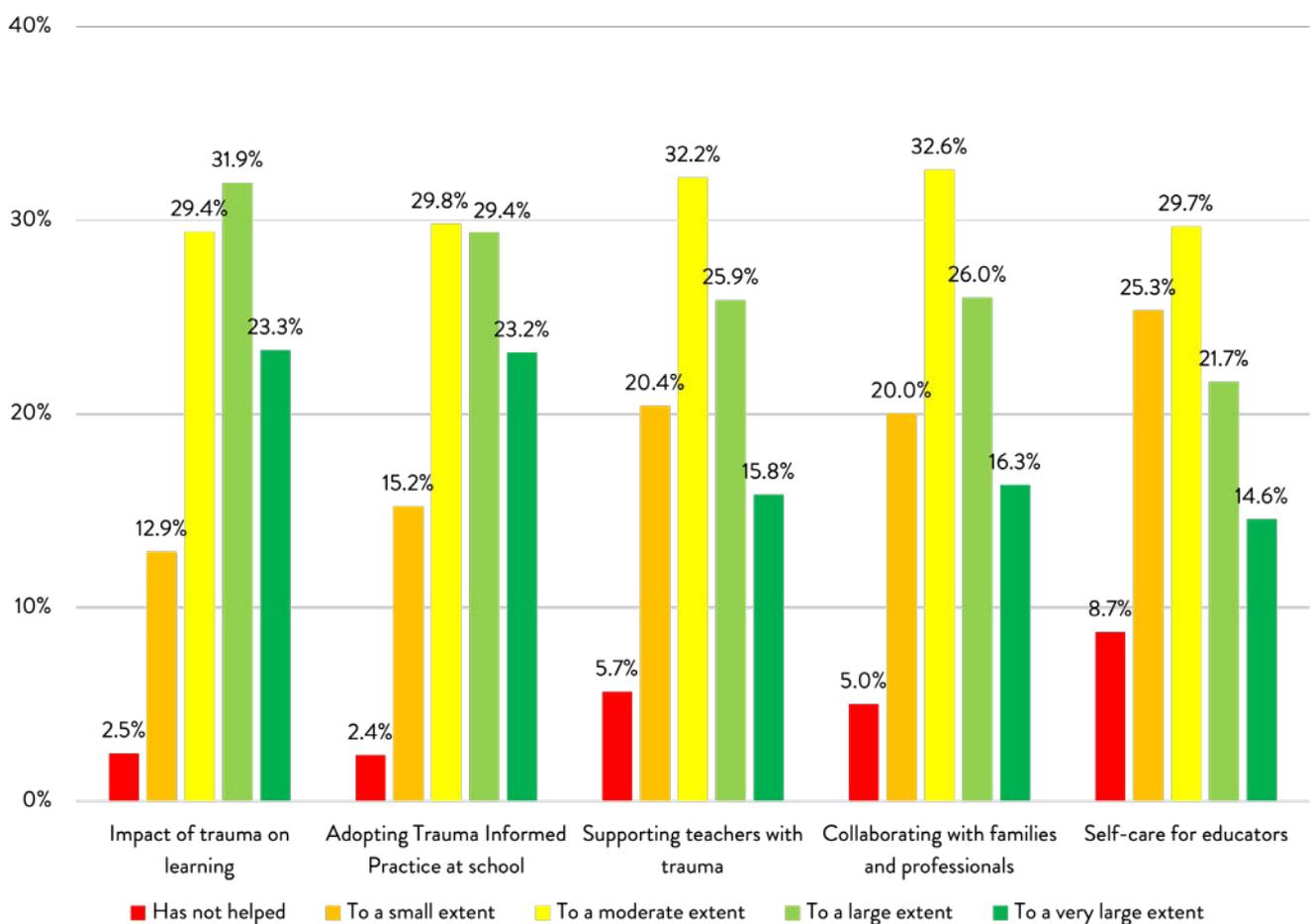
“

I often wonder how students are expected to learn and cope with the trauma they experience when I know well educated and experienced adults who are unable to cope through less. I would like more training in Mental health and trauma but am restricted due to budgets, time and school related issues. ”

For those that had training, they were asked to rate its impact for their role. The results are shown below, with the highest rated categories of training being “Understanding trauma and its impact on learning”, with 55.2% of educators indicating this helped to a large or very large extent, followed by “Adopting a trauma-informed approach in your school” where 52.6% indicated this helped to a large or very large extent. A further 42.3% of educators rated “Collaborating with families and other professionals” as helping to a large or very large extent and 41.7% rated “Supporting teachers with trauma” as helping to a large or very large extent.

Not so good was the rating for “Self-care for teachers/educators”, with only 36.3% of educators indicating this training helped to a large or very large extent.

Effectiveness of professional learning



The results here show that when it comes to understanding how trauma affects learning and taking a trauma informed approach with students, the majority of educators have received training in that area and report that the training has helped from a moderate to very large extent.

Where the training is severely lacking, is how they support themselves and their peers within the school to manage the impact of STS. Those that have received training in this area suggest that the training has not been that helpful. It is a similar story in the context of collaborating with families and other professionals.

Although the majority of educators have received training in self-care, the effectiveness of the training shows very mixed results.

Impact of Professional Learning

Using the self-rating of effectiveness as a guide, a further analysis was completed to review the impact of the different types of training on Secondary Traumatic Stress (STS), Compassion Satisfaction (CS) and Burnout (BO). This analysis compares the STS, CS and BO scores of three different groups depending on their level of Professional learning:

1 - Participants who advised they had received no training in a specific area.

2 - Participants who have received training but have rated it as 'has not helped' (1 out of 5), or 'to a small extent' (2 out of 5).

3 - Participants who had highly effective training for each type of professional learning (rating the training as 4 or 5 out of 5), as seen in the table below.

		Impact of Professional Learning			Percentage difference (to no training)		
		STS	CS	BO	STS	CS	BO
Average		2.71	3.98	2.74			
Self-care	No training	2.75	3.89	2.84			
	Not Effective/Low Effectiveness	2.91	3.72	3.71	5.8%	-4.4%	30.6%
	Highly Effective	2.54	4.27	2.45	-7.6%	9.8%	-13.7%
Collaborating with Families and Professionals	No training	2.71	3.89	2.81			
	Not Effective/Low Effectiveness	2.85	3.76	2.95	5.8%	-3.3%	5%
	Highly Effective	2.58	4.24	2.53	-4.8%	9%	-10%
Supporting Teachers with Trauma	No training	2.71	3.9	2.81			
	Not Effective/Low Effectiveness	2.87	3.75	2.95	5.9%	-3.9%	5%
	Highly Effective	2.71	3.98	2.74	0%	2.1%	-2.5%
Trauma Informed Practice (TIP)	No training	2.64	3.89	2.76			
	Not Effective/Low Effectiveness	2.97	3.71	3.03	12.5%	-4.6%	9.8%
	Highly Effective	2.64	4.14	2.61	0%	6.4%	-5.4%
Adopting TIP at School	No training	2.65	3.91	2.78			
	Not Effective/Low Effectiveness	2.88	3.68	2.99	8.7%	-5.9%	7.6%
	Highly Effective	2.64	4.17	2.58	-0.4%	6.7%	-7.2%

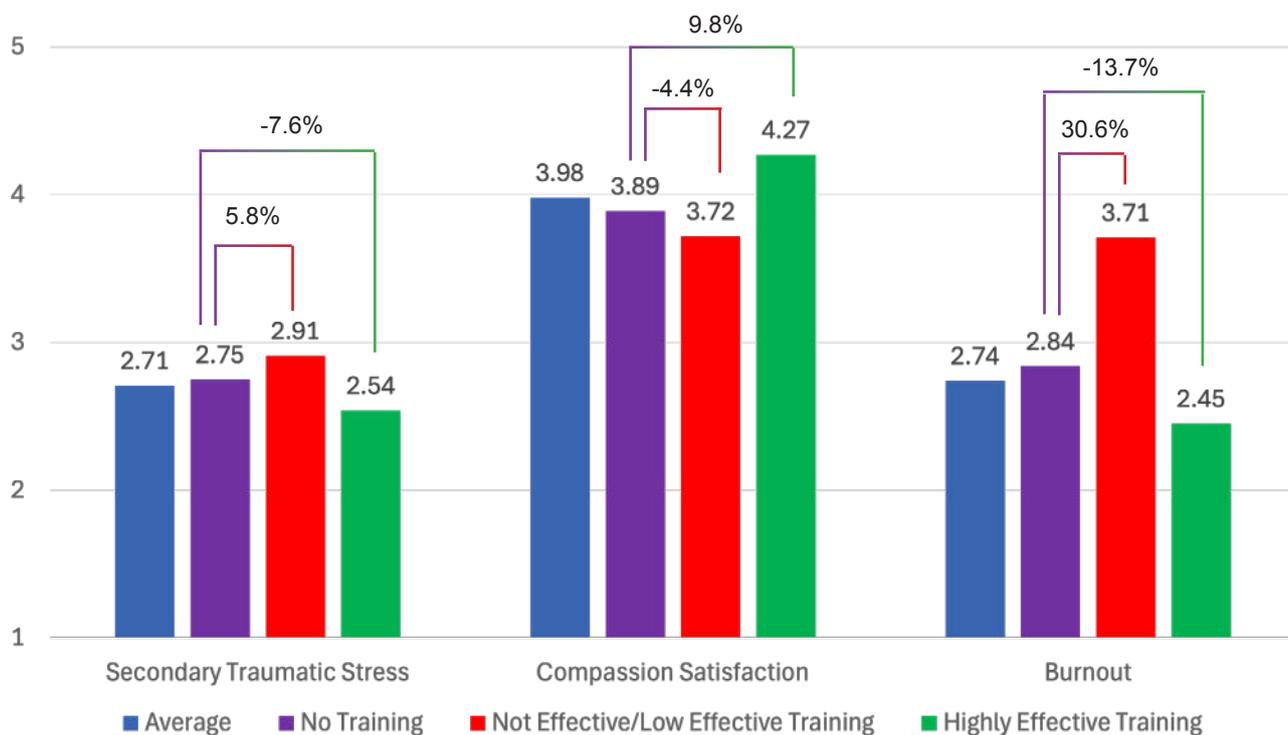
Prior to beginning this analysis, it is important to remember the purpose and role of these different forms of training. Trauma-informed practice (TIP) and Adopting TIP training at a school is essential in educators' professional development given the current shifts in society and the rise of mental health issues in children. Indeed the students of today need this understanding and support from their educators. However, it is also important to review how these changes to educators' roles in relation to providing support to children impacts themselves.

Scores highlighted in green indicate better scores, whilst scores shaded in yellow represent the poorer scores.

Self-care training for Educators

Most notable in the table above and the graph below are that the best scores reported by participants for STS, CS and BO are in highly effective self-care training. Conversely the lowest scores reported were found in not effective or low effective self-care training. This clearly demonstrates that highly effective self-care training has a protective effect, improving STS by 7.6%, CS by 9.8% and reducing burnout by 13.7%. Of great concern however are the scores for not effective / low effective self-care training, which shows a detrimental effect thought increasing STS by 5.8%, Compassion Satisfaction reduces by 4.4% and increases Burnout by an enormous 30.6%. The importance of this finding cannot be understated. No other training reported on in this study has this impact in either direction or magnitude. This finding underpins the importance of self-care training as the prime strategy that individuals and schools can use to simultaneously mitigate against not only STS, but to improve their compassion satisfaction and reduce their burnout.

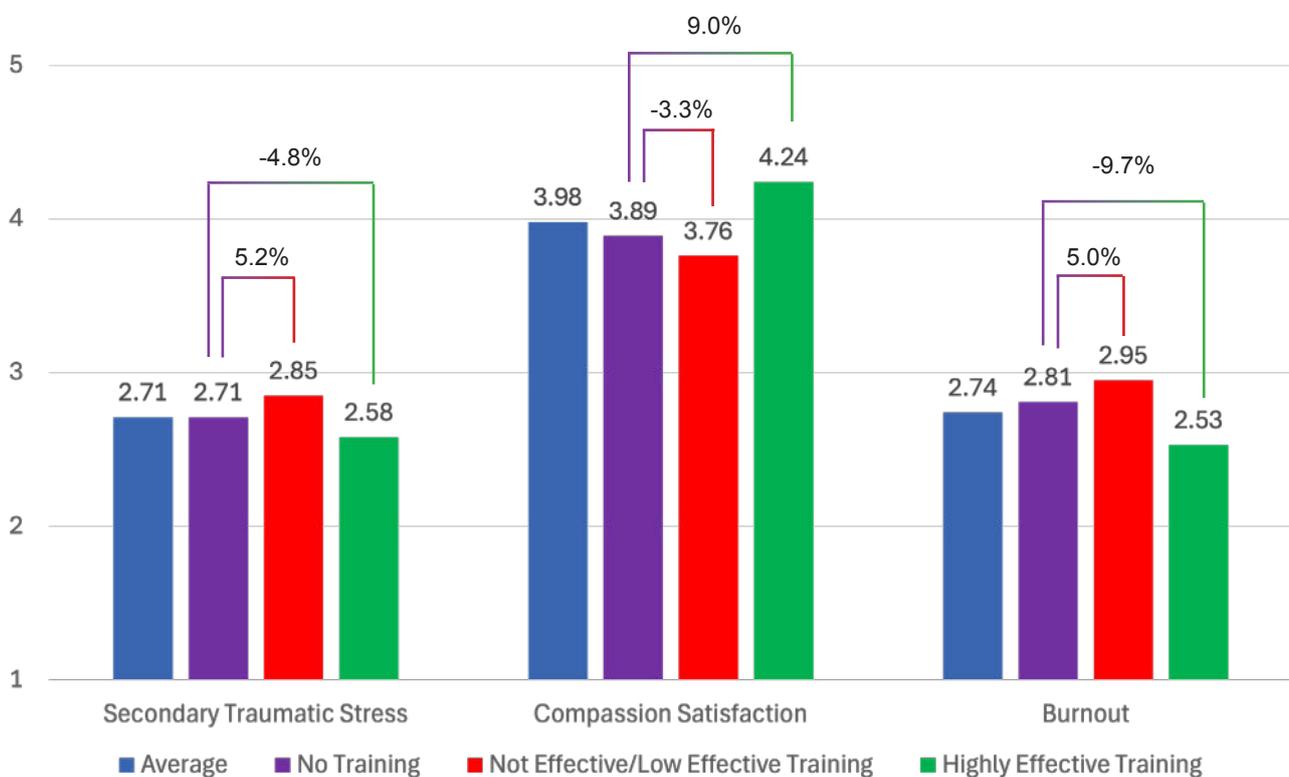
Further, it is worth noting that the absence of self-care training resulted in poorer than the average scores in all three areas. Self-care training allows the educator to manage themselves and gives permission for them to put their health and wellbeing at the centre before assisting others.



Collaborating with families and professionals training

Highly effective training on collaborating with families and professionals is the next most impactful with improvements for educators in their STS by 4.8%, CS by 9% and BO by almost 10%, as shown in the graph below. This type of training improves the educator's ability to assist students impacted by trauma by learning about and understanding the strategies they can use to successfully collaborate with families (a key relationship for an educator) and professionals who can advise on the best ways forward for students and offer support in providing specialised care or assistance. This is important as findings in the study reported in the comments section discovered clear evidence that there is significant distress for educators when students are in families that are experiencing domestic violence, poverty, physical and sexual abuse and they are unable to help.

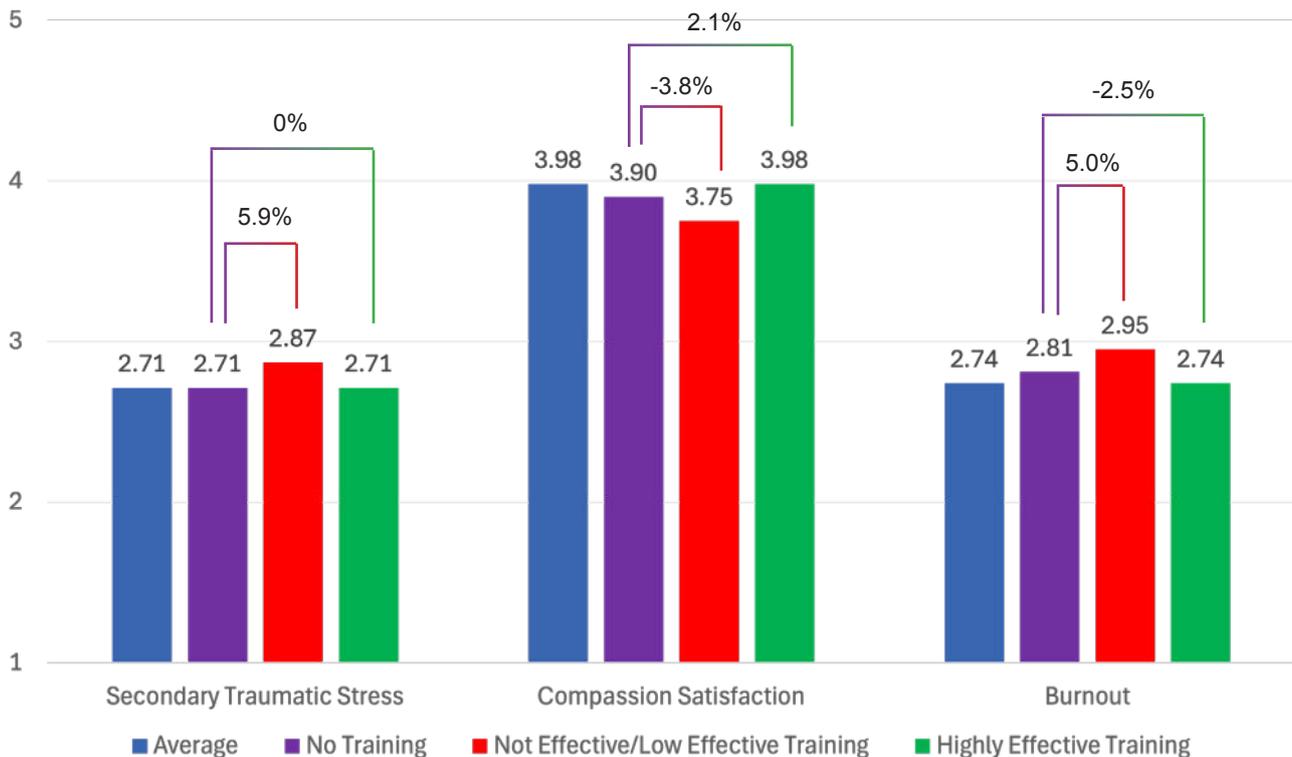
Just like with self-care training, participants who have completed training, but rated it as not helpful or low in its effectiveness report worse scores on all three measures than those who have done no training in this area. This group's STS score is 5.2% worse than the no training group, CS is 3.3% lower, and Burnout is 5.0% higher.



Supporting teachers with trauma training

The graph below shows the impact of professional learning in Supporting teachers with Trauma demonstrates some interesting findings. In highly effective training, STS remains the same as no training, CS increases by 2.1% and burnout by 2.5%.

Consistent with other training evaluated here, participants who have done training that is rated as not effective/low effective report worse scores for STS, by 5.9%, CS, by 3.8%, and BO, by 5% over those with no training.

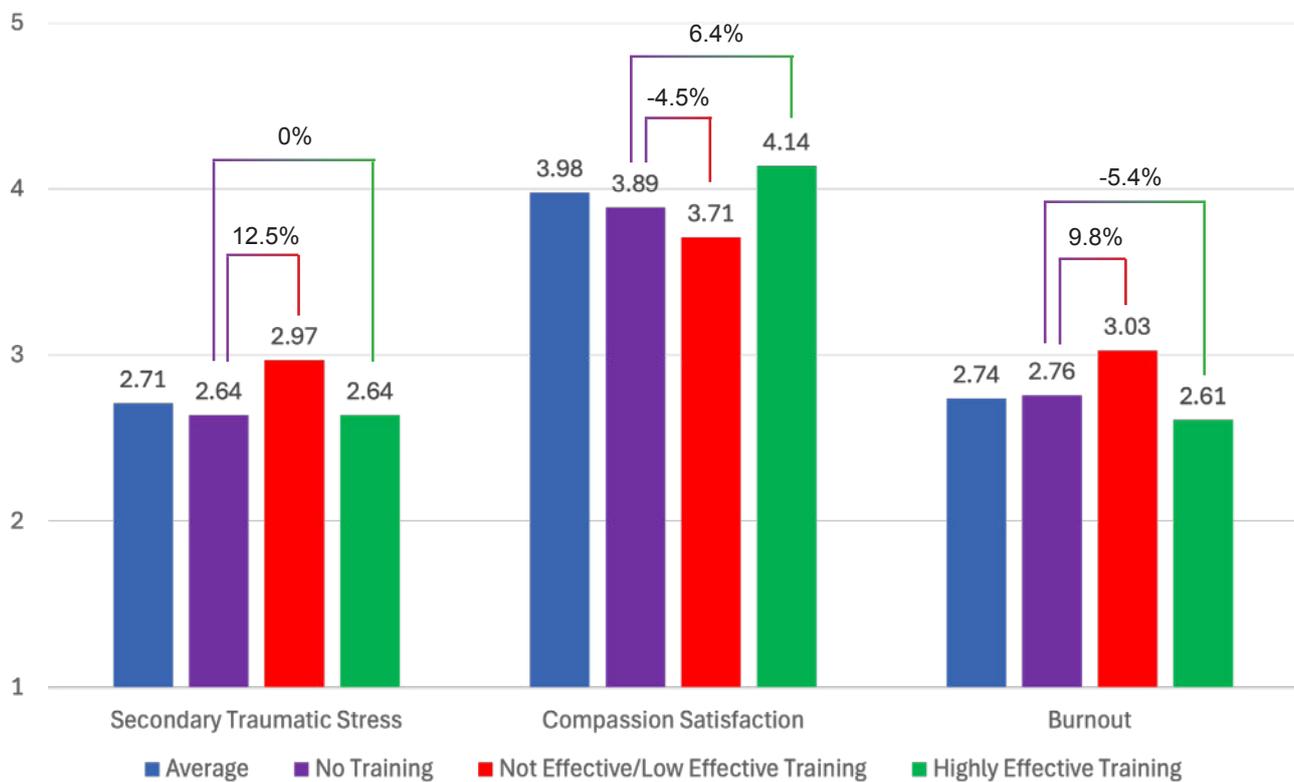


Trauma Informed Practice training

Trauma Informed Practice training informs the educator of the impact of trauma on the students and the resultant impact on their ability to learn. The importance of this training as a key piece of professional development cannot be understated. TIP training is essential PL for educators to understand their students with trauma and the impact this has to their learning.

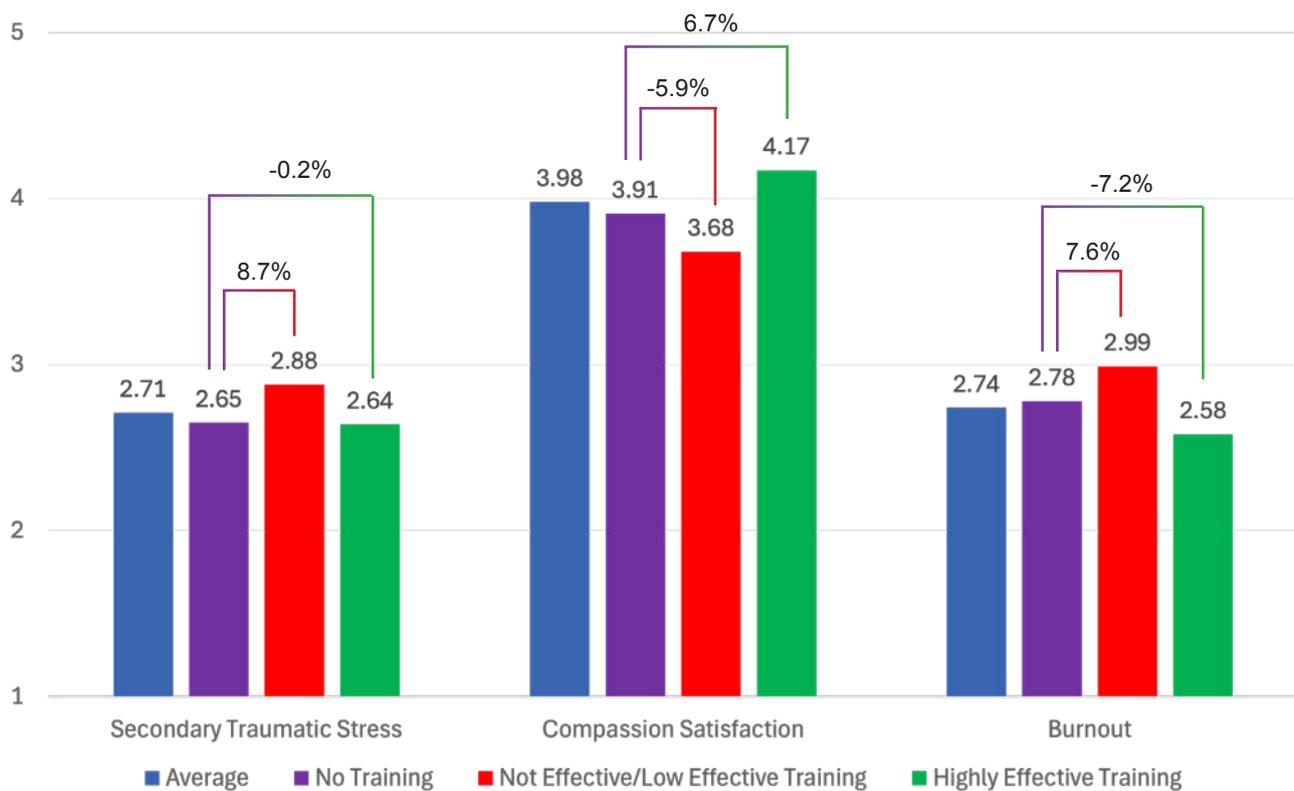
The data in the graph below shows the impacts of this training on the educators. Pleasingly, highly effective training increases Compassion Satisfaction by 6.4% and reduces Burnout by 5.4% over no training, although there was no impact to STS. These gains in Compassion Satisfaction and Burnout are positive. It is likely that TIP has the greatest benefit to the students themselves over the Educator.

No or low effective training demonstrates increases in STS by 12.5% (the largest detriment in this study), decreases in CS by 4.6% and increases BO by 9.8% over no training at all. All three measures get worse with poor training.



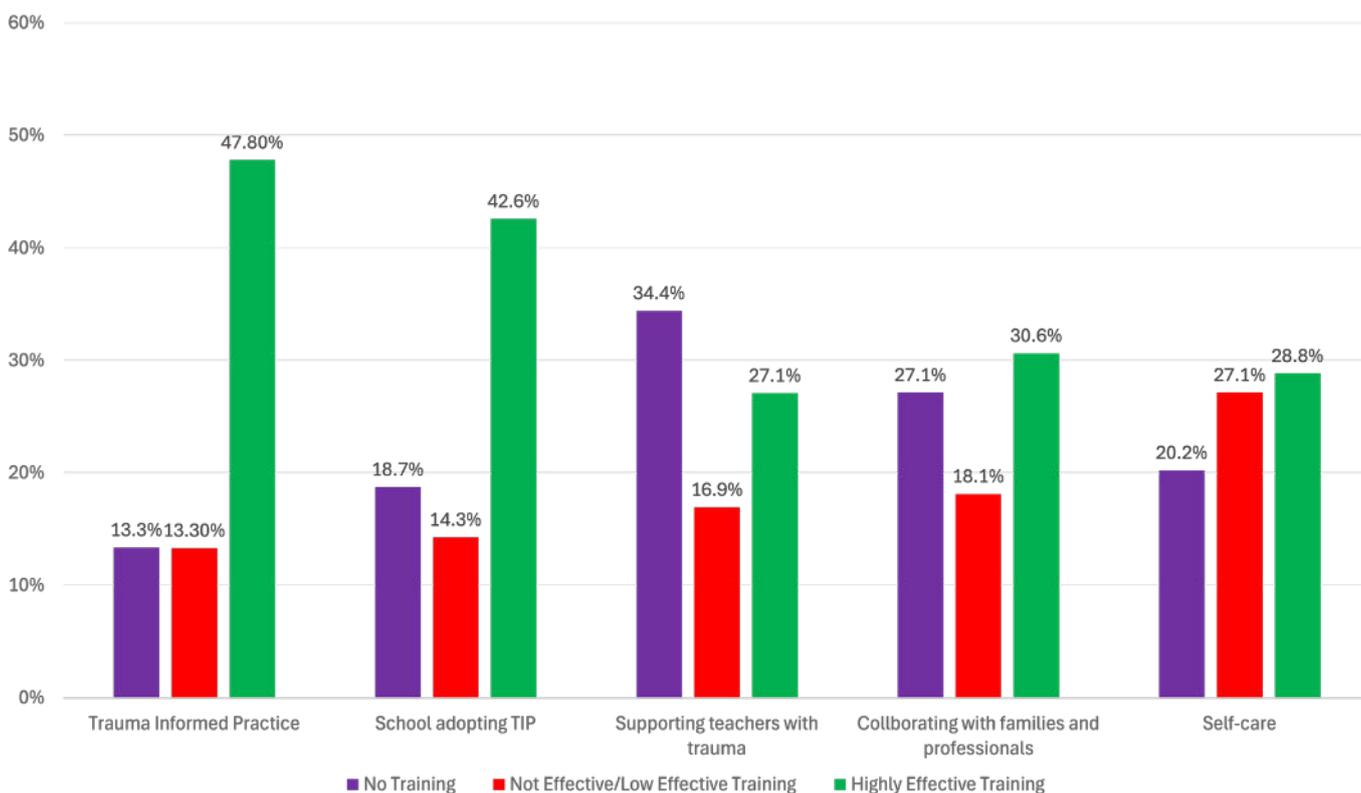
Adopting Trauma Informed Practice at School training

Adopting a trauma informed approach across all a whole school makes sense. It is something that can create consistency for all concerned and overall improve the experience for the students and their families. As shown in the graph below, for the educator, highly effective training in this area improves their burnout by 7.2%, their compassion satisfaction by 6.6%, but has only a small reduction to their STS at 0.4% compared to no training. This indicates that while there are benefits to the educator, it is not to their STS specifically. Not helpful or low effective training shows detrimental impacts over no training for the educator in STS by 8.7%, CS by 5.9% and BO by 7.6%. This is in keeping with other types of training analysed.



Proportion of survey respondents in each category of effectiveness

The data presented in the graph below reveals significant inconsistencies in the accessibility and perceived effectiveness of training received across the different types of professional learning, with strong variations in percentage numbers across the five areas of training.



Nearly half (47.8%) of respondents reported receiving highly effective training in TIP, suggesting that when training is appropriately designed and delivered, it can yield strong outcomes. However, this is counterbalanced by the 13.3% who indicated they had received no TIP training and a further 13.3% who reported that the training they received was not helpful. This means more than a quarter of respondents may be working without adequate skills in dealing with children presenting with trauma.

Within schools that have adopted Trauma Informed Practice, 42.6% of participants reported highly effective training. Yet, a concerning 18.7% had received no training at all, and 14.3% found the training they did receive was ineffective.

Support for educators with trauma also appears insufficient. Over one-third (34.4%) of respondents reported no training in this area, while only 27.1% rated their training as highly effective.

Training in collaborating with families and professionals was found to be highly effective by just 30.6% of respondents. Meanwhile, 27.1% reported receiving no training in this area, and 18.1% found existing training ineffective.

Overall, the data suggest a fragmented professional development landscape, where the availability and quality of training varies considerably across areas. While some educators are benefiting from high-quality professional learning, a substantial proportion are either untrained or report that existing training fails to meet their needs.

For all these forms of training, most respondents have been categorised in the ‘highly effective’ category by almost double that in the poor or low effective categories. This is excellent news, as it means that most of the providers in these spaces are providing good training. This was also borne out in the interviews, with many participants reporting on the usefulness of the training they had received.

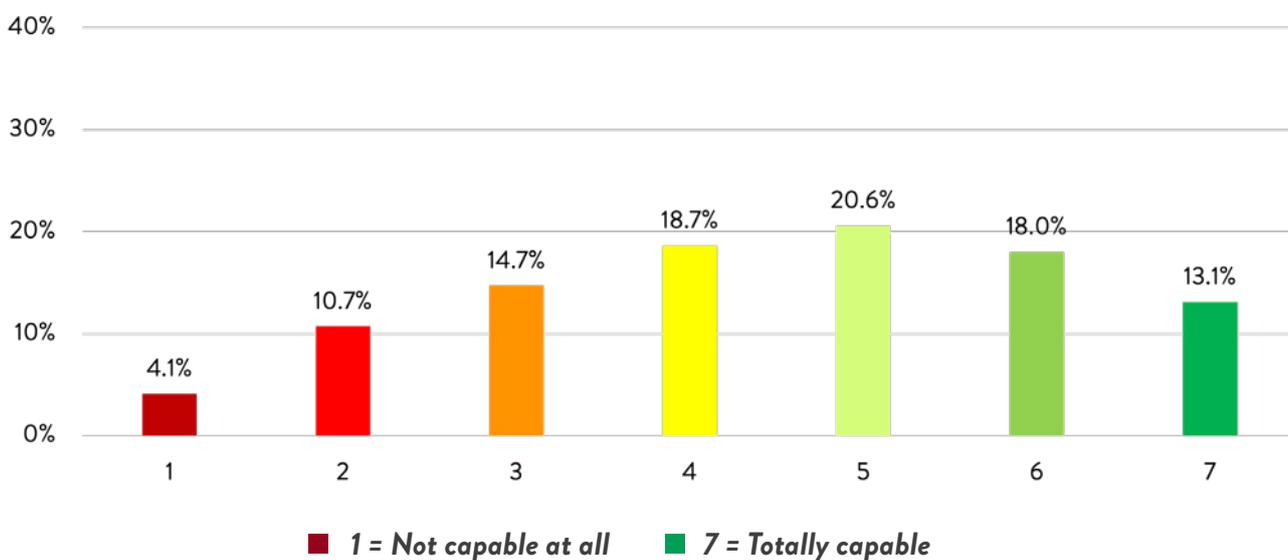
The notable and unfortunate exception is in Self Care. Self-care training was rated highly effective by only 28.8% of respondents, while 27.1% found it unhelpful and 20.2% had received no training in this area. There was only a 1.7% difference between the amount of people who have received ineffective training (scoring 1 or 2 out of 5) and people who have highly effective training. This indicates there is a lot of self-care PL being delivered that does not meet the quality standards required for it to have a positive impact on educators. Given the well-documented risks of Burnout and Secondary Traumatic Stress in educators, this shortfall warrants urgent attention.



COPING WITH TRAUMA

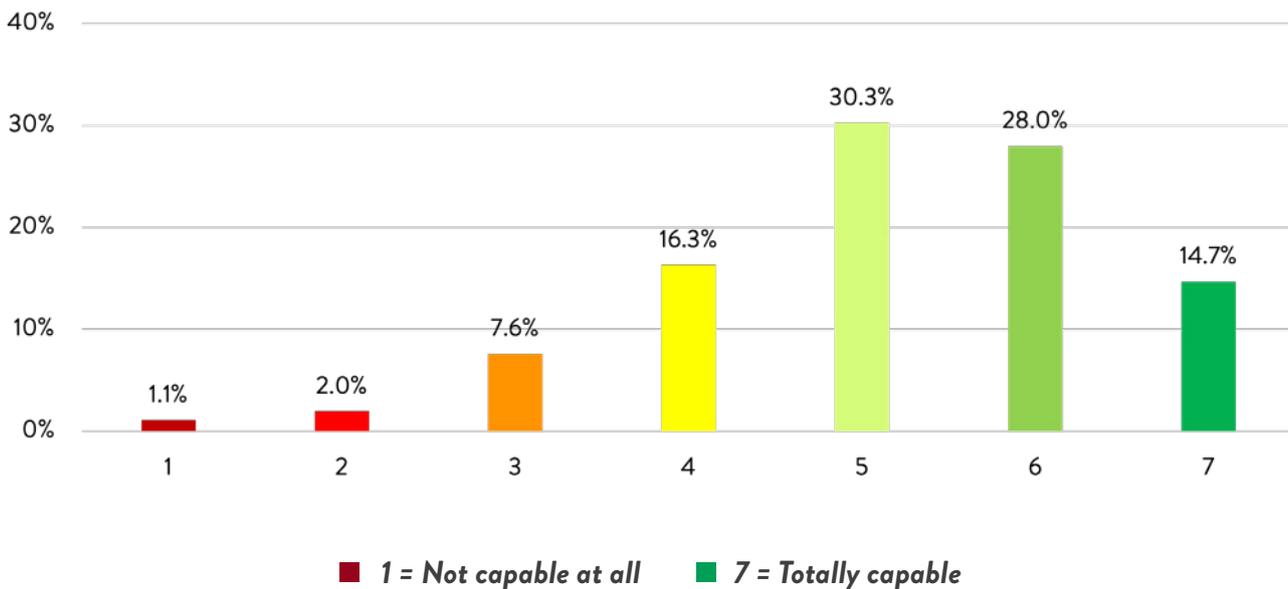
Coping explores people’s capacity to manage their thoughts and emotions about the impact of trauma. In the survey, we asked people to rate on a scale of 1 to 7 their capability in Coping with trauma. As illustrated in the graph below, educators rated their ability to “Not be critical of myself about what happened”, resulting in 51.7% of respondents answering that they were capable (5-7), with 29.4% rating themselves low (1-3) in this capability.

Self-rating about not being critical of self about what happened



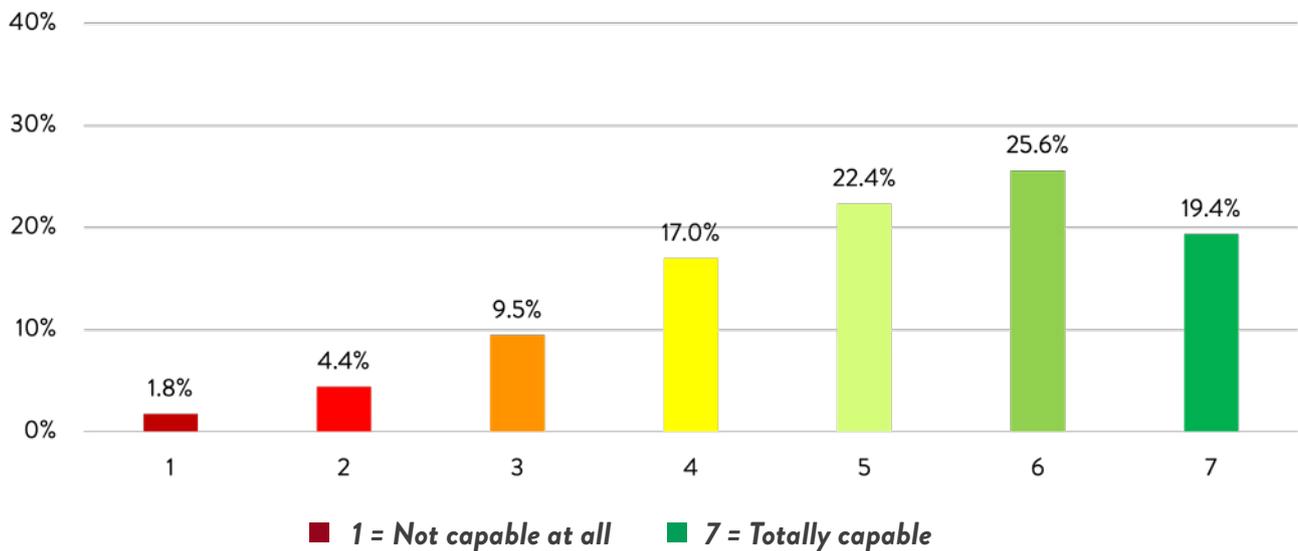
Being able to manage emotions is an important aspect of coping with trauma. As illustrated below, educators rated their ability to “Deal with my emotions (anger, sadness, depression, anxiety) since I experienced my trauma.” 73% of respondents answered that they were capable (5-7), with 10.1% rating themselves low (1-3) in this capability.

Self-rating about capability in dealing with emotions following trauma



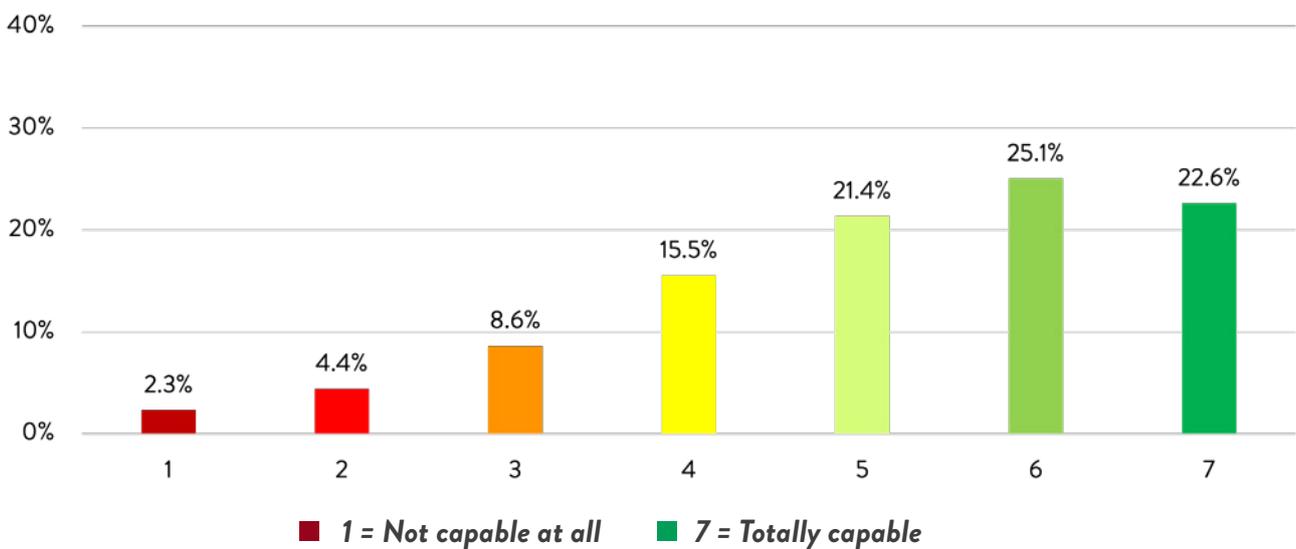
Similar to the previous question, controlling thoughts is another aspect of Coping capability. As illustrated in the graph below, educators rated their ability to “Control thoughts about the trauma” resulting in 67.4% of respondents answering that they were capable (5-7), with 15.7% rating themselves low (1-3) in this capability.

Self-rating about capability in controlling thoughts



A further aspect of Coping is related to distressing dreams and images. As illustrated below, educators rated their ability to “Manage distressing dreams and images” resulting in 69.1% of respondents answering that they were capable (5-7), with 15.3% rating themselves low (1-3) in this capability.

Self-rating about capability in managing distressing dreams and images



“

I find myself worrying about how I can help my students even when I am home with my own family and children. Sometimes I find getting to sleep hard as I am trying to think of what I can do with them the next day or next scenario. ”

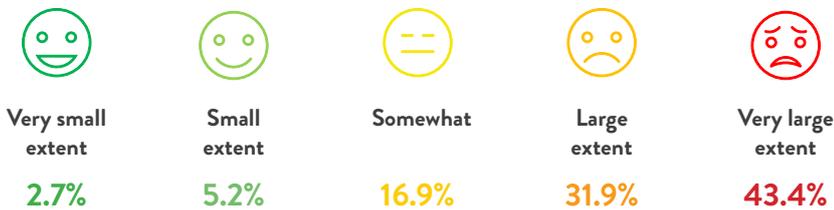
EMOTIONAL WORK DEMANDS

Work in education can be emotionally demanding due to behavioural issues, conflict, distress and other factors. We asked questions relating to the frequency of Emotional Work Demands. For the question, “My work puts me in emotionally disturbing situations”, 46.1% of educators assessed this as ‘often’ or ‘always’.

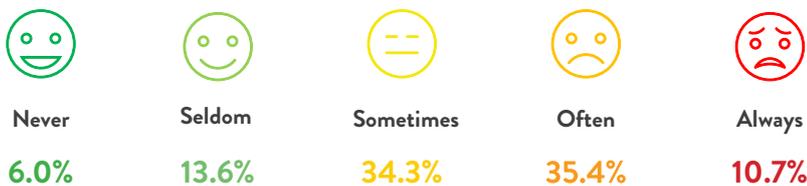
Another question referred to the extent that the work is emotionally demanding. An overwhelming 75.3% of educators thought this was true to a large or very large extent.

There is no doubt that Emotional Work Demands in education are high, which means that the ability to cope with these demands, to recover effectively from them, be supported and mitigate risks, are all critical in sustaining roles in education.

I find my work emotionally demanding.



My work puts me in emotionally disturbing situations.



8/10

“MY WORK PUTS ME IN EMOTIONALLY DISTURBING SITUATIONS” AT LEAST SOMETIMES

8.1/10

“MY WORK IS EMOTIONALLY DEMANDING” TO A LARGE / VERY LARGE EXTENT

“

I am young and new to the role. My degree didn't prepare me for all the emotional distress that comes with teaching. I like to work hard and I like to make a difference but working with kids who have experienced trauma is so much harder than I thought. ”

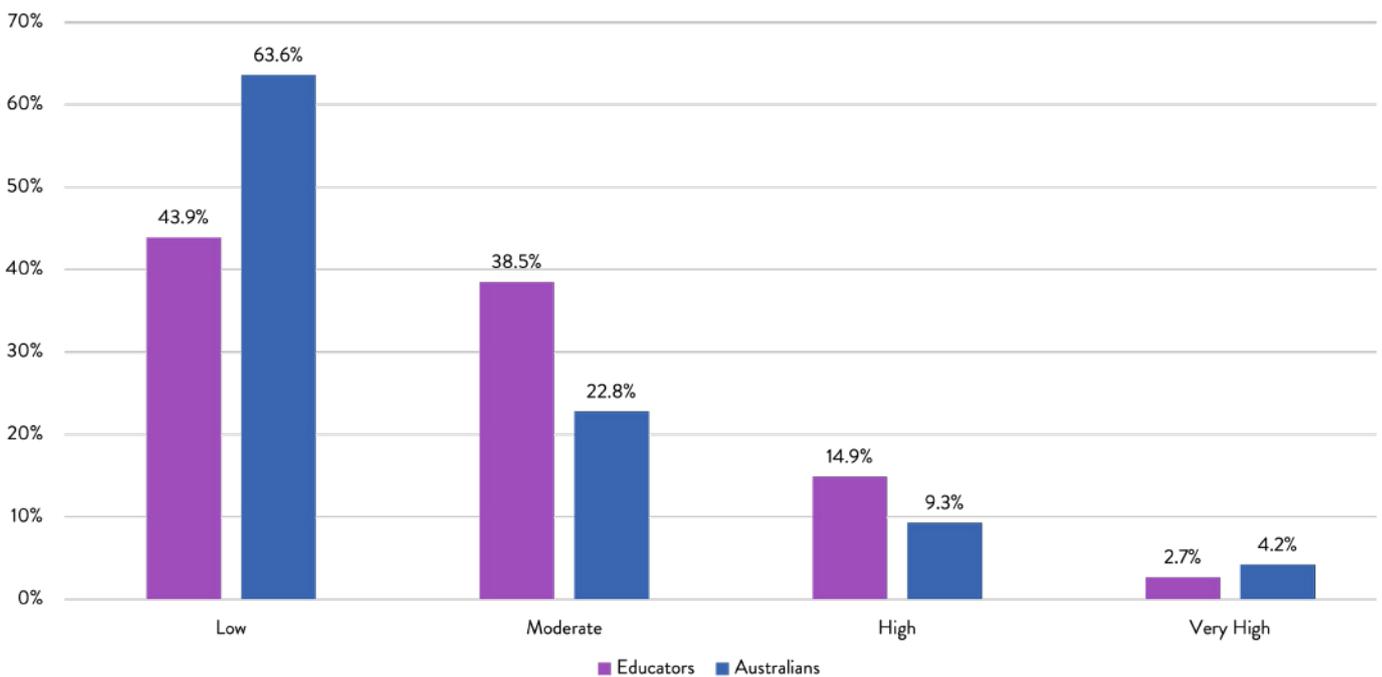
MENTAL HEALTH RISK

We measured Mental Health Risk with the K10 measure (Kessler et al, 2002), also used by Beyond Blue and the Australian Bureau of Statistics.

As illustrated below, when compared to the Australian population, more educators are in the moderate and high Mental Health Risk category and are significantly lower in the low Mental Health Risk. As a group compared to the Australian population, an educator's Mental Health Risk is much worse. This is a disturbing finding as it raises concerns about sustainability and likelihood of staying in the role, as well as how well educators may be performing at work while suffering from mental health conditions and the possible impact that may have on school culture.

68.3%

TIRED OUT FOR NO REASON MOST OR ALL THE TIME



“Working in a Support Unit with multiple students with mental health diagnoses is very challenging. I am currently seeing a psychologist for Burnout, including compassion fatigue. This is not the kind of teacher that I ever wanted to be, but the 17 years of working with students with emotional dysregulation, violent tendencies and own trauma comes with a lot of extra pressure and stress.”



Low Risk

43.9%



Moderate Risk

38.5%



High Risk

14.9%



Very High Risk

2.7%

RECOVERY

Recovery is essential for people in stressful jobs. In our survey, we measured four aspects of recovery:



DETACHMENT

Doing something that takes your attention away from the stress.



RELAXATION

Doing something that calms you down and puts you in a state of relaxation.



MASTERY

Undertaking something that intellectually challenges you.



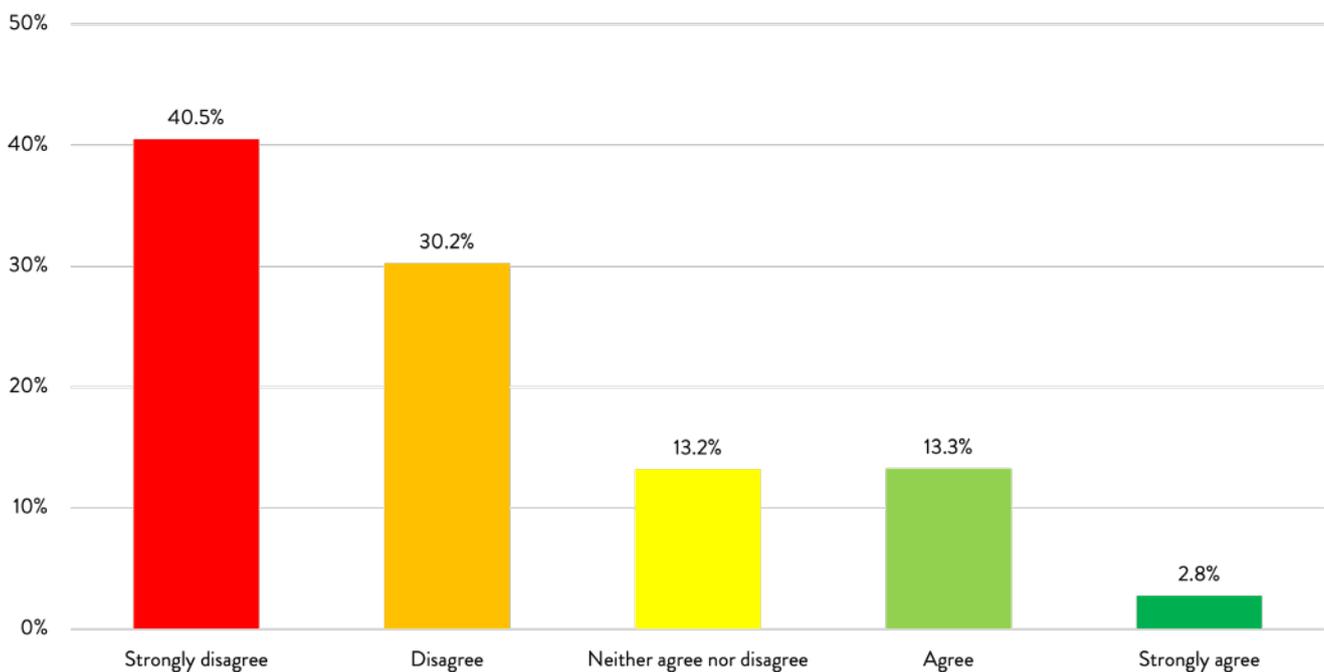
CONTROL

Deciding your own schedule, and having autonomy over your time.

Detachment

In relation to Detachment, one of the questions was “I don’t think about work at all”. As illustrated below, only 16.1% of educators agreed with this statement. Most (70.7% of educators) said they could not detach from work at the end of the day. The ability to detach and create clear boundaries between work and home is essential for educators’ sustainability in their roles.

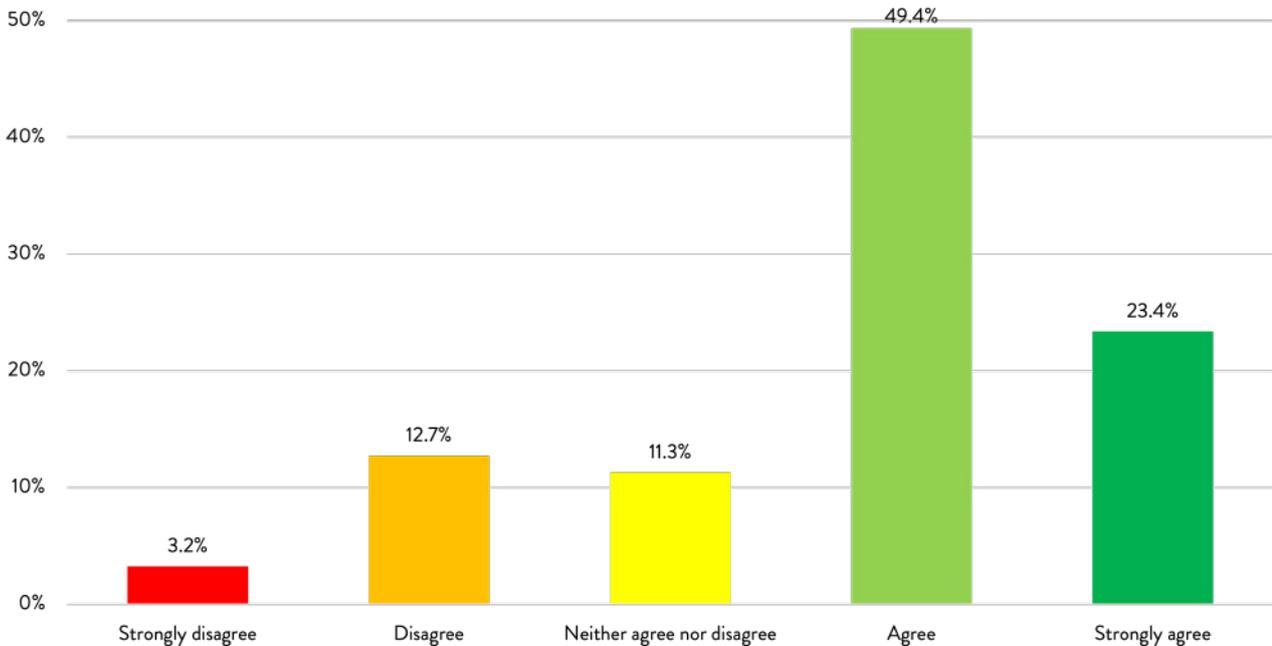
I don't think about work at all



Relaxation

In relation to Relaxation, one of the questions was “I take time for leisure”. As illustrated below, a strong 72.8% of educators agreed with this statement. However, a significant minority of 15.9% disagreed. Taking regular time for relaxation and leisure is also critical for the sustainability of educators in their roles.

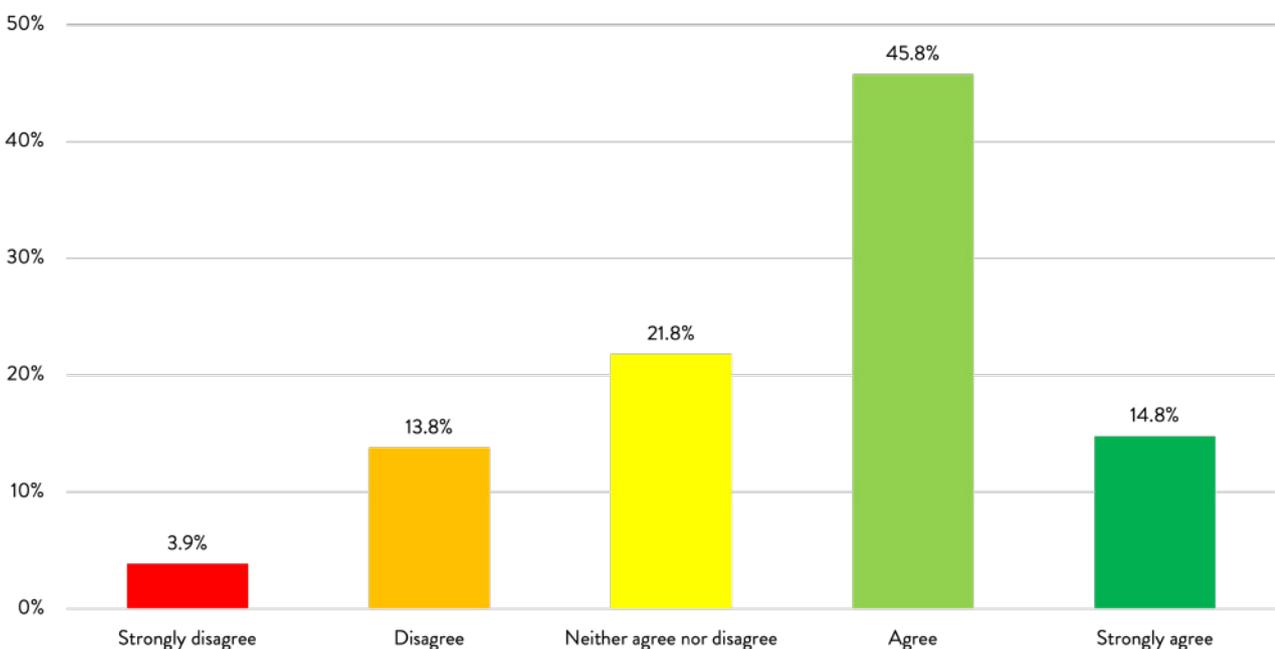
I take time for leisure



Mastery

In relation to Mastery, one of the questions was “I do things that challenge me”. As illustrated below, a strong 60.6% of educators agreed with this statement. However, a significant minority of 17.7% disagreed. Undertaking activities outside work such as hobbies and interests that take our full attention, are enjoyable and we look forward to, are an important aspect of Recovery.

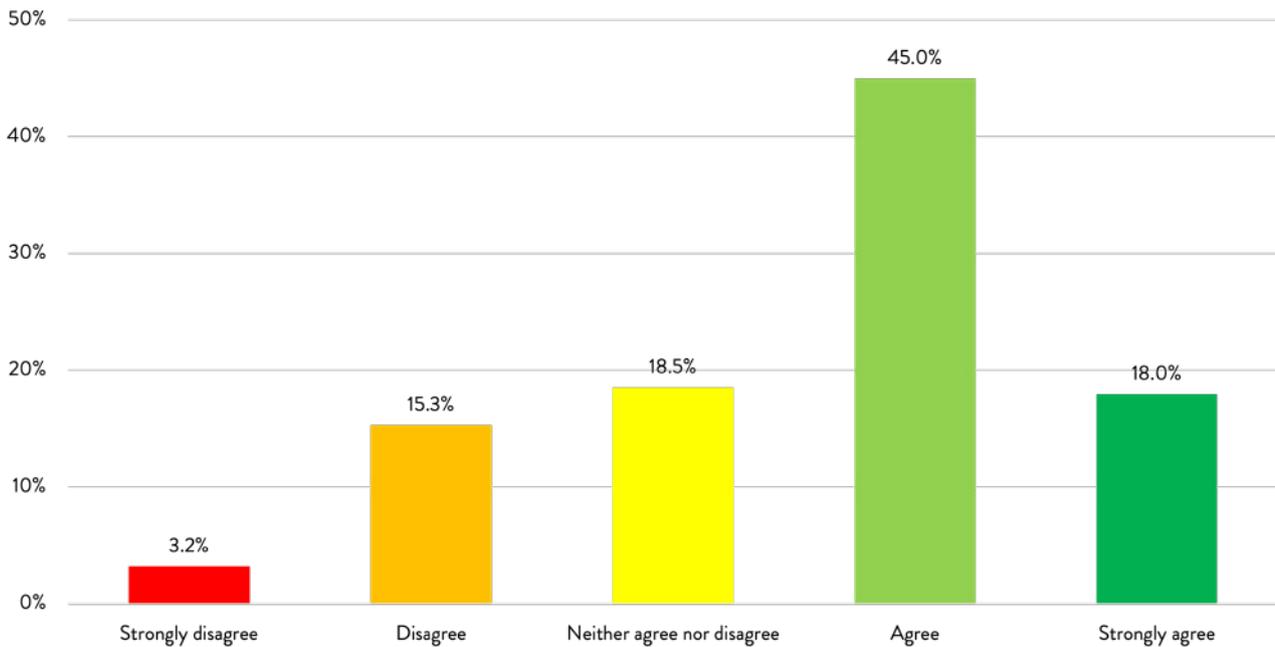
I do things that challenge me



Control

The final aspect of Recovery relates to Control over our time. One of the questions was “I determine for myself how I will spend my time.” As illustrated below, 63% of educators agreed with this statement. However, a significant minority of 18.5% disagreed. It is important for Recovery that we have a sense that we are in control of our own time.

I determine how I will spend my time

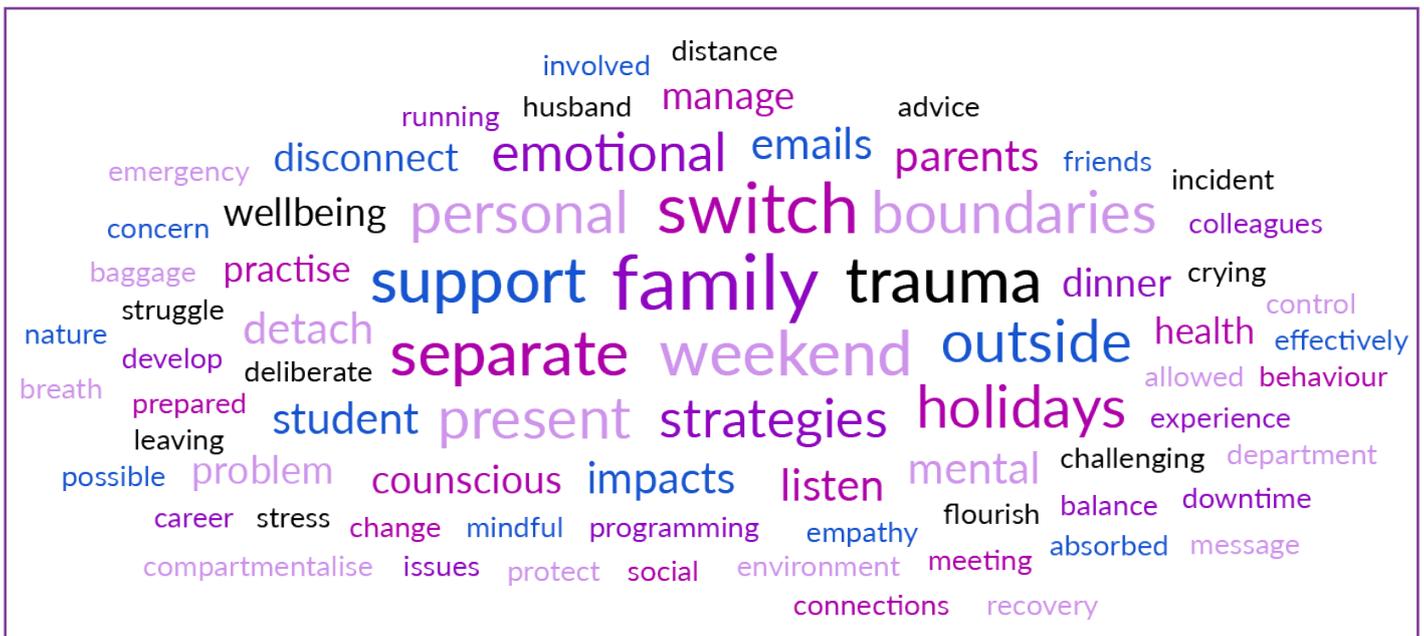


There seems to be a consistent 15-18% of respondents that have answered they are unable to recover in each of these four areas. While not a large amount, the consistency of this result indicates that there are some educators that have weak recovery techniques which may result in Burnout and impact long term viability in their roles.

“

I would've answered this very differently 15 years ago. I have learned to deal with issues from work and accept the way the system operates rather than try to improve it. My energy now goes into raising my own children and I show up to work and do an exceptional job every day - however I am completely detached in order to survive into my 21st year. ”

Interviews - Detachment



The word clouds were developed after NVivo analysis of the interviews. They put together the most frequently used words in the interviews on certain topics. Words of under six letters have not been included.

In understanding Detachment, the word cloud indicates interviewees focus on family, and are able to separate from trauma and switch off work partly through creating boundaries and drawing on support mechanisms. Some of this is learned behaviour to disconnect and detach including during weekends and holidays, but also involves being present in the moment with family and others outside of work.

The interviewees comments focused on these issues, but also the struggle in being able to detach effectively:



"I try to invest as much time as I possibly can in my own kids outside of work as well. So just spending that time with them while they're around and that sort of thing. And I have a bit of a kind of thing that there's no guarantees in life either, that we do just have to really cherish each day as it comes...And I try to live to that and to separate as much as possible. And I also, I try to be judicious about taking work home."



"Before I became an educator, I was a first responder for five years...So for my own mental health and for the mental health of my family, I developed the strategies when I was working as a first responder to not bring work home...There are still days where despite best efforts, you bring things home. However, because my wife is also a special ed teacher and we have a half an hour, 40 minute drive to get home, we might just take a slightly longer drive to get home so we can debrief outside of the home environment...Whilst my wife and I are good at leaving work, at work, I do have a hard time switching off my own brain and stop thinking about it."



"I think I walk away a lot and go, oh, did I say the right thing? Should I have done more? Could I have done this? So switching off from the job is really difficult...I'm getting better at it with the support of EAP and things to go, there's only so much I can do and then I have to let it go. It's really difficult sometimes when kids tell me, I don't want to go home tonight, I'm scared to go home. We have to put in a safety plan for them and a risk assessment and decide whether it's safe for them to go home. And usually it is, but you can't tell the child that's how they feel. It's awful. So then sometimes you go home and think about those."



"I do have trouble separating the kids' trauma from my own. So a lot of my, I don't even know what all my triggers are really. I mean, I know some of them, but sometimes something will come up and it will really hit a nerve, and then I'll get all of those, not memories. I've got massive memory gaps, but I'll get all of those emotions come bubbling up out of nowhere...And the more tired I am, the harder it is to do that. If I'm less tired, I've got more energy to go and do something else. But if I'm exhausted, I don't have the energy to pull myself out of it."

RUMINATION

Rumination has a significant negative impact on overall wellbeing. High levels of Rumination affect people's sleep, their ability to connect with others, mood and level of Burnout.

In response to the question "You replay negative work events in your mind even after you leave work" as illustrated in graph below, 53% of educators felt this occurred often or very often. If we then add in those who responded 'sometimes' this figure increases to an overwhelming 87.1%.

Finding strategies to minimise Rumination, such as debriefing and reflective practice are critical in minimising the negative impacts of Rumination.

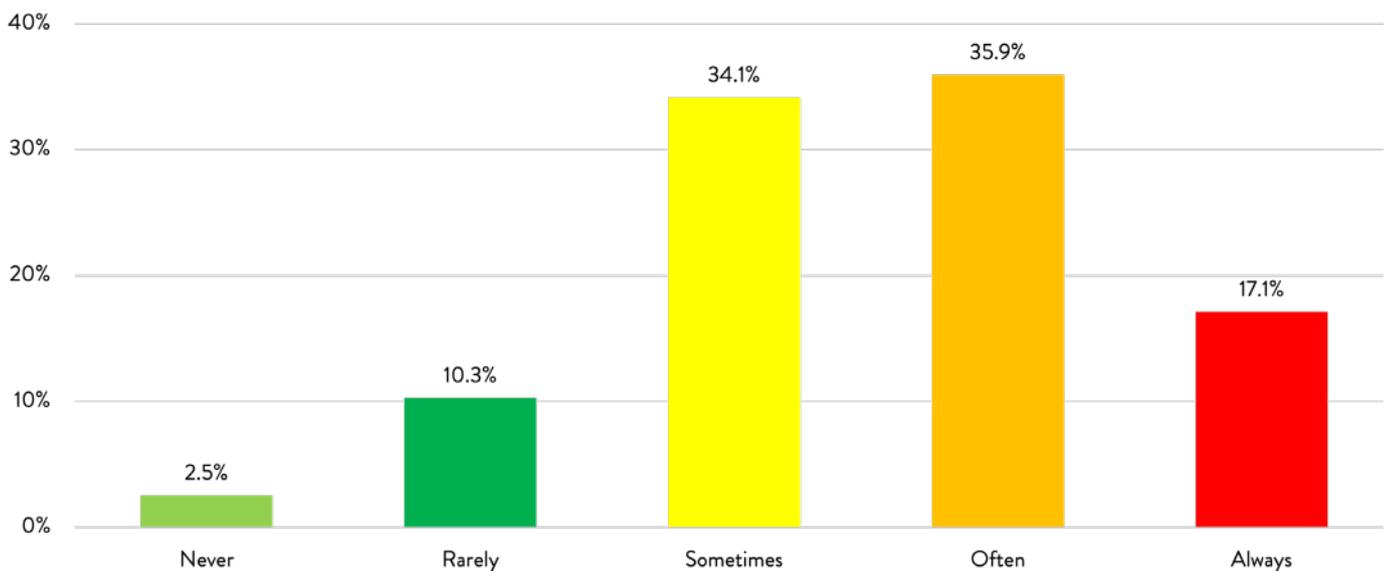
53%

REPLAY NEGATIVE WORK
EVENTS IN THEIR MINDS
EVEN AFTER LEAVING WORK
OFTEN/VERY OFTEN

8.7/10

REPLAY NEGATIVE WORK
EVENTS IN THEIR MINDS
EVEN AFTER LEAVING WORK
AT LEAST SOMETIMES

Extent of replaying negative work events in your mind after work



“

Ex-Primary school teacher, now working as an administrator in schools. My previous role often lead me to work with students who were experiencing neglect and various forms of physical abuse. Providing a safe place for them, at school, was a priority, however it was hard letting them go home at the end of the day, not knowing what may come... I lost sleep, would be more tearful and eventually left teaching because I carried too many of my students in my heart and mind (amongst other reasons). ”

Interviews - Rumination



The word clouds were developed after NVivo analysis of the interviews. They put together the most frequently used words in the interviews on certain topics. Words of under six letters have not been included.

This word cloud shows negative reflection that is triggered by problems and incidents with students, parents and others. It can be constant and affect some people physically and mentally, often involves emotions and mulling over issues, mistakes and tricky situations. Some overthink this while others seek to do journalling, debriefing, or walking or running to work through it.

Interviewee comments attest to patterns of rumination and problems with sleep and dreams:



"I think I walk away a lot and go, oh, did I say the right thing? Should I have done more? Could I have done this? So switching off from the job is really difficult. I'll jump into bed at night and go. And that's when the reflection comes, and that's when I can be quite self-critical and go, is that enough? Are we doing enough for that child? Should we be doing more? Should we be trying this? The rumination starts to begin."



"I had this big meeting just recently was actually only last week with DCP, and they told me that they were going to remove the child in my class. I found that I have this running conversation in my head about what could I have done better? How can I do things? And then I find that I'm dreaming about it as well. So I do find that hard to let go. Initially, I feel like the school holidays and not being at work has really helped currently at this state. But last week, I think I dreamt about it for three days straight."



"I do ruminate about a lot of things and then I have to really pull my head in and say, this is out of your control. You can only control the way you behave and not how other people behave, and take it and try and put it back in a box like that...one of the fallouts from my trauma would be injustice. Why do they get away with it? Because there was a lot of injustice around this suicide. And I fought for a long time to try and put things right. So I've learned to say, this is out of my control. I can only control my behaviour. And that's quite often with other staff members and their antics and their attitudes and things like that."

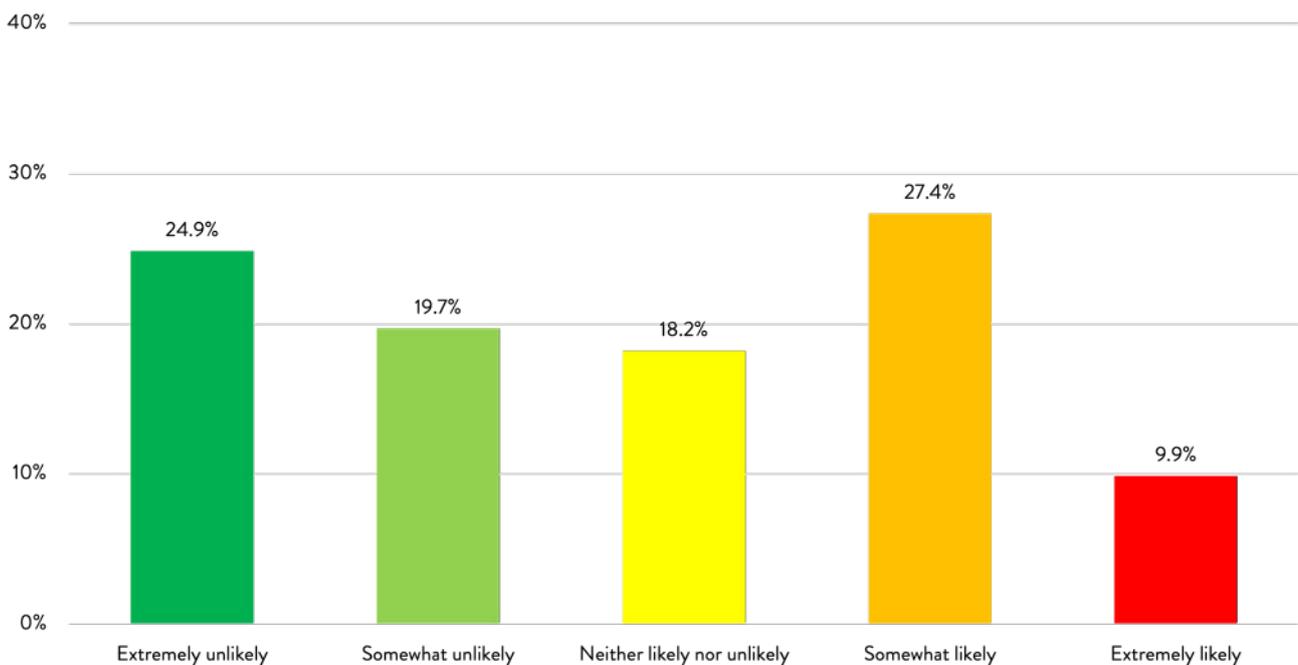
LIKELIHOOD OF RESIGNING

In terms of how likely people are to leave their role, as indicated in the graph below, a concerning 37.3% of educators indicated that they were extremely or somewhat likely to leave the profession, with an additional 18.2% undecided. If these educators actually did resign from the profession, then the entire system would really struggle to function.

37.3%

SOMEWHAT/EXTREMELY LIKELY TO LEAVE THE ROLE AS A RESULT OF STRESSFUL WORK EXPERIENCES

How likely are you to resign from your job as a result of stressful work experiences?



“ I have been working as a coordinator for the past 2 years. On a daily basis I deal with wellbeing issues. I no longer wish to be a teacher anymore and have asked my Principal for a year off to try something different. I am very good at my job, however I hate coming home and I don't want to speak to my children or husband. I have changed as a person so I have no option but to leave. This position has consumed my life and it has to stop or I feel as though my physical health will suffer and my mental health will get worse. ”



DEMOGRAPHIC ANALYSIS

DIFFERENCES BASED ON ROLE

In relation to education work roles, there are some differences. Levels of STS were highest in the leadership positions in a school (Principal, AP, DP), followed by teachers and then other roles in the school.

Highest levels of Compassion Satisfaction were seen in Principals and Educational Assistants, followed by Assistant/Deputy Principals, the lowest was teachers.

In terms of Burnout, Teachers and Assistant/Deputy Principals were highest, followed by Principals.

Exposure to Secondary Trauma is significantly higher in Principals, followed by Counsellors/Wellbeing Coordinators and Assistant/Deputy Principals, with Teachers significantly lower.

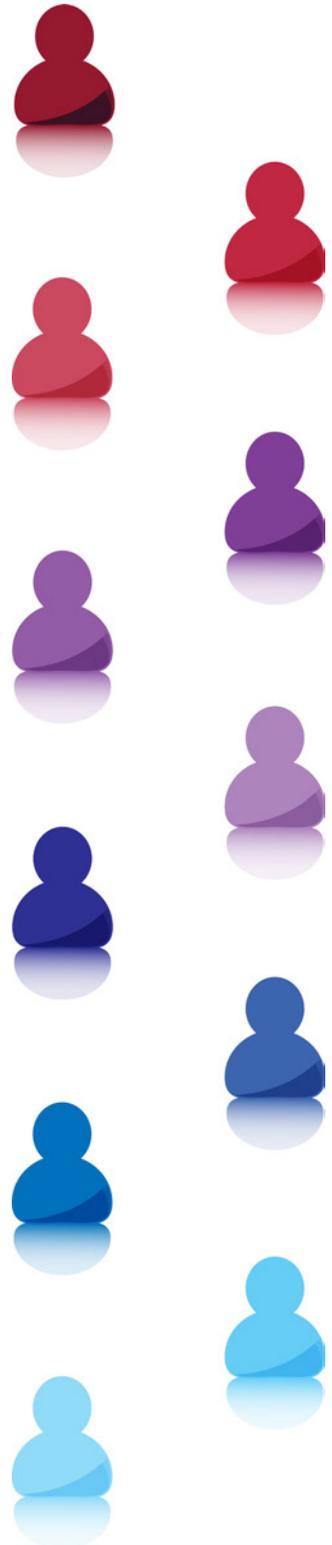
Ability to cope with Secondary Trauma was lowest in Teachers compared to the other roles.

Emotional work demands are highest in Principals followed by Counsellors/Wellbeing Coordinators and Assistant/Deputy Principals, with Teachers lower.

Mental Health Risk is greatest in Teachers, followed by Assistant/Deputy Principals and then Principals.

Rumination is highest in Principals and Assistant/Deputy Principals followed by Teachers.

Likelihood of Resigning is highest in Teachers and Leaders.



DIFFERENCES BASED ON SCHOOL TYPE

In terms of school type, a strong pattern emerged that showed educators in Special Education within Mainstream Schools faced more significant challenges and negative impacts.

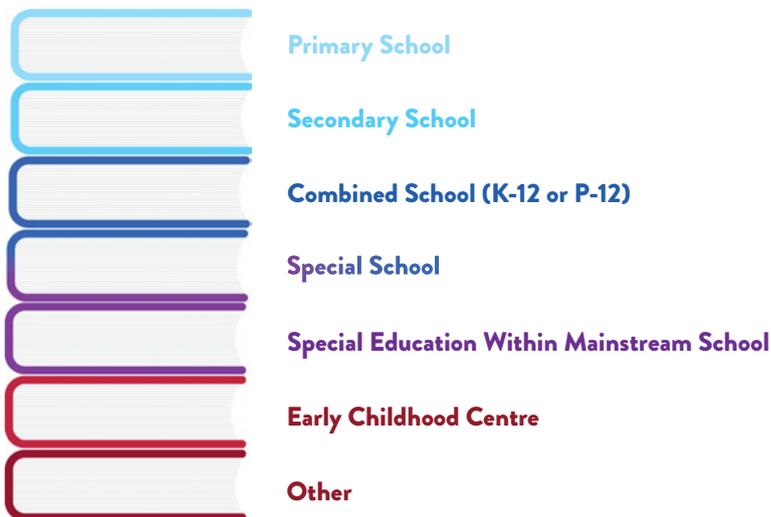
Special Education within Mainstream Schools have the highest levels of Secondary Traumatic Stress (3.6% higher than Special Education Schools and 9% higher than Mainstream Schools).

They also recorded the highest levels of Burnout, Emotional Work Demands, Mental Health Risk, Impact of Personal History of Trauma, and Exposure to Secondary Trauma.

Special Education Schools were second highest in STS, Impact of Personal History of Trauma, and Exposure to Secondary Trauma.

These results show that people within Special Education are struggling more than Mainstream schools.

In terms of other differences, Secondary Schools experience more Personal History of Trauma and have the highest Likelihood of Resigning.



DIFFERENCES BASED ON AGE

As a demographic, age did not have a huge impact on most of the variables we measured and those that did show an impact tended to be subtle. There wasn't a significant impact of age on STS.

Compassion Satisfaction, training in trauma informed practice, ability to cope with Secondary Trauma showed a slight trend to increase as the individual became older. Exposure to Secondary Trauma also increases with age but drops off after the age of 60+. A similar relationship was seen with levels of support as it occurred in the opposite direction, whereas levels of support decrease with age.

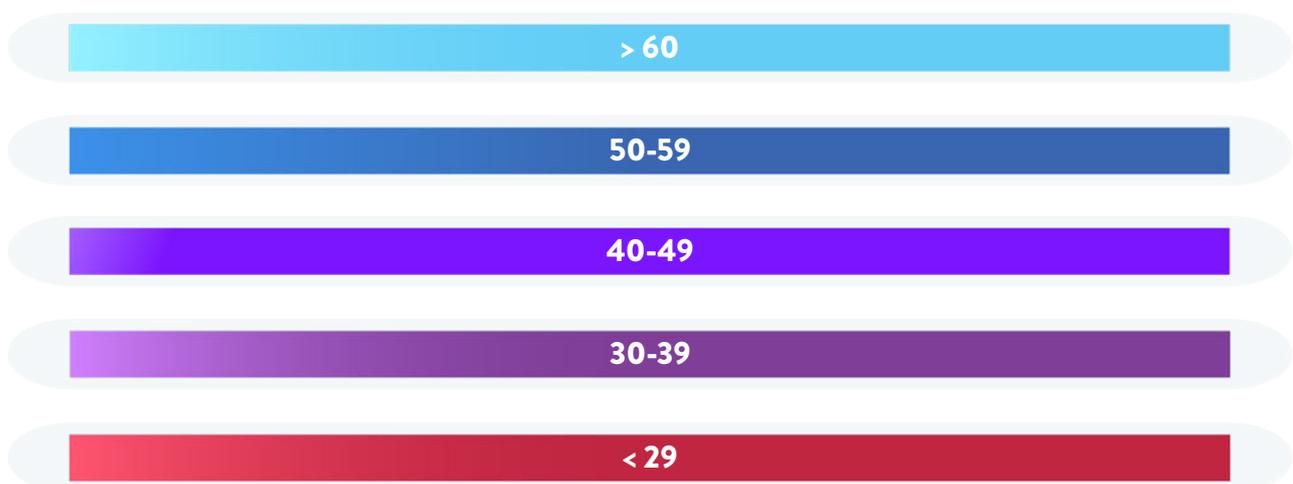
In terms of age, Burnout peaks in the 30's and 40's and then drops after 60 years old. This is most likely affected by lifestyle factors, as in the 30's and 40's age groups, there is a high level of family pressure with raising children, whereas people over 60 are starting to think about retirement and focus on things that are important to them. A similar pattern was seen with Likelihood of Resigning. The most at risk of this were in the 30-39 year range and lowest risk was in the 60+ category.

Personal History of Trauma and the Impact of this trauma was highest in the 50 plus and 60 plus groups. Recovery levels are best in 60+ age group, as well as Rumination scores.

Emotional Work Demands were the highest in the 40 to 50 age group and the 50 to 60 age group. After 60 years of age it is lower. The 18 – 29 years group scored the lowest scores.

A pattern emerged showing that the older the respondents get the lower their Mental Health Risk. Staff in schools between 18 – 29 years of age scored the highest in terms of Mental Health Risk.

Age didn't have a huge impact on desire to leave. The group with the lowest scores was the 60 plus group. This is most likely due to the fact that they are getting nearer to retirement so would stay to retire rather than resign.



DIFFERENCES BASED ON GENDER

Interestingly, there was very little difference between genders.

One difference we saw was that STS was slightly lower in males than females.

We also saw that women have experienced significantly more direct trauma than males, and the impact of that trauma was more significant on them. Males were also subjected to less Secondary Trauma and they had more training in the area of trauma.



DIFFERENCES BASED ON GEOGRAPHY



When comparing rural/remote schools, regional schools and metro schools, we saw a very clear pattern emerge in many of the variables we measure.

The pattern is that rural and remote schools have more challenges than the regional schools who in turn have more challenges than the metro school group. STS, Burnout, Exposure to Secondary Trauma, Mental Health Risk, Rumination and Likelihood of Resigning was the highest in rural/remote schools followed by regional schools and were lowest in metro schools.

Trauma informed practice training is slightly higher in rural areas, with no difference between regional and metro areas. In terms of Emotional Work Demands, remote schools scored the highest followed by regional and metro with the same scores.

DIFFERENCES BASED ON EXPERIENCE

When it came to experience in education we saw a pattern emerge over many variables. Exposure to Secondary Trauma, trauma informed practice training, Rumination, Emotional Work Demands, Personal Trauma History and its Impact, all showed a pattern where they rise with an increase in experience. This finding suggests that there may be a cumulative effect of work stress in the roles of educators.

When it comes to Recovery and Support, the highest scores were in the 0-2 years experience group, with the other levels of experience not varying significantly from each other.

Burnout levels were lowest in the 0-2 years and the 3–5 years group, however it then plateaus for the rest of the experience levels. Likelihood of Resigning follows the same pattern.

Both ability to Cope with trauma and Compassion Satisfaction were highest in the 21 years experience group. STS was lowest in people with 0-2 years' experience and 3 to 5 years' experience and was highest in people with 16–20 years and 21 years plus experience.

In terms of Mental Health Risk there was no significant relationship between that variable and level of experience.





CORRELATIONS

FINDINGS FROM CORRELATIONS

We used the SPSS statistical package to run correlations between the variables used in the survey. We can categorise the variables into two categories plus the assessment of sub-variables.

OUTCOME/DEPENDENT VARIABLES

Rumination
Mental Health Risk
Likelihood of Resigning

INDEPENDENT VARIABLES

Personal Trauma History
Impact of Personal Trauma History
Exposure to Secondary Trauma
Emotional Work Demands
Secondary Traumatic Stress
Compassion Satisfaction
Burnout + Lack of Engagement
Support
Trauma Training
Coping
Recovery

SUB- VARIABLES

Burnout
Engagement
Detachment
Relaxation
Mastery
Control
Supervisor Support
Other Support
Family Support

WHAT IS DRIVING POOR OUTCOMES

The correlation of variables showed significant positive or negative relationships between most of the variables. However, the strength of these correlated relationships between the variables differed markedly. The table below shows the relationship of key independent variables with outcome variables.

Key correlations on outcome variables

	Rumination	Mental Health Risk	Likelihood of resigning
Secondary Traumatic Stress	0.612***	0.653***	0.412***
Burnout	0.611***	0.712***	0.564***
Exposure to trauma at work	0.359***	0.324***	0.207***
Emotional Work Demands	0.543***	0.420***	0.333***

Note: *** $p < .001$

The outcome variables that we have chosen to focus on are Rumination, Mental Health Risk and Likelihood of Resigning. Obviously these three variables have a huge impact on the wellbeing, performance and engagement of staff in schools. Rumination is strongly correlated with Mental Health Risk and Likelihood of Resigning.

The table above shows that Secondary Traumatic Stress, Emotional Work Demands and Burnout are the variables which have strong correlations with Rumination, Mental Health Risk and Likelihood of Resigning.

In addition, Exposure to Secondary Trauma at work showed a moderately strong relationship with the three outcome variables. What this means is how an educator processes the Secondary Trauma as measured by STS is more important than how much Secondary Trauma they are exposed to.

An interesting finding is that an individual's Personal Trauma History (direct trauma that has happened to an individual) isn't strongly correlated with the three outcome variables. When we look at the impact of their Personal Trauma History, it has a slightly stronger relationship with the 3 outcome variables (in particular Mental Health Risk) but not nearly as strong as STS, Emotional Work Demands and Burnout. In other words, Personal Trauma History itself has a weak/moderate relationship to Mental Health Risk, Rumination and Likelihood of Resigning. It's not the trauma that has happened to the educator in the past that has the biggest impact, it's the trauma that is happening to other people in the school.

Moreover, Personal Trauma History is weakly correlated with Burnout, whereas STS, Emotional Work Demands and Burnout are strongly correlated with each other. Exposure to Secondary Trauma is moderately correlated with Burnout. Once again this supports the message that it's not the Exposure to the Secondary Trauma that is most important but rather how people process it internally.

MITIGATING FACTORS

We measured a range of factors that we hypothesized would mitigate the impact of trauma on the outcome variables, which are Compassion Satisfaction, Support, Coping, Trauma Training and Recovery. The correlation relationship shown between these variables and the outcome variables are shown in the table below.

Key correlations on mitigating variables

	Rumination	Mental Health Risk	Likelihood of Resigning
Compassion Satisfaction	-0.287***	-0.422***	-0.400***
Support	-0.300***	-0.375***	-0.301***
Coping	-0.439***	-0.583***	-0.346***
Trauma Training	-0.134***	-0.156***	-0.176***
Recovery	-0.499***	-0.512***	-.0307***

Note: ***p<.001

The table shows that Recovery and Coping factors have the strongest, negative correlation with Rumination, Mental Health Risk, and Likelihood of Resigning.

As discussed earlier, the Recovery variable is made up of four factors: Detachment; Relaxation; Mastery; and Control.

When you separate out the elements of Recovery you see the following patterns:

- Detachment has a strong negative correlation with Rumination (-0.508), Mental Health Risk (-0.347), and a negative and moderate correlation with Likelihood of Resigning (-0.226)
- Relaxation has a strong negative correlation with Rumination (-0.408), Mental Health Risk (-0.476), and a negative and moderate correlation with Likelihood of Resigning (-0.263).
- Mastery has negative and moderate correlations with rumination (-0.279), Mental Health Risk (-0.341), and negative and moderate correlation with Likelihood of Resigning (-0.216).
- Control has negative and strong correlations with rumination (-0.376), Mental Health Risk (-0.472), and negative and moderate correlation with Likelihood of Resigning (-0.270).

Coping looks at an individual’s ability to manage their emotions and cognition, which enables people to not let events overwhelm them and have a negative impact. Factors that make up Coping are emotional regulation, self-compassion, being optimistic, giving support to others and asking for and receiving help from other people. Coping is strongly and negatively correlated with Rumination (-0.439), Mental Health Risk (-0.583) and moderately correlated with Likelihood of Resigning (-0.346).

Compassion Satisfaction is moderately and negatively correlated with Mental Health Risk (-0.422), Rumination (-0.287) and Likelihood of Resigning (-0.346). It appears that when individuals feel a great deal of satisfaction from helping other people, it has a protective effect on Rumination and from Mental Health Risk and Likelihood of Resigning. Compassion Satisfaction is also negatively and strongly correlated with Burnout.

However, Trauma Training is weakly and negatively correlated with Rumination (-1.34), Mental Health Risk (-1.56), and Likelihood of Resigning (-0.176). While Trauma Training helps the educator to manage the student more effectively, it does not help them manage their own wellbeing or support the wellbeing of their peers.

Support is moderately and negatively correlated with Mental Health Risk (-0.375), Rumination (-0.300) and Likelihood of Resigning (-0.301).

The correlations relating to Support are quite illuminative. In terms of Rumination, it appears that Supervisor Support (-0.297) has a more powerful relationship than support from other roles in the school (-0.245) or Family Support (-0.142).

When looking at Mental Health Risk, Supervisor Support and other people in the school has a similar relationship (-0.316 and -0.317 respectively), while Family Support is a little weaker with -0.237.

Finally, for Likelihood of Resigning, Supervisor Support has a stronger relationship (-0.311) than with other people in the school (-0.246) and Family Support (-0.123).





NORMATIVE DATA

NORMATIVE DATA

Our results show (page 67) that over 25% of educators in Australia have high levels of Burnout and STS, which is concerning. While the results for Burnout are consistent with research done in Australia for many years now, the findings for STS are significant, adding to a greater understanding of the current state of educators' mental health and wellbeing.

While the current findings demonstrate a clear impact of the exposure to STS on Australian educators, it is still a relatively new finding in the literature. Traditionally, STS is associated with professions such as social work or psychology, but not in educators. We have reviewed the literature for normative data comparisons to gain some insight as to how Australian educators fare against other professions.

There is data available for comparison on the following areas:

- i) Compassion Satisfaction,
- ii) Secondary Traumatic Stress and
- iii) Burnout.

Compassion Fatigue is made up of Burnout and STS.



Secondary Trauma Stress

Secondary Traumatic Stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another.



Burnout

Job burnout is a special type of work-related stress — a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity.



COMPASSION FATIGUE

Compassion Fatigue is a term that describes the physical, emotional, and psychological impact of helping others — often through experiences of stress or trauma. Stamm (2010), conceptualised Compassion Fatigue as a combination of Secondary Trauma and Burnout.



COMPASSION SATISFACTION

Compassion Satisfaction is the pleasure and satisfying feeling that comes from helping others. Compassion has been defined in terms of “awareness of the suffering of another coupled with the wish to relieve it” (Figley & Ludick, 2017, p. 574), and as “a kind of focused, action-oriented empathy” (p. 574).



Means and Ranges for PROQOL

The mean score for Compassion Satisfaction in Australian educators is 39.8, for Burnout is 27.4 and for Secondary Traumatic Stress is 27.1. However, mean scores are not always representative of what is happening. So, in the figure below, we have calculated the percentage of educators that sit in the low, medium and high categories for each sub-construct.

PROQOL Results for Australian Educators



The figure above shows that 27.7% of educators surveyed are in the high range for Burnout, 28.3% are in the high range for STS and 26.8% are in the high range for Compassion Satisfaction. The consistent percentage in the high range for Burnout is not surprising, but disappointing given the wealth of research done identifying this as a problem. However, as there have been so few studies into STS, we reviewed this data in comparison to other professions for reference.

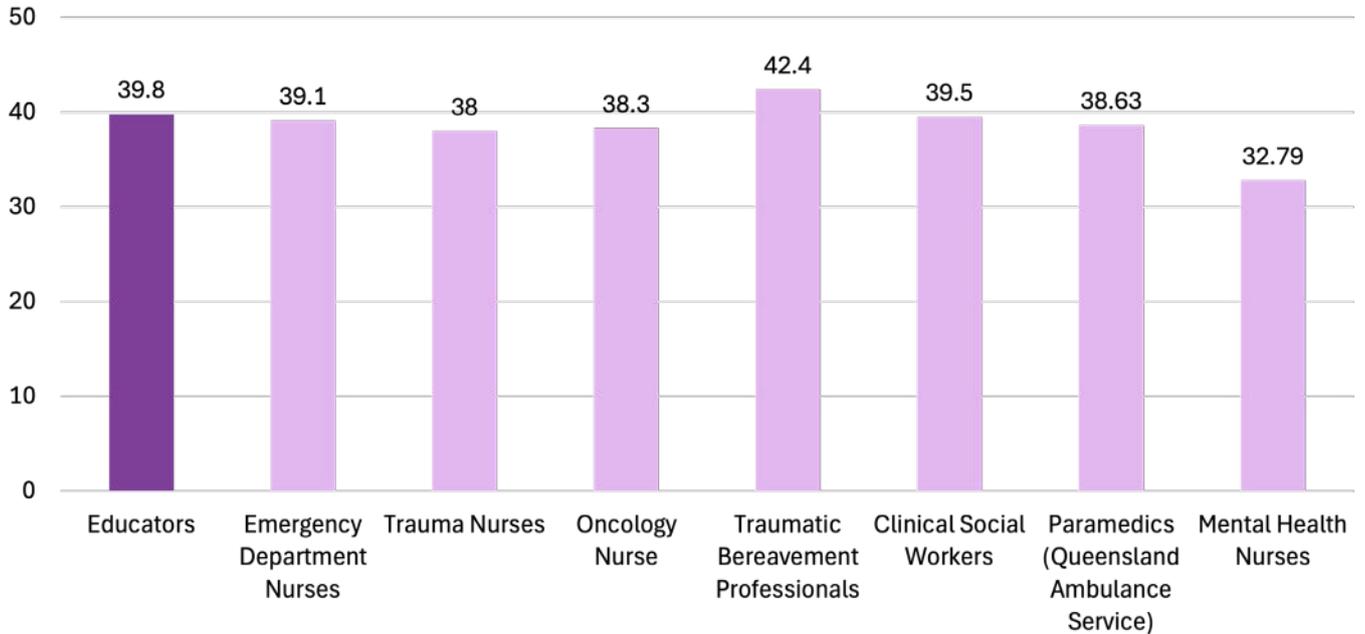
We compared the scores of educators in this survey with other comparable professions such as nurses, social workers and bereavement professionals (De La Rosa, 2018). We saw some interesting findings.

Compassion Satisfaction

The Compassion Satisfaction mean scores of educators were comparable to all of these other groups, suggesting that all groups feel that they make a genuine impact on the people they work with and help.

Normative Scores for different professions - Compassion Satisfaction

Adapted from data report by De La Rosa et al (2018)

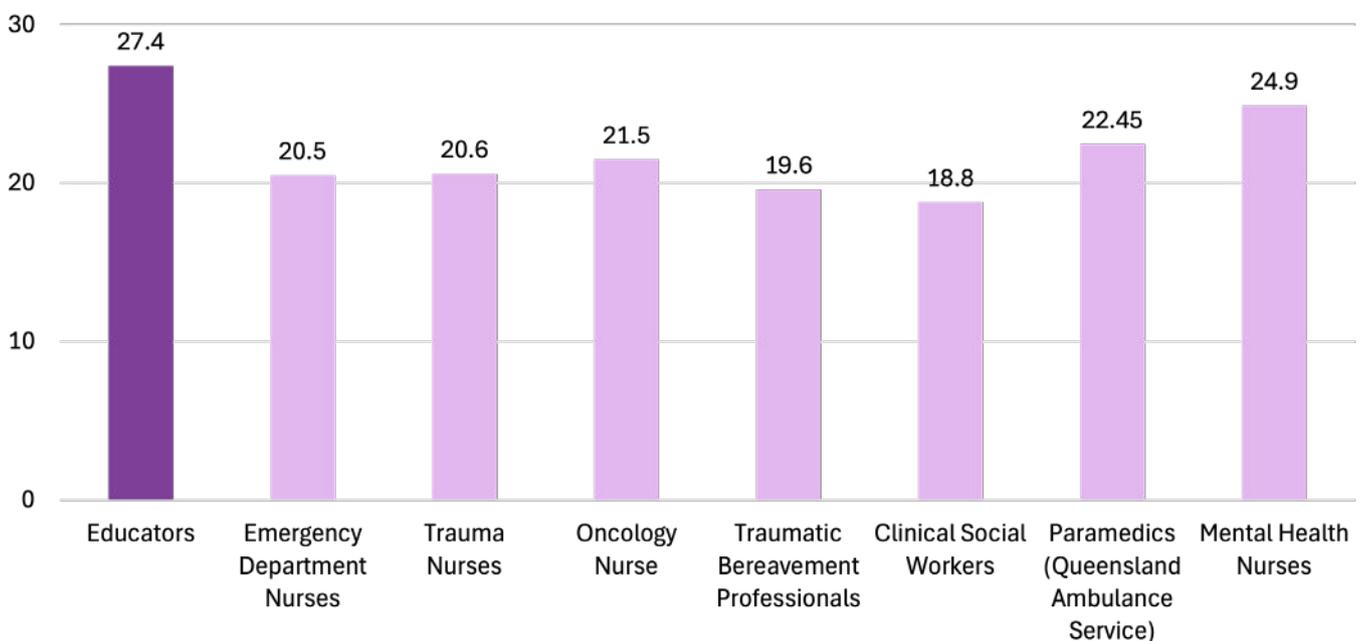


Burnout

However, when we examined Burnout scores, educators in our study showed significantly higher scores than the other professions. Given the wealth of research in this area, it is concerning to see the sheer size of the percentages. Notably, the same traumatic bereavement professionals have 40% lower Burnout levels, and clinical social workers also score 46% lower.

Normative Scores for different professions - Burnout

Adapted from data report by De La Rosa et al (2018)

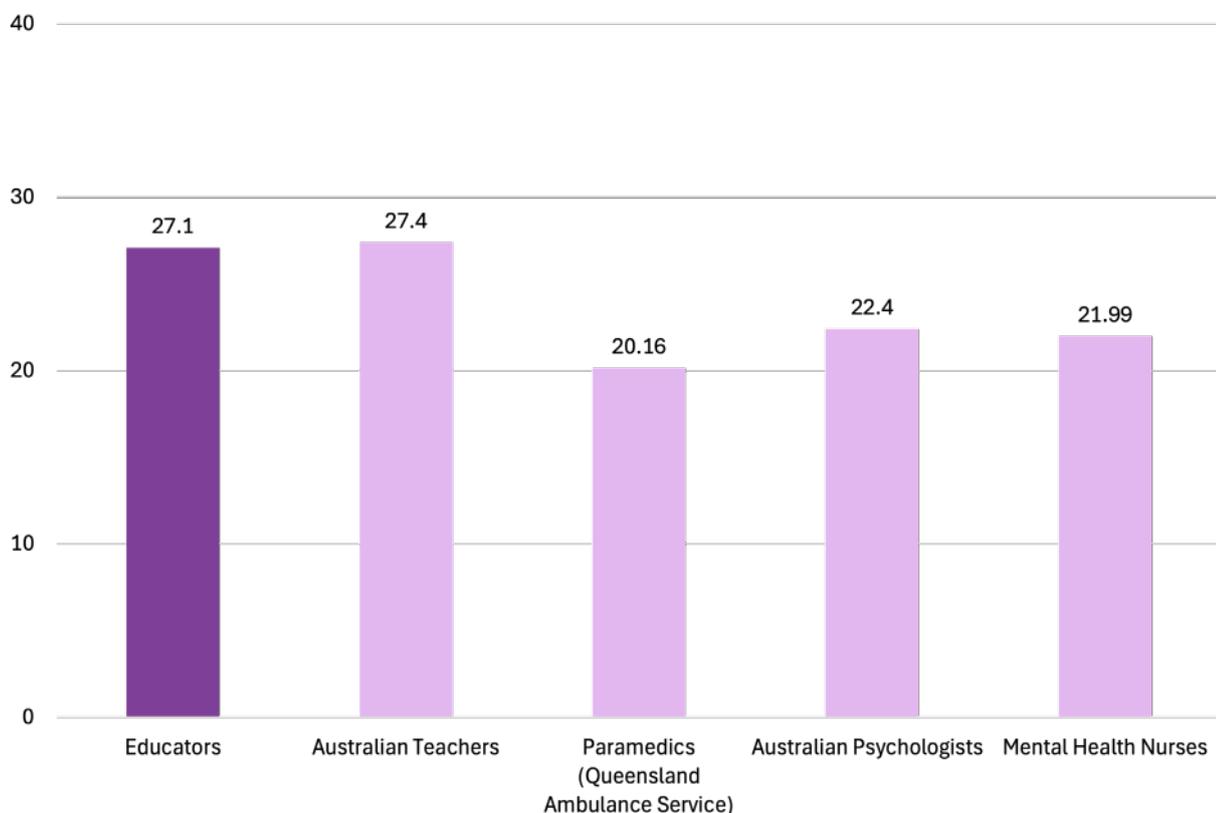


Secondary Traumatic Stress

In reviewing the data for STS, we sourced studies that had measured STS, as opposed to Compassion Fatigue, due to a change in PROQOL itself. We located three comparative professions in recent studies. Patrick and Bensley (2024) found similar results to ours in a smaller sample size of Australian teachers (n=334). The STS score of Educators was 21% higher than Australian Psychologists (Hegarty and Buchanan, 2021), 23% higher than Mental Health Nurses (Lenz, Smith & Meegan, 2024) and 34% higher than Queensland Ambulance Service Paramedics (Shakespeare-Finch, 2014). This is a key and novel finding. It indicates that there is something in the education setting that results in a significant accumulation of STS, that begins with exposure.

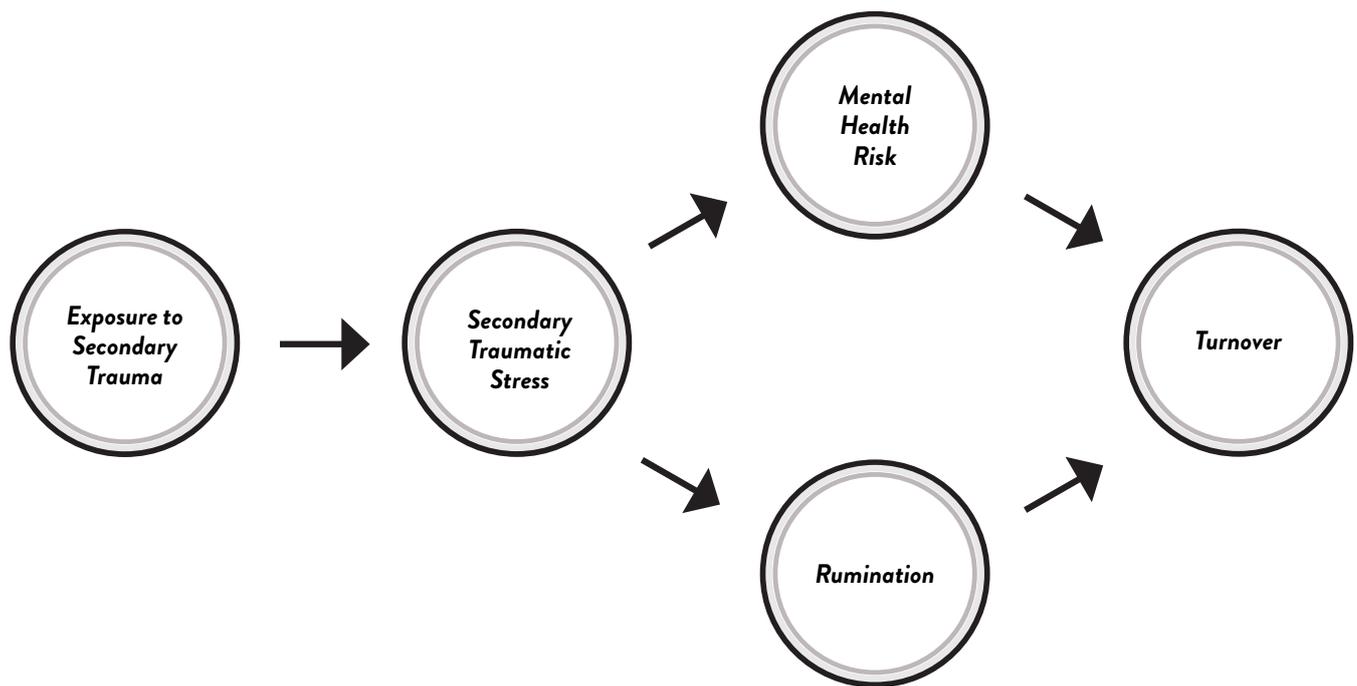
It is possible to hypothesise that educators have a longer term and almost daily relationship with their students, seeing them more frequently than in other professions. It's also likely that while other professions, such as mental health workers, social workers and psychologists frequently experience STS, they are not required to achieve academic goals in addition to managing the students' resulting behaviour from their trauma and are not usually in a group setting such as a classroom. It is also likely that there is greater recognition and understanding of STS in these professions, which is not as present in education.

Normative Scores for different professions - Secondary Traumatic Stress

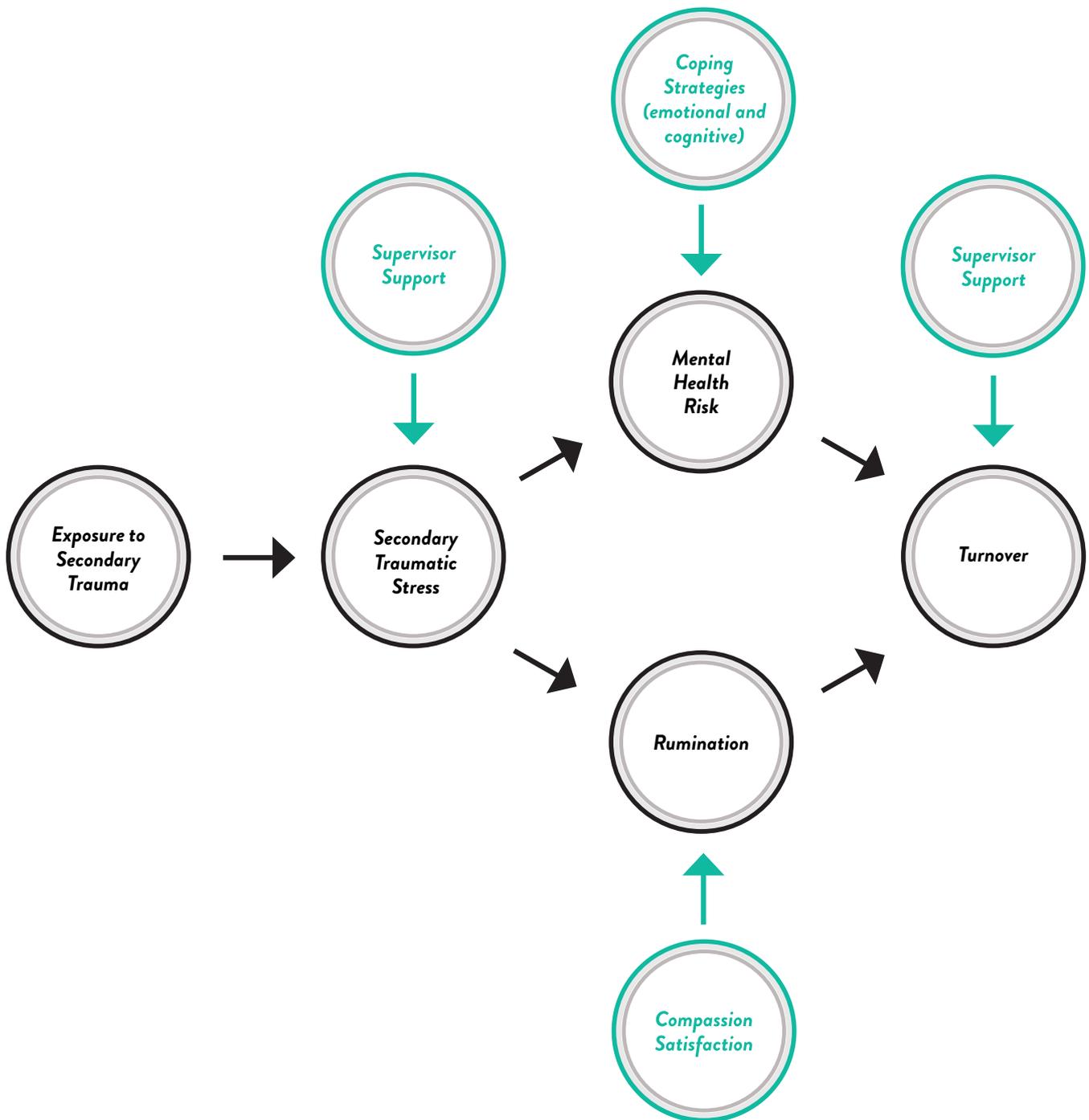


Model explaining the deeper impact of Exposure to Secondary Trauma

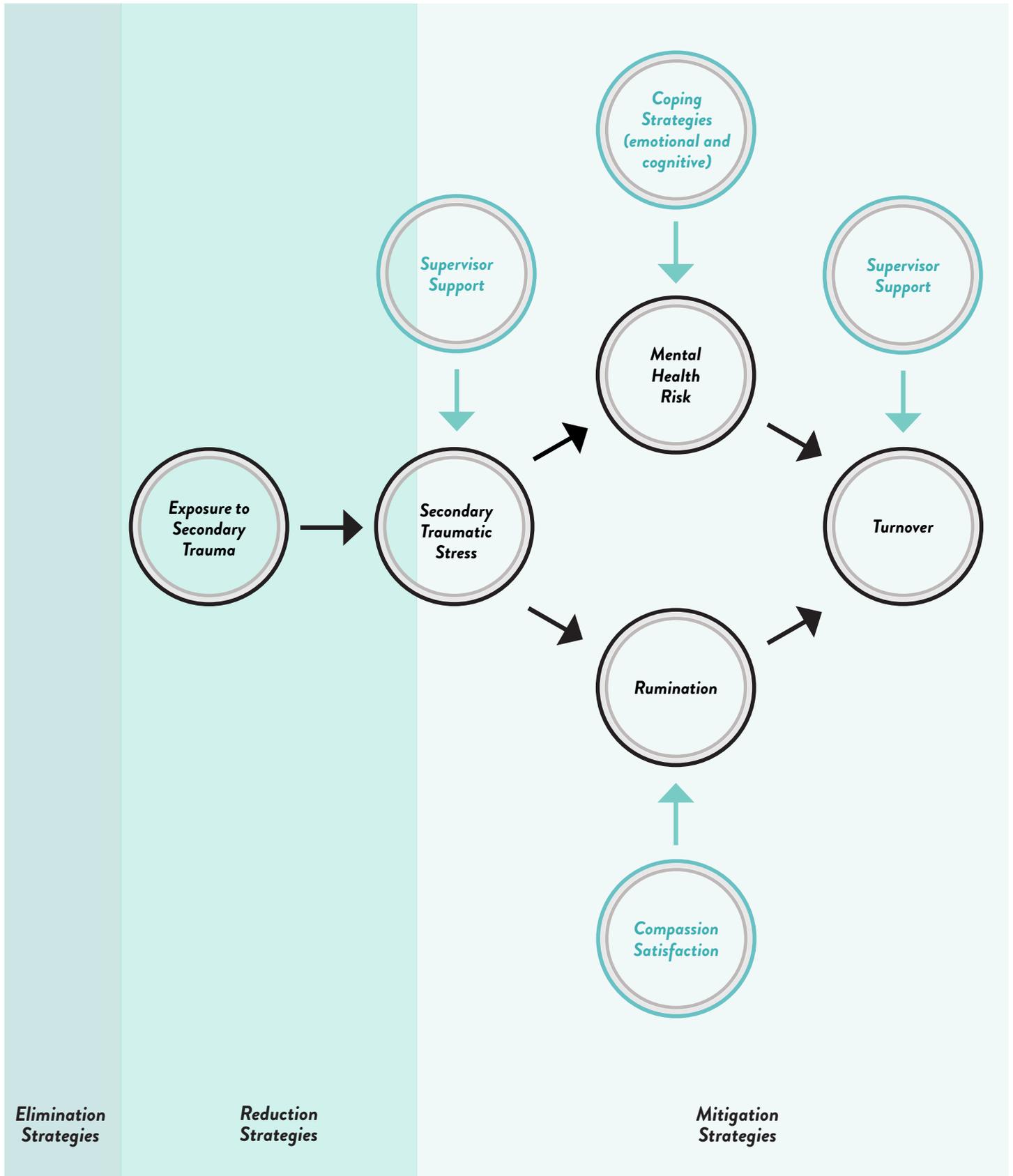
This is a preliminary model that represents the strongest statistical explanation for the impact of Exposure to Secondary Trauma. It explains with the greatest statistical validity the relationships between Exposure to Secondary Trauma and the other variables in the study. Exposure to Secondary Trauma includes not only the knowledge of what has happened to a student through disclosure, observation or reading of reports, but is also managing the resultant student behaviour that comes from the trauma. While our correlations show that Exposure at work is moderately correlated with STS, we know that for STS to occur there has to be exposure.



This model explains that Exposure to Secondary Trauma enables STS, and that STS leads to increased Rumination and Mental Health Risk, which combined lead to an increased Turnover Risk. The variables that had the greatest positive impact are in “blue”. Coping strategies positively impact on Mental Health Risk, Compassion Satisfaction positively impacts on Rumination. Supervisor Support has two areas of positive impact, mitigating for STS itself and Turnover Risk.



This provides us with a practical base as to what strategies are effective and what changes are necessary. As in all workplaces, elimination or reduction of exposure will have the greatest impact on reducing STS (left hand side of the model) than the mitigation strategies on the right-hand side of the model.



While Burnout is likely to also contribute to Turnover Risk, this model and indeed the purpose of this research was to investigate the impact of STS in Australian educators. Burnout, as shown in the infographic on page 78, is a sub-construct of Compassion Fatigue so its place in this discussion is clear. Burnout is already very well researched and is recognised as a known issue for educators in Australia. For example, the 2024 Principal Health and Wellbeing Survey (Dicke et al., 2025), now in its 14th year, reports that there is little doubt that Burnout plays a significant role as ‘Sheer volume of work’ and continues to be the highest source of stress for school leaders. School leaders in that sample also reported concerns for their staff in the following order: Excessive workload, Mental Health and Emotional distress. As Burnout is a sub-construct of Compassion Fatigue, alongside STS, strategies for preventing Burnout were also discussed by our interviewees, as well as mentioned in the survey, hence they are also included in this report.



From the model, we know that Exposure is the independent variable. This is a key finding that may seem obvious but has not yet been acknowledged by the system. Usually, as part of work health and safety, elimination of these risks and variables are the first port of call. Our research shows that Secondary Trauma is a real and present reality for educators. It has become part of their role. We also know that Compassion Satisfaction comes from helping others and has a unique relationship with Compassion Fatigue. What this means is they are not mutually exclusive, and an individual can experience them simultaneously.

An important finding is that even though we cannot completely eliminate Exposure, there are strategies that can be used to reduce it in order to minimise its impact. The group that plays the largest role in this area is at a system level, governments and education departments. While the system changes that would have the biggest impact were beyond the scope of this study, we did collect data from the interviews and survey responses that allow us to formulate recommendations for systems as a starting point. If the ‘system’ does not take this issue seriously, other attempts to reduce the teacher shortage will be compromised. Another important finding is the role of Supervisor Support in mitigating the development of STS, as well as Turnover Risk. Reducing Exposure can also happen at other levels such as the school, working group and at an individual level. However, without support from the system, these will not have as great or consistent impact. Relying on the individual to mitigate the impact of STS as the prime strategy will not work.

With this model in mind, we reviewed the interview data in addition to the survey data for effective strategies to eliminate, reduce and mitigate STS in educators.

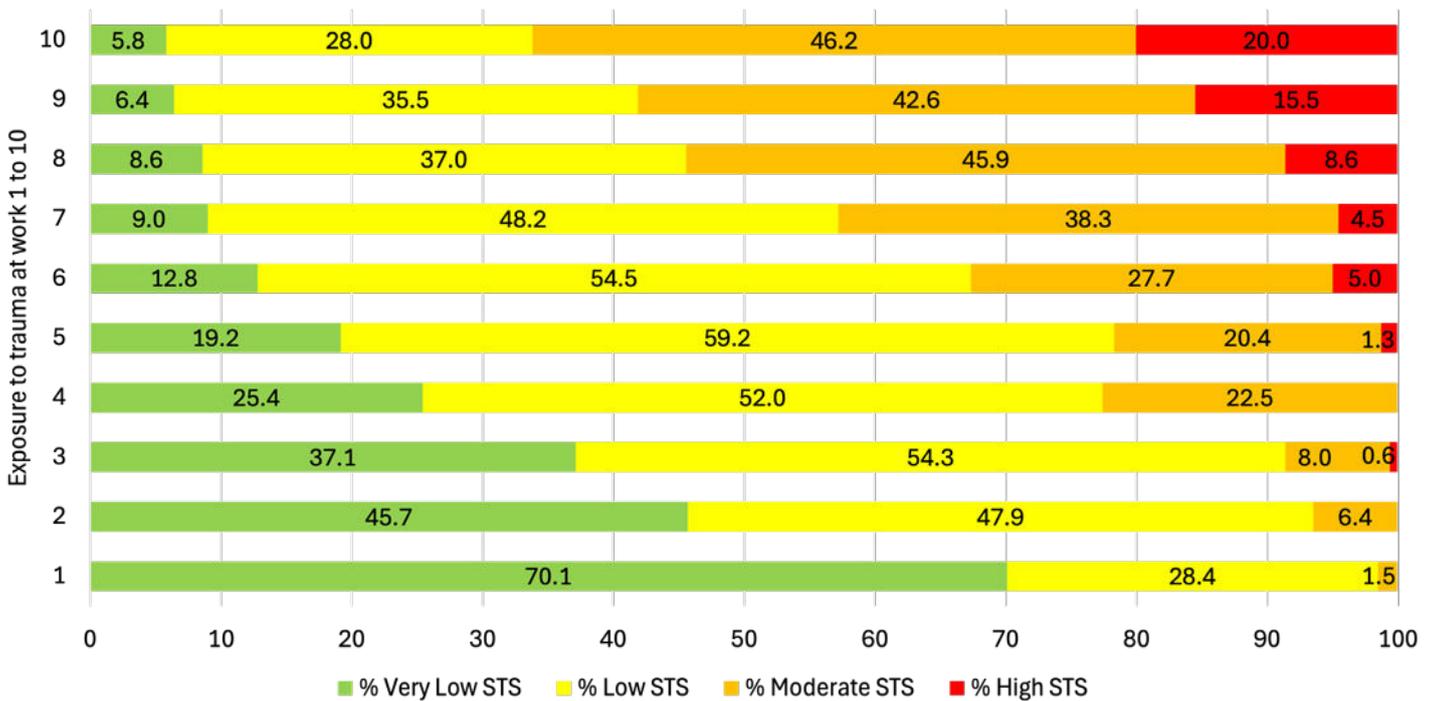
High Exposure, low Secondary Traumatic Stress group

We compared scores of Exposure to Secondary Trauma with scores in Secondary Traumatic Stress and found the following pattern in the graph below. It shows that as Exposure to trauma increases, the extent of STS also increases.

Of 902 participants scoring high rates of 8, 9, or 10 on a scale of 1 to 10 in Exposure, we found that only 64 of these people had low STS scores. On further examination of other constructs, we found that 70.3% of these 64 people also had strong scores in the mitigating strategies of Recovery, Coping and Supervisor Support, with another 25% having strong scores in at least two of these mitigating strategies.

This shows the importance of building capability in effective recovery techniques, coping skills and enabling effective support for individuals in high trauma exposure contexts.

Exposure to trauma and extent of Secondary Traumatic Stress



A deeper analysis of our data has revealed that High Exposure, low STS participants demonstrate Cognitive Flexibility in order to sustain themselves in the role and prevent the build up of STS. This process is explained next:

Cognitive Flexibility

Many of our High Exposure, low STS group are likely using an approach called Cognitive Flexibility. This is defined as the ability to adaptively switch between mental processes to generate appropriate behavioural responses in changing environments (Dajani & Uddin, 2015). Cognitive Flexibility has been found to play a critical role in how educators manage Secondary Trauma arising from school-related exposure (Harel et al, 2023). This aligns with our analysis of the quantitative data, which indicates that educators who report high trauma Exposure but low Secondary Traumatic Stress effectively utilize diverse strategies across coping, recovery, and support-seeking domains. These findings underscore Cognitive Flexibility as a protective factor, enabling educators to adaptively navigate the emotional and professional demands of their roles.

Cognitive Flexibility enhances educators' capacity to seek out and leverage social supports, a vital component of resilience against Secondary Trauma. Flexible thinkers are better positioned to recognize the value of diverse perspectives and actively pursue support from colleagues or supervisors, which buffers the impact of trauma exposure (Cohen & Wills, 1985). Supervisory Support, in particular, fosters Cognitive Flexibility by providing a safe environment for teachers to share experiences, reflect on challenges, and adopt alternative coping strategies, thereby broadening their adaptive repertoire (Hobfoll et al., 2007). Our quantitative analyses support this, indicating that educators who engage in support-seeking, especially through supervisory relationships, demonstrate greater resilience to STS.

In order to identify strategies that are most impactful, we conducted individual interviews with study participants. Within the 107 interviewees, we were able to locate some of those individuals that reported low levels of STS, despite having very high levels of Exposure. It is worth noting that this group is quite diverse and is made up of people from different roles, types of schools and contexts.

We decided to take a closer look at this group and map out the strategies they were using to effectively manage and reduce, not only the impact of STS, but also Burnout, on themselves, and in their personal and professional

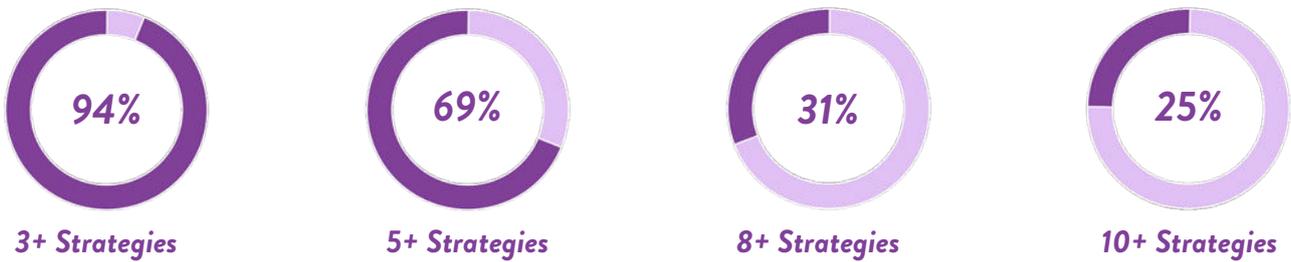


As we reviewed this group's interview transcripts, we were able to identify two common characteristics that they all share:

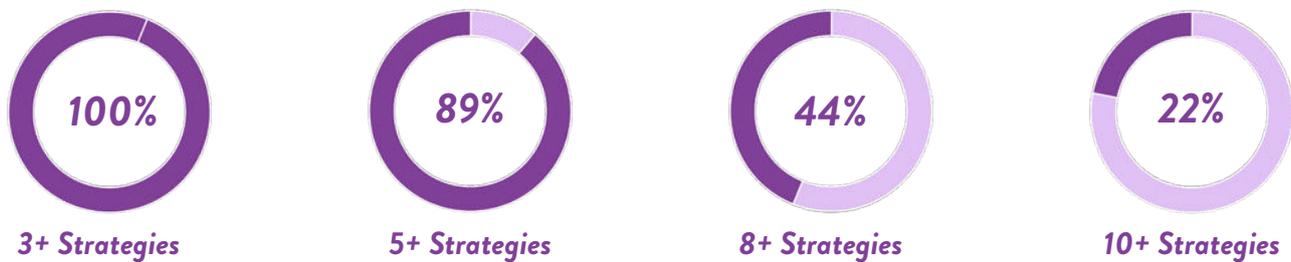
1. Multiple strategies

They all use a multitude of strategies to minimise the impact of Secondary Traumatic Stress. There is no 'one magic bullet'. If you want to effectively fight the negative consequences of STS in both your professional and personal lives, to enhance your physical, mental and emotional health, you will need to resort to a series of strategies. That being said, each person uses their own unique combination of strategies. So, what works for one person might not work for the next. The key thing here is, as an individual, you need to pick things that work for you and your specific context and circumstances.

Percentage of individuals in this group using multiple strategies:



When it comes to the leaders that are part of this group, the percentages are as follows:



2. Individual Agency

All individuals in this group felt that they had agency as individuals to mitigate the negative impact of their roles on themselves. They had the mentality/mindset of 'as an individual, I have some level of power and control over how much I allow my job to affect me'. They shared a sense of proactivity around STS and recognised the effectiveness of individual-level strategies. However, we are not suggesting that the responsibility falls solely on individuals. Schools and especially systems play a vital role and have a moral imperative to support educators and schools in addressing this issue.

As we mentioned, these individuals use a series of strategies when it comes to STS, and we have included below a list of the most commonly used.

All strategies included in this report have been categorised under three key areas:



Coping strategies

Coping strategies refer to the deliberate actions, techniques, or behaviours that educators can use to manage and mitigate the emotional and psychological effects of exposure to traumatic content, stories, or situations experienced by their students/colleagues/school communities. These strategies aim to reduce the impact of STS, reduce the risk of Burnout, maintain Compassion Satisfaction, and ensure educators can continue to support their students effectively.



Recovery strategies

Recovery strategies refer to the practices that educators can use to recharge and restore their mental, physical and emotional wellbeing. These strategies are designed to help individuals separate and detach from the toll of the job. The goal is to promote sustainability in the role and prevent Burnout.



Support strategies

Support strategies focus on external resources to assist educators in managing the emotional and psychological impacts of their exposure to trauma through their work. The goal is to ensure that educators feel they are not alone, have access to services and assistance, and are equipped to handle the challenges of their role without experiencing long-term negative effects.

Most common strategies being used by these individuals with high Exposure but low STS

Exercise/Nutrition	
Self-care/Wellbeing focus	
Hobbies	
Boundaries – separation of work and home	 
Journalling	 
Debriefing with colleagues	 
Compartmentalisation/Individual debrief/Circle of control	 
Sleep hygiene	 
Be present with loved ones	  
Self-awareness	
Obtain supervisor support	

The interviews reveal that these participants have well-established and consistent strategies for wellbeing and self-care, which also serve as effective coping mechanisms. This overlap is particularly interesting, as it highlights opportunities for educators to integrate both aspects.

For example, setting boundaries or using techniques like The Third Space® works as both a recovery and coping strategy. Similarly, journalling, often considered a reflective practice, also supports boundary-setting, compartmentalisation, and serves as a personal debrief.

These practices primarily help educators clear the stress of their day and maintain overall wellbeing. For many, the first step is developing self-awareness, allowing them to assess their mental and physical health, and take appropriate action. They achieve this through various methods, such as using an emotions wheel, conducting daily self-check-ins, or filling out a needs chart.





RECOMMENDED STRATEGIES

STRATEGIES

The High Exposure, low STS group has shown us the importance of using more than one strategy, as their combined use proves effective in managing Secondary Traumatic Stress in the face of high exposure. We present the following strategies with the understanding that they are most impactful when implemented at all levels, and with the recognition that individual approaches alone have limitations. Equally crucial is the role of systems, departments, schools, and school leaders in creating a supportive environment.

These strategies have been presented at each level of influence beginning with Government and systems and then down to the individual. From there, each strategy is categorised as being an elimination, reduction or mitigation strategy (Recovery, Coping or Support). This is because some strategies have impact in more than one area.

A word about Supervisor Support.

Good Supervisor Support is identified in the model as mitigating the development of STS itself and for Turnover Risk. Essentially, good Supervisor Support helps to mitigate for the development of STS. From the interviews, good Supervisor Support often involves a leader listening to the staff, demonstrating understanding, care and offering assistance. One of the most important questions a leader can ask is ‘what does support look like for you right now?’ to formulate an appropriate response for each staff member. However, almost all of the strategies listed under ‘School Leaders’ form part of good Supervisor Support, depending on context. It is important to note that Supervisor Support includes supervisors of school leaders, within the Department of Education, and not just school leaders in relation to school staff.

“

Overall, I’m in a good space and I think that we are very lucky here because our principal has a big focus on mental health and wellbeing of the staff. And so I’m very grateful. I’ve worked in many schools over the last couple of decades. And to have a principal that has that as a high focus, it really does filter from the top down. And so we do lots of check-ins with each other on a day-to-day basis...I think in our environment there’s always staff that come with a load that comes from outside of school as well. And so that’s why we’re so lucky that we’ve got the principal that we do because she helps staff to manage both personal and school sort of emotional stress and strains, which is I think important. ”

GOVERNMENTS AND SYSTEMS

Governments and education departments are able to have the greatest impact in the reduction, and potentially the elimination, of the high rates of STS in educators. As society changes, so do the needs of the people and this needs recognition at government and system levels. So many essential services need increases in resourcing and funding in order to improve the quality of lives for so many Australians.

1

Increase funding to essential services for families in need.



Description/Example - Allocate additional funding to Child Protection, Mental Health Care, and Family Support services to ensure mandatory reporting requirements of educators lead to effective action and reduced exposure to STS.

2

Integrate systems/ Inter-agency collaboration.



Description/Example - Greater cooperation between education, mental health, and social services ensures timely interventions and a coordinated response to educators experiencing trauma or in need of assistance to deal with students/families going through trauma.



Elimination



Reduction



Coping



Recovery



Support

3

Review international practices.



Description/Example - Research and implement successful models from countries with effective social systems, focusing on prevention of Domestic Violence, Poverty and Abuse.

4

Broaden educational priorities.



Description/Example - Shift the national education focus to include wellbeing and trauma-informed education as key success indicators alongside academic achievement.

5

Resource high-need areas.



Description/Example - Utilise data-driven decision-making to direct resources, staffing, and professional development initiatives to schools and communities with the greatest need. For example, funding for regional schools, where trauma exposure is often higher and professional support services are less accessible.



Elimination



Reduction



Coping



Recovery



Support

EDUCATION DEPARTMENTS

Education Departments, at both a federal and state level, have the opportunity to have a significant impact in eliminating or reducing exposure to Secondary Trauma. This requires acknowledgement as the first step, and then the implementation of system wide strategies.

At a local level, regional supervisors of school principals within the Department must assume the role of support for the school principal in order to be able reduce Turnover Risk.

1

Engage and leverage experts.



Description/Example - Engage with experts to review education department systems and operations to reduce or eliminate STS, as well as to co-develop school coping, recovery and support strategies that are practical and evidence based.

2

Provide expert Professional Development.



Description/Example - Support and collaborate with experts in this area to design comprehensive coping strategies tailored for school environments, ensuring practical and sustainable application and implementation.

3

Consider a more flexible workforce.



Description/Example - Consider part-time roles, job sharing, and flexible scheduling options to accommodate educators dealing with high levels of stress and trauma.



Elimination

Reduction

Coping

Recovery

Support

4

Training initiatives.



Description/Example - Provide education on Compassion Satisfaction and Compassion Fatigue, to increase awareness around this issue, as well as to provide educators with the tools to manage the emotional toll of their work.

5

Collaboration with Social Services.



Description/Example - Develop clear, ongoing communication channels between education departments and social services to ensure educators know what constitutes a red flag and when and how to reach out to Social Services.

6

Reduce administrative burden and workload.



Description/Example - Identify unnecessary systems and eliminate them. Reduce paperwork and administrative work and streamline reporting processes to help reduce workload and stress for educators.

7

Look at international practices.



Description/Example - Research and implement successful models from countries with effective educator support systems, focusing on workload management and administration processes.



Elimination

Reduction

Coping

Recovery

Support

8

Resourcing and funding reviews.



Description/Example - Implement funding models that allocate resources based on schools' exposure to Secondary Trauma and Direct Trauma rather than purely on enrolment numbers.

9

Employee Assistance Program.



Description/Example - Review EAP to ensure consistency of service provided, and that support is given in a timely manner. We would recommend considering using a case manager style model, so that when educators use the EAP program, they don't need retell their story and basically start from scratch every time they access this service.

10

Broaden educational priorities.



Description/Example - Shift the national education focus to include wellbeing and trauma-informed education as key success indicators alongside academic achievement.

11

Offer specialised resources.



Description/Example - Allocate specialised support personnel, such as school counsellors and family support officers to schools who need it.



Elimination

Reduction

Coping

Recovery

Support

SCHOOL LEADERS

School leaders are a vital source of support for educators. Their role and the value they bring to their staff and other leaders cannot be understated. Below we have highlighted some of the areas school leaders can potentially use to reduce and mitigate STS and reduce Turnover Risk at their school. We have also outlined key strategies to be used at a school leader level. All strategies recommended for individuals should also be considered by school leaders to mitigate the impact of STS on them. We know from this study, the levels of STS and Exposure to STS are highest in school leaders, so an individual level approach to this issue needs to be adopted.

1

Acknowledge the issue.



Description/Example - Acknowledge that STS is real, discuss it with educators and normalise it.

2

Prioritise staff wellbeing.



Description/Example - Implement school-wide initiatives that focus on wellbeing. For example, making sure each staff member has a wellbeing goal as part of their PPD plan.

3

Provide options for recovery at work.



Description/Example - This is essential in supporting the wellbeing of staff and reducing the impact of Secondary Traumatic Stress. In a school setting, this means creating opportunities for staff to take short, restorative breaks throughout the day, ensuring they have time and space to recharge without feeling pressured to be constantly “on.” For example, designated quiet spaces for staff to retreat to, and encouraging outdoor activities can all provide opportunities for recovery.



Elimination

Reduction

Coping

Recovery

Support

4

Professional Development on Recovery.



Description/Example - Provide ongoing training on recovery techniques, ensuring educators have practical tools for self-care that can be used both at and outside of work.

5

Lead school-based systems that support TIP.



Description/Example - Lead and assist in developing management plans to reduce frequency of exposure in your school's context. E.g., rotation of roles, allocation of staff to classes.

6

Model personal recovery.



Description/Example - Leaders who model self-care behaviours help normalise these practices among staff.

7

Ask for help when you need it.



Description/Example - School leadership can often feel isolating, with the weight of decision-making and responsibility resting on their shoulders. However, recognising when support is needed and actively seeking help from colleagues, mentors, or external professionals when facing challenges can prevent burnout and improve overall leadership effectiveness.



Elimination



Reduction



Coping



Recovery



Support

8

Provide clarity and purpose.



Description/Example - Develop clear goals for the school as part of your School Improvement Plan and communicate this clearly and regularly to the staff. Having a clear understanding of the meaning and purpose of the school is inspiring and motivating to the staff.

9

Recognise and celebrate success.



Description/Example - Regularly highlight and reward positive contributions to enhance job satisfaction and reduce feelings of burnout. The upside of this strategy is it also helps with your own Compassion Satisfaction.

10

Encourage peer support.



Description/Example - Create opportunities for peers to support each other - celebrate it when it happens.

11

Create psychological safety.



Description/Example - Develop policies that protect staff from harassment and unreasonable demands from parents, students, and colleagues.



Elimination



Reduction



Coping



Recovery



Support

12

Identify the needs within your school context.



Description/Example - Understanding the needs of your school helps to inform targeted strategies for wellbeing and STS management that address the root causes of these issues, rather than simply treating symptoms.

13

Structured approach to trauma impacted students.



Description/Example - Create team-based approaches to students to reduce individuals' exposure to STS. E.g. Share successful strategies and debrief unsuccessful ones.

14

Validate experiences and check in with staff.



Description/Example - People feel supported when their leader names and validates their emotions. E.g., 'I can understand why you feel upset after that interaction'. When individuals have a leader that checks in with them and asks about what support they could provide reduces the impact of STS.

15

Build strong professional networks.



Description/Example - Establish your own peer support circles as a school leader. Reach out and get support from your peers.



Elimination



Reduction



Coping



Recovery



Support

16

Normalise the impact of STS.



Description/Example - Make it safe to discuss STS and make it ok to talk about negative emotion. Embed discussions on STS into regular staff meetings and professional development sessions.

17

Structured debriefing.



Description/Example - Create opportunities for guided debriefing sessions to help educators manage STS effectively. This may be different in different school contexts.

18

Resource awareness.



Description/Example - Ensure staff are aware of the full range of support services available to them, both within and outside the school system.

19

Lead by example.



Description/Example - Actively demonstrate and promote healthy coping mechanisms to encourage their adoption school-wide.



Elimination

Reduction

Coping

Recovery

Support

SCHOOLS

Schools as a whole can implement strategies that are supported by the school leader but enacted by all staff within the school. A supportive and positive school culture can be hard to define, but we know it when we experience it, and it takes the entire school staff to create it. The school level strategies below ensure that individuals and teams within the school see these as normal professional practice.

1

Facilitate reflective practice.



Description/Example - Integrate structured reflection activities into staff meetings and professional development days. Debriefing can take many forms and should be individualised to the school and the staff's needs and preferences. E.g., some schools undertake an all staff debriefing, others divide the staff into small groups for debriefing. Schools would benefit from the use of reflecting on the positive impact they have had on student outcomes and their own development in their approach. This type of reflection can result in improvements in reflective practice.

2

Embed wellbeing into school plans.



Description/Example - Ensure that staff wellbeing and recovery practices are a component of the School Improvement Plan.

3

Develop staff wellbeing strategies.



Description/Example - Work collaboratively with staff to co-design a wellbeing plan that addresses specific school challenges and needs.



Elimination

Reduction

Coping

Recovery

Support

4

Provide access to psychological services.



Description/Example - Establish partnerships with mental health professionals to provide in-school counselling options for staff.

5

Team support system.



Description/Example - Using strategies like the buddy system, where each staff is allocated a support buddy is a great way to create a more supportive school culture and ensure that everyone has someone to turn to.

6

Professional development.



Description/Example - Offer quality, evidence-based training that focuses on STS management, and trauma-informed practice.

7

Collaborative approach to student issues.



Description/Example - Foster teamwork in addressing student trauma and consequent behavioural challenges, reducing the burden on individual educators. This allows for sharing of experiences around successful and unsuccessful strategies.



Elimination



Reduction



Coping



Recovery



Support

8

Focus on progress.



Description/Example - As a whole school, reflect on the impact you're having and the progress you have made. This will help improve people's Compassion Satisfaction.

COLLEAGUES

Colleagues are a key area of support and rated very high in satisfaction from other educators. While this may not be a surprising finding, looking at a constructive way to build colleague support is useful and can only serve to increase satisfaction. There are ways for colleagues to eliminate or reduce other colleagues' exposure.

1

Assist in developing management plans to reduce frequency of exposure.



Description/Example - Provide feedback and observations to your supervisors on areas that the school system can improve.

2

Avoid repeating details to others unless required.



Description/Example - Share written or verbal information regarding students, families only as necessary and only to whom the details are needed for their role.



Elimination

Reduction

Coping

Recovery

Support

3

Encourage and support recovery techniques of others.



Description/Example - As educators, we all face challenges, so we should encourage each other to use recovery techniques, such as taking breaks, setting boundaries, or practising mindfulness.

4

Celebrate the success of others.



Description/Example - Acknowledging the achievements of others, whether it's overcoming a tough day or successfully implementing a new strategy, is a great way to support your colleagues. This also helps to increase the Compassion Satisfaction of the group.

5

Work in teams on strategies.



Description/Example - Collaborating with colleagues on strategies creates opportunities for shared learning, the exchange of ideas, and collective problem-solving. By developing and implementing strategies as a team, you not only strengthen the effectiveness of these techniques but also build a sense of collective accountability.

6

Support from those who understand.



Description/Example - Support from colleagues that 'get it' was rated as very effective in our survey data.



Elimination

Reduction

Coping

Recovery

Support

7

Be as supportive as you would like others to be of you.



Description/Example - Offering and showing support to your colleagues is important to help them recover from STS. Also, by modelling the support you would like to receive, you create a space where others feel comfortable and safe to ask for help, knowing they'll receive the same level of care in return.

8

Debrief effectively as colleagues.



Description/Example - If a colleague wants to debrief, allow them to lead the conversation, avoid asking for details and focus on reflection on what happened and how to move forward. Don't have them relive the trauma. A healthy debrief allows your colleague to process the experience without becoming overwhelmed by the specifics. It also prevents the support person from experiencing STS.

9

Share your coping strategies.



Description/Example - Sharing your coping strategies with your colleagues can normalise the process of managing STS. Sometimes, just knowing that others have effective ways of coping can inspire others to adopt similar practices. Whether it's taking time out for a walk, journalling, or practising mindfulness, your strategies may serve as a model for how colleagues can take care of their mental and emotional health.



Elimination

Reduction

Coping

Recovery

Support

INDIVIDUALS

As the high Exposure, low STS group (page 73) successfully showed, there are many strategies that can be used at an individual level to mitigate the impact of exposure to Secondary Trauma using coping, recovery and support strategies. They used their sense of agency to prioritise their self-care and give themselves permission to use these strategies to be able to tolerate the high levels of Exposure they experience in their role. There are a few strategies that aim to reduce or eliminate exposure, which may seem simple at first but over the course of a career can reduce the cumulative impact of STS.

1

Read information/reports only once.



Description/Example - If reading documents detailing the student's trauma history is required for you to do your role, read them only once.

2

Avoid retelling or listening to trauma history details unless necessary for your role.



Description/Example - If you need to be informed or inform others on a student's trauma history, focus on necessary details only.

3

Seek out and obtain supervisor support.



Description/Example - We know from the statistical model on page 72 the importance of supervisor support in mitigating the impact of STS, as well as Turnover Risk. Actively seek out support from one of your supervisors to help minimise the negative impact of STS on you.



Elimination

Reduction

Coping

Recovery

Support

4

Boundary Strength/Work-life separation.



Description/Example - Setting firm boundaries between work and personal life was the number one strategy used by the High Exposure, low STS group. They used strategies such as The Third Space® concept, having designated workspaces at home, setting specific times for work, and not responding to communications after hours.

5

Journalling and Reflective Practices.



Description/Example - Engaging in journalling and reflective practices provides a structured way to process experiences and emotions. It develops self-awareness and reduces rumination. This could include writing down thoughts and emotions, reflecting on challenges, and acknowledging successes before leaving school and stepping into the home environment.

6

Hobbies.



Description/Example - Pursuing hobbies creates a sense of mastery and personal growth, providing an avenue for detachment and relaxation outside of work. Engaging in activities such as music, art, craft, woodwork, or sports, allows individuals to focus their energy on something else besides work.

7

Detachment/ Compartmentalisation.



Description/Example - Detachment or compartmentalisation is a healthy separation of what is happening to the student and yourself. E.g. 'It's not your trauma.' To be effective in your role as an educator this detachment or compartmentalisation is needed to enable you to recover and be fully engaged and available the next day.



Elimination

Reduction

Coping

Recovery

Support

8

Sleep hygiene.



Description/Example - Strategies like establishing a consistent bedtime routine, limiting screen time before bed, and creating a comfortable sleep environment improve sleep quality.

9

Self-management.



Description/Example - Create your own check-in processes that will allow you to recognise when you may be feeling overwhelmed or burnt out and take action before it becomes unmanageable. A simple way to implement self check-ins is by using tools like a human needs chart or an emotions chart.

10

Being in nature.



Description/Example - Spending time outdoors has been proven to reduce stress, improve mood, and enhance cognitive functions.

11

Small breaks at work.



Description/Example - Taking short, intentional breaks throughout the day, even just for a few minutes, can help you recover and process the stress of the role. These breaks could be as simple as stepping outside for a breath of fresh air, grabbing a cup of tea or checking in with a colleague for a quick chat.



Elimination



Reduction



Coping



Recovery



Support

12

Compassion Satisfaction/Connecting to meaning and purpose.



Description/Example - Develop ways to cultivate Compassion Satisfaction and connect to your purpose as an educator. These can include setting small daily goals, recognising and celebrating small successes, and reflecting on the positive impact you have at work.

13

Seeking assistance early.



Description/Example - Seek assistance from external provider early if symptoms of stress increase.

14

Training on trauma-informed practice.



Description/Example - Seek training in trauma-informed practice that will give you the tools to recognise the signs of trauma in both students and yourself, and the strategies to effectively manage it.

15

Identifying effective support.



Description/Example - Recognise what type of support works best for you and clearly communicate these preferences to close colleagues or supervisors.

16

Practicing self-care.



Description/Example - Prioritise your wellbeing. Nutrition, exercise and meditation/mindfulness are great self-care practices you can adopt to help you deal with the stress of the role.



Elimination

Reduction

Coping

Recovery

Support



CONCLUSION & DISCUSSIONS

Impact of Demographics

We noted that STS was higher for:

- School leaders (Principals, APs, DPs), closely followed by teachers with a 2% difference.
- Educators that work in Special Education within Mainstream Schools, followed by Special Education.
- Rural and remote schools, over regional and metro schools.
- Educators with 16 years or more of experience.

There was little impact of age or gender on STS. Personal history of trauma also did not show a strong correlation to STS, which shows that the trauma educators experience through the students impacts them far more than their personal experiences of trauma.

When reviewing the type of school, Special Education within Mainstream Schools have significantly poorer scores on many of the constructs measured, followed by Special Education Schools. This is a significant finding for consideration of many involved in education.

When reviewing different roles, leaders in the school have the most amount of challenge. They are exposed to more Secondary Trauma and have the highest level of STS, Rumination and Emotional Work Demands. As a result, their Burnout levels are high, and their Likelihood of Resigning is second highest. However, they also have the highest levels of Compassion Satisfaction, which may have a protective effect.

Compassion Fatigue = Secondary Traumatic Stress + Burnout

STS doesn't exist in a vacuum or on its own. When STS combines with Burnout the result is called Compassion fatigue. Compassion fatigue is a state in which an individual struggles to have empathy for others and is so emotionally disconnected they find it difficult to recognise signs of abuse or distress in others. In our study, 70.8% of educators scored in the medium to high range for Burnout with 61.4% answering often or very often to the statement "I feel overwhelmed because my workload seems endless". While we have known for a long time that principal Burnout is high (ACU's Principal Health and Wellbeing Survey conducted for the last 14 years), and that the teacher shortage is a well reported challenge, STS has not been conceptualised as part of an educator's role or reported on with any depth. What our study shows is that STS has silently crept up under our noses and become a significant factor with an enormous negative impact on educators. Recent reports on the increase in violence and abuse school principals experience – direct trauma – is highly concerning and unacceptable. However, even without direct trauma – Secondary Trauma alone – is fast becoming a key reason that educators are leaving the profession and action to address this is required. In our study, 37.3% of educators indicated that they are likely or extremely likely to leave the role because of Secondary Trauma, with a further 18% undecided on whether they will stay.

While Burnout itself is not the focus of this study and has indeed been well studied in school principals in Australia, the impact of it cannot be understated. 'Sheer workload' has been at the top of the list for 14 years which indicates that there is not enough change at the system level to have a demonstrated improvement for educators. While there are many issues involved in reducing workload, expecting educators to do more especially around Trauma Informed Practice without appropriate support from the system - professional supervision, training on how to best support themselves and others as mandatory baseline training and preparation - is unconscionable. In comparison to other caring professions, the training and support offered to educators is woefully low and well behind best practice. The first step would be to acknowledge STS as a significant factor in Education today and then seeking out ways to reduce exposure to STS and partner with evidence-based programs to improve educators' recovery and coping skills, as well as support services.

Mitigating Factors

We found that there were mitigating factors that have an inverse correlation with the outcome measures of Rumination, Mental Health Risk and Likelihood of Resigning. These factors are Recovery, Coping and Support. Both Recovery (made up of Detachment, Relaxation, Mastery, and Control) and Coping (ability to manage your emotions and your cognition) are strongly and negatively correlated with Rumination, Mental Health Risk and Likelihood of Resigning. Detachment in particular, has a specific role here.

Detachment

In the individual strategies, we note healthy detachment as one of the strategies. The survey revealed that 70% of educators have trouble detaching from their work. This means that they do not have an effective break from work. They carry the STS of the work day into their personal life and back to work the next day. This may create the cumulative build-up of STS seen in people with long careers in education.

It's worth noting that the remaining 30% who can detach from work may not be doing this in a healthy way. Unhealthy detachment strategies can include things such as escapism and numbing achieved through the use of alcohol/drugs, screens and social media. While on the surface they appear to be detaching and these strategies offer relief in the moment, they do not prevent the negative spill of stress (from one environment to another) or allow for the constructive processing of STS. Prolonged detachment gets in the way of people developing skills to manage their distress and properly heal.

Combining recovery strategies that allow for healthy detachment with reflective practice offers one of the most effective methods to process the days occurrences and leave them at work, rather than taking them home with you. The Third Space ® concept with the addition of individual, small team/group reflective practice can

Professional Learning

A significant proportion of educators have had no professional learning in one of the forms of training around trauma for students or for educators themselves. However, 55% of those that had training in trauma informed practice reported it helped to a large or very large extent. Conversely, only 36.3% of educators rated training in 'Self-care for educators' as helpful to a large or very large extent. This is obvious an area of need for educators.

Professional Learning (PL) was found to have a significant impact on educators' Secondary Traumatic Stress, Compassion Satisfaction and Burnout. Professional Learning rated as 'highly effective' had a positive impact on educators, while PL that was rated as 'not effective' or 'low effectiveness' had a detrimental impact on Secondary Traumatic Stress, Compassion Satisfaction and Burnout, even over those who had received no training at all.

'Highly effective' self-care training demonstrated the highest and most positive impact for educators, leading to a reduction in Secondary Traumatic Stress and Burnout scores, by 7.6 % and 13.7% respectively, and an increase in Compassion Satisfaction scores by 9.8%. 'Not effective' or 'low effectiveness' self-care training proved detrimental to educators. Of great concern are the scores for 'not effective/low effectiveness' self-care training, which leads to an increase in STS by 5.8%, Compassion Satisfaction reduces by 4.4% and Burnout also increases by an enormous 30.6%. The importance of this finding cannot be understated. No other training reported on in this study has this impact in either direction or magnitude. This finding underpins the importance of self-care training as the prime strategy that individuals and schools can use to simultaneously mitigate against STS and Burnout, while, at the same time, improving their Compassion Satisfaction. This was followed by 'highly effective' training in collaboration with families and professionals with improvements in STS (4.8%), Compassion Satisfaction (9%) and Burnout (almost 10%).

PL that increased the educators' understanding of trauma such as TIP and adopting a TIP approach at a school, even if 'highly effective' did not improve educators' STS levels. PL that was rated as 'not effective/low effectiveness' increased STS by 12.5% in TIP training and by 8.68% in adopting TIP across a school. This demonstrates the increased need for support and training for educators, as given to other professions such as social work and psychology.

Overall, the importance of highly effective professional learning cannot be understated, however the purpose and effectiveness of each type of training needs to be better understood.

Training that primarily benefits the Student

Trauma Informed Practice is essential professional learning for all educators. It allows them to understand their students better and enables the educators to grow and develop their skills. As with other professions such as social work and psychology, trauma informed practice is part of the core skill set required for a teacher and as such should be part of undergraduate teaching courses and ongoing professional development. Although this is essential professional development, it can come at a cost to the educator that is not mitigated by completing this training.

Highly effective professional learning and training improves outcomes for educators in STS, CS and BO. Conversely, the provision of no training leaves Educators with less skills and capacity to mitigate the STS they experience. However, there is a detriment to educators when they are provided with training that is not effective or has low effectiveness as it worsens these metrics for educators.

In noting the importance of TIP, it is likely that TIP has the greatest benefit to the students themselves over the educators. There are some studies such as Christian-Brandt et al (2020) and Oberg et al (2023) that found that with increased TIP training, there were higher scores in STS. One possible explanation for this is that the educator becomes more aware of the impact of the student's trauma on themselves. Another is that teachers who are more sensitive to student trauma may be more receptive to TIP training (Christian-Brandt et al, 2020).

These results show that should Educators be expected to utilise TIP and adopt it across the school, that there needs to be support given to the educator to mitigate the impact of their likely increase in STS, both in the form of highly effective training in these areas but also in self-care training.

Training that benefits the educator and the student

Self-care training and training on collaborating with families and professionals has clear benefits in improving CS and reducing STS and BO.

Self-Care

There is no other training that has the capacity to simultaneously improve all three metrics for educators than highly effective self-care training.

Highly effective self-care training needs to be tailored to educators and their diverse contexts. Research from The Flourish Movement indicates that school leaders need assistance in developing self-care strategies as a part of sustainable leadership practices that work positively within their roles and lives. Such programs take time and need supportive approaches to build effective individual strategies and resources to mitigate the excessive demands of the job. The Flourish Movement research showed that school leaders did not lack Resilience, rather they lacked Recovery. Self-care training heavily relies on individual strategies. However, the program is based on individual strategies, so broader learning on self-care requires support from education departments both financially and with more efficient systems and realistic workloads.

Of great concern is the impact of non-effective training or low effective training. This includes training where participants might feel good in the moment but yields no actual changes. One possible explanation for this finding is that poor-quality training may do more harm than good by creating a false sense of preparedness or, conversely, by highlighting issues without properly equipping participants with the skills or strategies to manage them effectively. When training is inadequate, superficial, or delivered in a way that lacks practical relevance, it may increase educators' awareness of the challenges associated with STS, CS and BO and leave them feeling even more overwhelmed and unsupported than those who have received no training at all. In contrast, those who haven't received any training might be less aware of the full extent of these issues or may rely more heavily on informal coping strategies and peer support, which could explain their comparatively lower scores.

Highly effective self-care training involves accountability not only of the participant in taking action but of the training provider to measure the effectiveness of their training programs. Without this, there is little information for Educators to know if the training they are doing is effective.

Collaboration with Families and Professionals

Professional learning that focuses on collaboration with families and professionals is essential for Educators in today's society. As educators are 'in loco parentis' while the students are in their care at school, being able to relate well to all types of families and any professionals involved in the students' care is key to working towards positive student outcomes. In the comments section there were many participants indicating high levels of distress when students are in families that are experiencing domestic violence, poverty, physical and sexual abuse and they are unable to gain help from the professionals or local government agencies such as child protection and mental health care services. System improvements are needed as interviewees and survey comments indicated the lack of support and availability of services in many jurisdictions, plus the push back from agencies where it was deemed the situation was not severe enough for intervention. This was indicated even when educators were mandatory reporting incidents. The role of families and of government systems has a direct impact on educators' wellbeing. Highly effective training in this area is the second most impactful for educators across all three metrics. What is interesting here is that parents working with educators and educators being able to collaborate with professionals on how to manage their students in the classroom involves agencies and people outside of the school environment and that improves these metrics for the educator.

Supporting Teachers with Trauma

The purpose of this training is to increase the participants ability to support others hence, we may not expect improvements for the individual themselves. This training is important especially for School Leaders, given the importance supervisor support. This may also be a window into the understanding of the increases in STS we see in school leaders over teachers and in the course of the careers. It is possible that educators seek support from those they already have connection with at their school and that training in this area may have limited benefit on these measures.

Given that this study has shown the importance and the positive impact of Colleague and Supervisor support, it is possible that educators seek support from those they already have connection with at their school and that training in this area may have limited benefit on these measures.

Statistical Modelling

Statistical modelling was used to best explain the relationship between the key constructs we measured. This modelling gave us the clearest picture to date of what is happening for educators in Australia. The model shows that Exposure to Secondary Trauma and the resulting development of STS leads to two outcomes:

1. Increased Mental Health Risk (38.5% of educators scored in the moderate mental health risk category and 14.9% scored in the high mental health risk category. These proportions are higher than the average Australian by 59% and 62% respectively).
2. Increased Rumination (53% of educators reported replaying negative work events in their minds after leaving work).

These two factors combine to increase Turnover Risk (37.3% extremely likely or likely to resign; 18% undecided).

In further support of this model, STS is significantly and strongly correlated with Rumination, Mental Health Risk and Likelihood of Resigning, as is Burnout. We view this model as a path forward to prevention and intervention.

For Governments and Departments, this is a key finding. Increased STS alone leads to an increased risk of turnover. While there is the need to reduce Burnout through increased resourcing (staff, access and funding) and reduced workloads, without addressing Exposure to Secondary Trauma, the high risk of turnover remains.

Another important finding is that, even though we cannot completely eliminate exposure, there are strategies that can be used to reduce exposure in order to minimise its impact. Government and Education Departments play an essential role in the management of STS. While the system changes that would have the biggest impact were beyond the scope of this study, we did collect data from the interviews and survey that allows us to formulate recommendations for systems as a starting point. If the system does not take this issue seriously, other attempts to improve student outcomes, and to reduce the teacher shortage will be compromised. Reducing exposure to STS can also happen at other levels such as school, colleague and at an individual level. However, without support from the system, these other levels will not have as great or consistent impact. Relying on the individual to mitigate the impact of STS as the prime strategy will not work.

In the statistical model developed, the most effective mitigating strategies were identified. The model shows that Coping strategies mitigate Mental Health Risk, Compassion Satisfaction mitigates against Rumination and Supervisor support mitigates STS and Turnover Risk. These mitigation strategies can be addressed in all roles and at all levels within education– it is not solely an individual's responsibility. This information gives us all greater understanding of what training and support is needed to assist not only those who are working in education now, but also what is missing in the preparation of future teachers.



COMMENTS

OVERALL THEMES

This research also looked at qualitative data to better understand the multifaceted nature of this topic. This study included qualitative data collection in two parts:

1. Survey comments
2. Interviews

We collected 107 interviews that are still being analysed and therefore not reported in the interim report. We also collected survey comments from 1068 respondents. This allowed respondents the opportunity to give context and descriptions that they felt important outside of the questions in the survey. These are from two open text boxes within the survey:

1. Comments on Secondary Traumatic Stress and
2. Any other comments

Below is a list of the twenty most common themes mentioned within the comments.

- 1 Student experienced Trauma
- 2 Student behaviour affected by Trauma
- 3 Frequency of exposure to Secondary trauma
- 4 Direct Trauma
- 5 Difficulty Coping/Hard to take/wear/hear
- 6 Mental Health issues
- 7 Domestic Violence
- 8 Parental Neglect
- 9 Student purported trauma
- 10 Physical abuse/assault
- 11 Staff experienced Trauma
- 12 Family experienced Trauma
- 13 Lack of support and issues with staff an outcomes in Child Protection, health, social services
- 14 Lack of support - Department/Directors
- 15 Workload
- 16 Sexual assault/Abuse
- 17 Inability to help
- 18 Frequency of exposure to direct trauma
- 19 Violence
- 20 Parent purported trauma

While this study didn't look at direct trauma to educators in their work, it was definitely something respondents wanted mentioned. Some themes relate to the sources of student trauma and others to the systems. They speak to what is the opposite of what educators want to do - which is help students. When combining the themes we find the following themes happen commonly together:

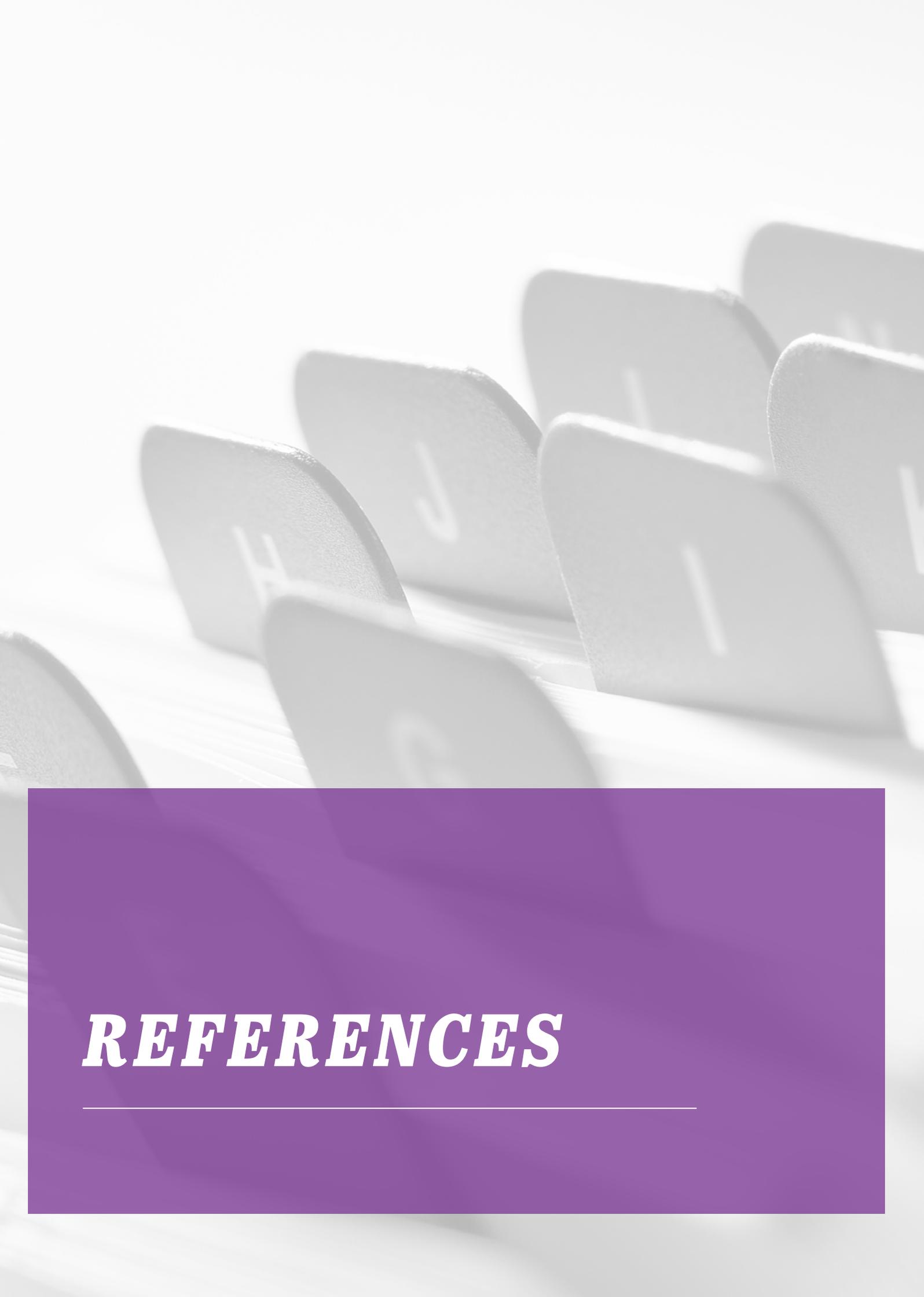
- Educators know their students are experiencing trauma, predominantly mental health issues than physical abuse.
- Educators find it hard to hear or cope with, especially teachers.
- Educators who commented that Students who experience trauma often commented on direct trauma occurring to them as an educator.
- Sources of student trauma identified were:
 - * Domestic Violence, Parental neglect (and commonly together in an almost 1:1 ratio)
 - * Followed by physical abuse and sexual abuse
- Difficulty coping or hard to hear was greatest in teachers of all roles.
- Difficulty coping was also commented on with Direct trauma.
- Difficulty coping was also often commented on with Workload issues.
- Workload was often commented on with Lack of support from the department or directors.

These themes will be further explored and in greater detail in the interview analysis. The interview analysis will also share greater insights into the potential strategies used for reducing STS.

Within the following pages is a sample of comments selected by the research team on key areas of this study. These are intended to give voice to the respondents who took the time to write these into their survey however, we have kept these comments to those we felt were least graphic. We wish to avoid creating any trauma in the production of this report.

For the full list of comments, we have included a link for download (click on the button below). We do this to thank and honour those who took the time to write these comments. We would like to advise those interested, to read with care and with the understanding that many of these comments are graphic in nature.

[SEE ALL COMMENTS](#)



REFERENCES

REFERENCES

- Benight, C. C., Shoji, K., James, L. E., Waldrep, E. E., Delahanty, D. L., & Cieslak, R. (2015). Trauma Coping Self-Efficacy: A Context-Specific Self-Efficacy Measure for Traumatic Stress. *Psychological Trauma: Theory, Research, Practice and Policy*, 7(6), 591–599.
- Caplan, R.D., Cobb, S., French, J.R.P., Van Harrison, R., & Pinneau, S.R. (1980). Job demands and work health. Ann Arbor: University of Michigan, Institute of Social Research, pp.251-252.
- Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A. & Benight, C.C., (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services*, 11(1), 75-86.
- Cohen, S. and Wills, T.A., (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), p.310.
- Christian-Brandt, A. S., Santacrose, D. E., & Barnett, M. L. (2020). In the trauma-informed care trenches: Teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. *Child Abuse & Neglect*, 110, 104437.
- Dajani, D. R., & Uddin, L. Q. (2015). Demystifying cognitive flexibility: Implications for clinical and developmental neuroscience. *Trends in Neurosciences*, 38(9), 571–578.
- De La Rosa, G., Webb-Murphy, J., Fesperman, S., & Johnston, S. (2018). Professional Quality of Life normative benchmarks. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(2), 225-228.
- Dicke, T., Kidson, P., & Marsh, P. (2025). The Australian Principal Occupational Health, Safety and Wellbeing Survey (IPPE Report). Sydney: Australian Catholic University.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel Publishers.
- Figley, C.R. and Ludick, M. (2017). Secondary traumatization and compassion fatigue. In S. Gold (ed.), *Handbook of Trauma Psychology Vol. 1* (pp. 573-593). Washington DC: APA Books.
- Hegarty, D., and Buchanan, B. (2021, November 29). Psychologist Norms for the Professional Quality of Life Scale (ProQOL). *NovoPsych*. <https://novopsych.com/news/psychologist-norms-for-the-professional-quality-of-life-scale-proqol/>
- Harel, O., Hemi, A., & Levy-Gigi, E. (2023). The role of cognitive flexibility in moderating the effect of school-related stress exposure. *Scientific Reports*, 13(1), 5241.
- Hobfoll, S.E., Watson, P., Bell, C.C., Bryant, R.A., Brymer, M.J., Friedman, M.J., Friedman, M., Gersons, B.P., De Jong, J.T., Layne, C.M. & Maguen, S. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283-315.

- Kessler, R., Andrews, G., Colpe, L., Hiripi, E., Mroczek, D., Normand, S-L., Walters, E. & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
- Lenz, A.S., Smith, C. & Meegan, A. (2024). A reliability generalization meta-analysis of scores on the Professional Quality of Life (ProQOL) scale across sample characteristics. *Measurement and Evaluation in Counseling and Development*, 57:4, 403-417.
- Llorens, C., Perez-Franco, J., Oudyk, J., Berthelsen, H., Dupret, E., Nubling, M., Burr, H., & Moncada, S. (2019). "COPSOQ III. Guidelines and questionnaire". https://www.copsoq-network.org/guidelines_and_questionnaire/
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562.
- Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3–25). Erlbaum.
- Oberg et al (2023). Assessing the interplay: teacher efficacy, compassion fatigue, and educator well-being in Australia
- Patrick, P. M., & Bensley, E. (2024). Coping in the classroom: A study of Professional Quality of Life (ProQoL) in Australian teachers. *Australian Journal of Education*, 69(1), 5-24.
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307–321.
- Shakespeare-Finch, J., Wehr, T., Kaiplinger, I. and Daley, E. (2014). Caring for emergency service personnel: Does what we do work? In 2014 Australian and New Zealand disaster and emergency management conference: Book of proceedings-Peer reviewed (pp. 1-20). Association for Sustainability in Business Inc.
- Schaufeli, W. B., & Taris, T. W. (2000). A critical review of the job demands-resources model: Implications for burnout. *Work & Stress*, 14(2), 293–315.
- Sonnentag, S., & Fritz, C. (2007). The recovery experience questionnaire: Development and validation of a measure for assessing recuperation unwinding from work. *Journal of Occupational Health Psychology*, 12(3), 204-221.
- Stamm, B.H. (2010). *The Concise Manual for the Professional Quality of Life Scale*, 2nd Ed. Pocatello, ID. ProQOL.org
- Trapnell, P.D. and Campbell, J.D. (1999). Private self-consciousness and the five-factor model of personality: Distinguishing rumination from reflection. *Journal of Personality and Social Psychology*, 76(2), 284-304.
- World Health Organisation. (2019). Burn-out an 'occupational phenomenon': International Classification of Diseases. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>



Thank You!



CONTACT US:

E: manager@dradamfraser.com

P: +61 2 9564 5763

W: www.TheFlourishMovement.com