Resilience over Adversity: Predictors of Secondary Traumatic Stress in Graduate Social Work Students

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The current study used a cross-sectional electronic survey to explore the prevalence of and relationships between adverse childhood experiences, adverse community environments (such as childhood discrimination), childhood resilience experiences, and current secondary traumatic stress (STS) in a nationally distributed sample of graduate social work students ($N = 343$). Bivariate analysis indicated that sexual and gender minority (SGM) participants experienced significantly more childhood identity-based discrimination and fewer childhood resilience experiences, compared with non-SGM participants. Participants of color faced more childhood identity-based discrimination, but no difference in resilience experiences compared with White participants. Hierarchical multiple regressions demonstrated that Resilience Questionnaire scores (odds ratio [*OR*] = 0.89, $p = .008$), childhood counseling (*OR* = 0.43, $p = .016$), and current counseling (*OR* = 1.94, $p = .011$) were significant predictors of Secondary Traumatic Stress Scale scores, explaining 17.6 percent of the variance, $\chi^2(8, N = 313) = 44.283$, $p < .001$. Childhood adversity did not predict STS when resilience was added to the model. This study highlights that childhood resilience experiences are a stronger predictor of STS than childhood adversity. The high prevalence of STS found underscores the need for intervention research to support social work students.

KEY WORDS: *adverse childhood experiences; childhood counseling; discrimination; resilience; secondary traumatic stress*

Secondary traumatic stress (STS) is a stress reaction that mirrors the symptoms of PTSD, including intrusive thoughts, emotional numbing, avoidance of reminders of trauma, heightened arousal, and changes in beliefs and worldview. The term "secondary traumatic stress" (STS) was first coined by Charles R. Figley (2013), a psychologist and traumatologist, in the 1980s. Figley used this term to describe the phenomenon experienced by individuals who are indirectly exposed to traumatic events through their work with trauma survivors. Later, Bride (2007) created the Secondary Traumatic Stress Scale (STSS), a tool designed to assess the symptoms of STS. The STSS is widely used in research and clinical settings to measure the impact of STS on helping professionals.

Numerous research studies have investigated the prevalence rates of STS among helping professionals, specifically social workers. In Bride's (2007) study of social workers holding an MSW ($N = 282$), participants displayed mild STS ($M = 29.69$, $SD = 10.74$), with a significant minority (15.2 percent) meeting diagnostic criteria for PTSD. Another study (Quinn et al., 2019) of STS among social workers found that participants endorsed modest levels of STS symptoms ($M = 33.07$, $SD = 10.80$). Among social work students, Butler et al. (2017) found a mean STS score of 34.99 ($SD = 12.28$), and Preciado (2020) found a mean score of 36.38 ($SD = 11.78$), suggesting STS scores may be higher among social work students than social work professionals. Despite higher STS prevalence rates among social work students than professionals, most STS research and STS interventions have occurred among practicing social workers, or other helping professionals, rather than among social work students in training (Sprang et al., 2019).

Researchers have investigated factors that may protect or put social workers at risk of developing STS. Individual trauma histories and workplace factors (i.e., job satisfaction, social support, supervisory relationships, type of work, client trauma type, workload, and income) have been shown to predict the development of STS among clinicians (Butler et al., 2017; Quinn et al., 2019). A few

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studies have identified psychological resilience as a protective factor against STS (Buyukbodur & Var, 2019; Lev et al., 2022). There is a small but growing body of research on the impact of identity-based discrimination on STS. Findings show that encounters with racism (Shell et al., 2021) or heterosexism (Senreich et al., 2020) are linked to elevated STS scores.

The experience of trauma arises out of a combination of adverse events and inadequate relational supports and coping strategies, calling for a holistic, integrated response (Larkin & Records, 2007). An ecological model of understanding trauma (Harvey, 1996) recognizes the importance of a multidimensional approach to understanding STS and seeks to explain why some social workers experience little to no traumatic stress, whereas others do, despite similar workplace experiences. Howard et al.'s (2015) study used a multidimensional approach to examine connections between adverse childhood experiences (ACEs), childhood resilience, workplace factors, burnout, compassion satisfaction, and STS among child welfare workers. Interestingly, multivariate analysis found no significant relationship between ACE score and STS. Higher resilience, however, was a significant predictor of STS, suggesting that childhood resilience was more impactful than childhood adversity on STS among social work practitioners.

While there is a strong evidence base for understanding STS among mental health providers, there is little research that examines STS among social work students, who are exposed to traumatic content through their coursework and internships (Ben-Porat et al., 2021). Additionally, there is little known about the impact of identity-based discrimination on STS. This study takes a multidimensional approach to examine the impact of both childhood adversity—including experiences of identity-based discrimination—and childhood resilience on STS in graduate social work students. To achieve the objectives of this study, three research questions were examined: (1) What are the childhood adversity and childhood resilience experiences, and current STS scores of MSW students? (2) Does childhood adversity or childhood resilience better predict current STS scores of MSW students? and (3) Are there significant differences between childhood adversity and resilience experiences and current STS scores by racial and sexual identity?

METHOD

Participants and Procedure

Data for this study were from the cross-sectional electronic survey Assessing Childhood and Community Trauma and Resilience Histories in MSW Students ($N = 343$), and all participants were current graduate students in an MSW program. The survey was distributed through Google Forms to MSW directors across the United States, who were asked to share it with their students. All procedures were reviewed and approved by the University at Albany, State University of New York institutional review board. The survey contained 105 items and included multiple-choice, multiple-response, and Likert-scale questions. Three validated scales were included: the STSS (Bride et al., 2004), the ACE Scale (Felitti et al., 1998), and the Resilience Questionnaire (RQ; Rains & McClinn, 2013).

Measures

Dependent Variable: STS. The STSS (Bride et al., 2004) was used to assess STS symptoms. This measure involves 17 items, with a five-point Likert-type scale. The scale ranges from 1 = never to 5 = very often, with higher scores indicating a higher frequency of traumatic stress symptoms. All 17 items were summed into a total STS score (potential range: 17–85), and Cronbach's alphas for the 17 items are .91. STS score was dichotomized with the cutoff score of 38 or higher, which indicates a positive score for moderate to severe symptoms of STS (Bride, 2007).

Independent Variables. The 10-item ACE Scale (Felitti et al., 1998) was used to assess 10 categories of abuse, neglect, and household dysfunction occurring during the first 18 years of life ($\alpha = .75$). The response options were "yes" or "no." The 10 items were dichotomously coded (0 = no, 1 = yes) and summed into a total ACE score (0–10).

The seven-item Adverse Community Environments Scale was created based on the "Pair of ACEs" framework that includes concentrated poverty, segregation from opportunity, community violence, and experiences of discrimination as root inequities that can drive and worsen adverse conditions or traumatic events in families (Ellis & Dietz, 2017). The Adverse Community Environments Scale is a step beyond the interpersonal and familial focus of the ACE Scale to provide a more holistic portrayal of childhood adversity. The seven items asked about were socioeconomic (SES) marginalization, identity-

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based discrimination, poverty, housing conditions, witness to community violence, worry due to systemic discrimination, and worry due to deportation, before the respondent's 18th birthday ($\alpha = .72$). Response options were "yes" or "no." Items were dichotomously coded (0 = no, 1 = yes) and summed into a total adverse community environment score (range: 0–7) for use in the hierarchical regression analysis. The three items related to childhood discrimination—SES marginalization, racial discrimination, and sexual identity discrimination—were also explored in a separate bivariate analysis as stand-alone variables.

The 14-item RQ (Rains & McClinn, 2013) was used to measure childhood resilience experiences ($\alpha = .88$). The items asked about positive experiences in the context of family and community, including love ("I believe that my mother loved me when I was little"), caring ("When I felt really bad, I could almost always find someone I trusted to talk to"), and support ("When I was a child, teachers, coaches, youth leaders or ministers were there to help me"). Likert-scale response options included "definitely true," "probably true," "not sure," "probably not true," and "definitely not true." Responses were categorized as "resilience experience" (definitely true and probably true) and "no resilience experience" (not sure, probably not true, and definitely not true). Resilience experiences were then summed to create a total resilience score (potential range: 0–14).

The final independent variable was childhood counseling experience. Participants replied "yes" or "no" to the question, "Have you ever received therapy or counseling during your childhood?"

Sociodemographic Variables. Participants were asked to identify their race or ethnicity by selecting from the following (multiple responses allowed): American Indian or Alaska Native; Asian; Black or African American; Hispanic, Latino, or Spanish Origin; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; White. Responses were dichotomously categorized as person of color (POC) or White.

Participants reported their sexual identity, gender identity, and trans experience through multiple response questions. Participants who reported lesbian, gay, bisexual, asexual, trans experience, queer, nonbinary or wrote in another sexual or gender minority (SGM) identity response were categorized as SGM.

Participants were asked to identify their age by selecting one of the following age categories: "under 25," "25–29," "30–34," "35–45," and "45 and older." Responses were collapsed into two categories, "under 30" and "30 and above."

Participants reported whether they were currently in counseling by answering "yes" or "no" to the question, "Have you ever received therapy or counseling during your graduate school career?"

Data Analysis

The current study conceptualized childhood adversity using two variables: ACEs and adverse community environments. Childhood resilience was conceptualized using the variables RQ score and childhood counseling. Analyses were performed using SPSS (Version 27). Descriptive statistics were examined, followed by Pearson correlation analyses and chi-square analyses. Three separate hierarchical multivariate logistical regression analyses were conducted to examine childhood adversity and childhood resilience as predictors of STS. This approach allowed us to test the effects of specific predictors while also seeing the individual contribution of each predictor by controlling for the influence of other predictors. The requisite assumptions of independence, multicollinearity, normality and equal variance, and adequate sample size were checked and met within the data for hierarchical logistic regression analyses. Missingness across variables of interest was low, ranging from 0 percent to 2.65 percent; thus, listwise deletion was applied. Additionally, a separate bivariate analysis examined differences between childhood adversity and resilience experiences and current STS scores by racial identity, sexual identity, and age.

RESULTS

Participant Characteristics

A total of 343 participants were included in the study. The majority of participants reported their gender identity as female (84.5 percent), followed by gender queer (7.9 percent), and male (7.6 percent). More than one-third (38.2 percent) of participants reported that they belonged to at least one SGM subgroup. Approximately three-quarters identified as White (78.4 percent), followed by Black (14.3 percent), Hispanic (6.4 percent), Asian (5.0 percent), Middle Eastern (0.6 percent), and Native American (1.2 percent). Three-fifths of participants (60.5 percent) reported that they were currently in counseling or had received counseling during their graduate school career.

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The mean ACE score of participants was 3.27 (SD = 2.45). Over 40 percent of participants had an ACE score of 4 or higher. The mean Adverse Community Environments Scale score was 1.64 (SD = 1.89). The mean RQ score was 10.49 (SD = 3.10). Only 17.4 percent of participants reported that they received counseling during their childhood. The mean STSS score was 37.92 (SD = 12.73). Less than a quarter (23.4 percent) of participant scores showed little or no STS (17–27), 27.6 percent showed mild STS (28–37), 16 percent showed moderate STS (38–43), 13.6 percent showed high STS (44–48), and 19.3 percent showed severe STS (49–85).

Predictors of STS: Bivariate Analysis

Bivariate analysis was used to examine associations with the dependent variable STS. Participants who screened positive on their STSS were more likely to identify as SGM (p = .001), had higher ACE (p < .001) and Adverse Community Environments Scale (p = .008) scores, had lower RQ scores (p < .001), and were more likely to receive counseling during their graduate school career (p = .013) compared with those who were negative on their STSS. Race (p = .060) and age (p = .369) did not show significant associations with STSS in the bivariate analysis (see Table 1).

Hierarchical Logistic Regression Modeling of Predictors of STS

A three-step hierarchical logistic regression was used to examine the impacts of potential contributing variables on the outcome variable STS. The entry order of the variables was determined by a priori theoretical and empirical rationales. The variables were entered in the following order: Step 1, sociodemographic variables; Step 2, childhood adversity (the Pair of ACEs); and Step 3, childhood resilience (RQ scores and childhood counseling). Race, SGM, age, and current counseling were entered in Step 1. The variables explained 5.2 percent of the variance in STS and correctly classified 59 percent of cases. SGM identity (odds ratio [OR] = 1.85, p = .009) significantly contributed to the model, while race, age, and current counseling did not.

In Step 2, ACE score and Adverse Community Environments Scale score were added. The variables explained 12.4 percent of the variance in STS and correctly classified 63.1 percent of cases. In the second model, the participant characteristics that influenced STS was SGM identity (OR = 1.64, p = .047), similar to the first model, and also ACE score (OR = 1.13, p = .022); each unit increase in ACE score was associated with a 13 percent increase in the odds of a positive STSS.

Last, RQ score and childhood counseling were added in Step 3. The variables explained 17.6 percent of the variance in STS and correctly classified 63.9 percent of cases. In the third model, the participant characteristics that influenced STS were current counseling (OR = 1.94, p = .011), RQ score (OR = 0.89, p = .008), and childhood counseling (OR = 0.43, p = .016). Each unit increase in resilience score was associated with an 11 percent decrease in the odds of a positive STSS. SGM identity (p = .058) and ACE score (p = .149) were no longer significantly associated when RQ score and childhood counseling were included in the model. Multicollinearity was examined, and all variance inflation factor scores ranged from 1.033 to 1.967, indicating that the variance explained by the independent variables is not overlapping (see Table 2).

Childhood Adversity, Childhood Resilience, and STS Scores by Racial and Sexual Identity: Bivariate Analysis

POC participants had significantly higher ACE scores (M = 3.98, p = .002) and Adverse Community Environments Scale scores (M = 3.47, p < .001) than White participants (M = 3.04, M = 1.00, respectively). POC participants were also significantly more likely to report experiencing childhood SES marginalization (57.5 percent, p < .001) than White participants. Three out of four POC participants reported experiencing racial discrimination during their childhoods. There were no significant differences between POC and White participants based on sexual identity discrimination during childhood, childhood resilience experiences, or current STS scores.

SGM participants had significantly higher ACE scores (M = 3.64, p = .024) compared with non-SGM participants (M = 3.02, p = .024). There were no significant differences between Adverse Community Environments Scale scores or childhood SES marginalization. Forty percent of SGM participants reported experiencing childhood discrimination based on their sexual identity. SGM participants had significantly lower RQ scores (M = 9.95, p = .008) and significantly higher STS

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Table 1: Sample Characteristics and Bivariate Associations with Secondary Traumatic Stress

Characteristic	Total ($N = 343$) *n* (%)	Positive ($n = 165$) *n* (%)	Negative ($n = 174$) *n* (%)	*r*	*p*
Race				.001	.979
POC	86 (25.5)	42 (25.5)	44 (25.6)		
White	251 (74.5)	123 (74.5)	128 (74.4)		
SGM				.18	.001**
Yes	128 (38.2)	76 (47.5)	52 (30.2)		
No	207 (61.8)	84 (52.5)	120 (69.8)		
Age (years)				−.05	.371
Under 30	193 (57.3)	98 (59.8)	95 (54.9)		
30 and above	144 (42.7)	66 (40.2)	78 (45.1)		
Current counseling				.14	.013*
Yes	205 (60.5)	111 (67.3)	94 (54)		
No	134 (39.5)	54 (32.7)	80 (46)		
ACE score				.20	<.001**
Adverse community environment score				.15	.008**
Childhood counseling				−.09	.102
Yes	59 (17.4)	23 (13.9)	36 (20.7)		
No	280 (82.6)	142 (86.1)	138 (79.3)		
RQ score				−.23	<.001**

Notes: POC = person of color; SGM = sexual and gender minority; ACE = adverse childhood experience; RQ = Resilience Questionnaire.
*$p < .05$. **$p < .01$.

scores ($M = 40.22$, $p = .003$) than non-SGM participants (see Table 3).

LIMITATIONS

This study has several limitations that should be acknowledged. First, the sample size was insufficient to explore potential differences among specific subgroups in the SGM community, as well as among various racial and ethnic groups in the POC subgroup. Additionally, the study's highly female sample limits the extent to which findings may apply across gender identities. Methodological limitations, including the sampling approach and an unknown response rate, may further affect the representativeness of the findings. Consequently, caution is advised when generalizing these results, as the sample may not fully represent the demographic diversity of social work students across the United States. This study's U.S.-specific context also restricts its applicability to social work populations in international settings. Finally, the reliance on self-reported data introduces potential bias, including risk of selection and recall biases. Future research with larger, nationally representative samples and longitudinal designs is recommended to address these limitations and strengthen the evidence base.

DISCUSSION

The current study reveals that the lives of social work students are affected by previous adversities and resilience experiences that could play a role in their participation in coursework, interactions with future clients and workplaces, and personal lives. Importantly, the findings show that childhood resilience is more powerful than earlier adversities, suggesting opportunities to foster student resilience that are aligned with resilience-building practice responses to adversity and trauma (Ellis & Dietz, 2017). The current study is unique in that it investigates the effects of the Pair of ACEs and resilience on STS among graduate social work students. A wealth of ACE research shows strong associations between accumulated early adversities and present-day challenges (Ellis & Dietz, 2017; Larkin et al., 2012). The recognition that ACEs can be stimulated and intensified by adverse

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Table 2: Hierarchical Logistic Regression Models Predicting Secondary Traumatic Stress

	Model 1		Model 2		Model 3	
Characteristic	***OR***	**[95% CI]**	***OR***	**[95% CI]**	***OR***	**[95% CI]**
Race (POC)	1.10	[0.66, 1.83]	0.70	[0.39, 1.36]	0.75	[0.40, 1.49]
SGM (yes)	1.85**	[1.17, 2.95]	1.64*	[1.01, 2.61]	1.62[a]	[0.96, 2.56]
Age (under 30)	1.17	[0.75, 1.83]	1.44	[0.83, 2.10]	1.73	[0.98, 2.70]
Current counseling (yes)	1.50	[0.95, 2.39]	1.80*	[0.98, 2.56]	1.94*	[1.05, 2.84]
ACE score			1.13*	[1.02, 1.27]	1.10	[0.97, 1.24]
Adverse community environment score			1.17	[0.95, 1.36]	1.14	[0.93, 1.34]
Childhood counseling (yes)					0.43*	[0.22, 0.86]
RQ score					0.89*	[0.81, 0.97]
Nagelkerke R^2	.052		.124		.176	
Model χ^2	13.08*		31.12**		44.28**	
Classification correct	59.0		63.1		63.9	

Notes: POC = person of color; SGM = sexual and gender minority; ACE = adverse childhood experience; RQ = Resilience Questionnaire.
$^{*}p < .05$. $^{**}p < .01$. $^{a}p = .058$.

community environments has inspired initiatives to foster resilience and advance equitable policies (e.g., the Health Federation of Philadelphia's Mobilizing Action for Resilient Communities initiative; https://marc.healthfederation.org/). In accordance with research on child services providers (Esaki & Larkin, 2013), the current study uncovers a greater number of earlier life adversities experienced by graduate social work students compared with the general population. This raises the question of whether individuals with higher rates of earlier adversities are more likely to be drawn to the profession of social work.

Social work students identifying as POC or SGM more frequently reported four or more ACEs compared with their White or non-SGM classmates. Many study participants were affected by identity-based childhood discrimination. Prevalence was higher among participants of color, with three-fourths reporting identity-based discrimination compared with 40 percent of SGM participants. There may be several reasons for this, including the potential to conceal one's sexuality to avoid discrimination. Yet, the current study did not inquire about experiences of childhood discrimination related to nonconforming gender identity, thereby underrepresenting the prevalence rate. Furthermore, about one-third of individuals who answered "yes" to questions on childhood racial discrimination also identified as SGM, indicating the need to further examine effects of multiple and overlapping identity-based discrimination experiences.

Childhood resilience experiences (RQ and childhood counseling) may have a greater long-term impact on risk for STS than childhood adversity (the Pair of ACEs). Participants who received counseling during their childhood were half as likely to screen positive for STS, suggesting the importance of early intervention in promoting mental health resilience later in life. Further research is needed to examine whether participants who were in childhood counseling had higher childhood adversity, and if so, the relationship of resolved trauma and STS risk. Notably, whether an individual experienced little or great adversity in childhood, childhood resilience is still predictive of STS. The fact that childhood counseling has the most impact on STS points to the value of early environmental interventions and supports in building resilience. This is in keeping with community-based approaches to fostering resilience (Larkin & Records, 2007).

One possible explanation for why SGM participants had lower resilience scores than POC participants could be the difference in identity-based support received in one's family and community. SGM participants might not have had the same built-in shared-identity family and community support that POC youth often do (Neblett et al., 2008), and SGM youth may be discriminated against by their closest supports (McGeough & Stezing, 2018). Additionally, a strong Black identity has been shown to moderate the negative effects of racial discrimination among Black youth, such that increased discrimination does not necessarily lead to greater distress—and one hypothesis is that resilience is built over time when, in the face of discrimination, there is parallel racial identity support (Neblett et al., 2008). Both POC and SGM

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Table 3: Adversity and Resilience Experiences during Childhood and STS Scores by Race, Sexual Identity, and Age

	Adversity Experiences during Childhood					Resilience Experiences during Childhood		
Characteristic	**ACE Score (*N* = 343) *M (SD)***	**Adverse Community Environment Score (*N* = 343) *M (SD)***	**SES Marginalization[a] (*N* = 343) *n* (%)**	**Racial Identity Discrimination[a] (*N* = 335) *n* (%)**	**Sexual Identity Discrimination[a] (*N* = 335) *n* (%)**	**Childhood Counseling[a] (*N* = 343) *n* (%)**	**RQ Score (*N* = 334) *M (SD)***	**STS Score (*N* = 339) *M (SD)***
Total sample	3.27 (2.44)	1.64 (1.89)	107 (31.3)	69 (20.6)	63 (18.8)	59 (17.2)	10.49 (3.10)	37.92 (12.73)
Race								
POC	3.98 (2.58)**	3.47 (2.17)**	50 (57.5)**	64 (74.4)**	18 (20.9)	9 (10.3)[b]	10.79 (2.84)	38.69 (14.46)
White	3.04 (2.36)	1.00 (1.28)	55 (21.7)	5 (2)	45 (18.2)	49 (19.3)	10.37 (3.19)	37.75 (12.10)
SGM								
Yes	3.64 (2.36)*	1.80 (1.75)	42 (33.1)	22 (17.3)	52 (40.9)**	18 (14.1)	9.95 (3.10)**	40.22 (11.86)**
No	3.02 (2.49)	1.54 (1.99)	60 (29.0)	45 (22.5)	10 (5)	38 (18.4)	10.88 (3.03)	36.08 (12.62)
Age (years)								
Under 30	3.00 (2.38)*	1.54 (1.88)	58 (30.2)	38 (20.1)	37 (19.6)	37 (19.2)	11.23 (2.62)**	38.43 (12.69)
30 and over	3.63 (2.50)	1.74 (1.88)	48 (32.4)	30 (20.8)	26 (18.1)	22 (14.9)	9.46 (3.38)	37.26 (12.86)
Current counseling								
Yes	3.32 (2.41)	1.47 (1.72)*	60 (29.0)	37 (18.0)	38 (18.5)	36 (17.3)	10.46 (3.10)	39.45 (12.53)**
No	3.18 (2.50)	1.91 (2.10)	47 (34.8)	32 (24.6)	25 (19.2)	23 (17.0)	10.53 (3.17)	35.58 (12.73)

Notes: χ^2 analyses were used for categorical variables. Analyses of variance were used for continuous dependent variables. Percentages are calculated among race, sexual and gender minority (SGM), and age subgroups, i.e., among participants who self-identified as people of color (POC), 57.5 percent experienced childhood socioeconomic status (SES) marginalization compared with 21.7 percent of White participants. STS = secondary traumatic stress; ACE = adverse childhood experience; RQ = Resilience Questionnaire.

[a]Reported "yes."

*$p < .05$. **$p < .01$. [b]$p = .55$.

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participants reported experiencing identity-based discrimination during childhood and had higher rates of ACEs compared with their counterparts. Further research could apply the concept of intersectionality to examine overlap of these experiences and the effects of the Pair of ACEs.

Despite the significant correlation between the Adverse Community Environments Scale score and STS, not all instances of discrimination experienced as a child have the same effect on STS. Although ACE scores were linked to STS in initial analyses, a more detailed model including resilience predictors showed that neither of the Pair of ACEs were strong predictors of STS. Childhood resilience experiences, which include childhood counseling, may have a more significant long-term impact on STS risk. Moreover, regardless of the degree of childhood adversity, childhood resilience remained a significant predictor of STS when controlling for the Pair of ACEs.

The finding that over half of the graduate social work student participants had moderate or higher STS scores is striking, with one-fifth reporting severe scores. Despite significant attention to STS and related concepts—such as compassion fatigue, vicarious trauma, and burnout—over the past two decades, intervention research addressing these issues remains limited (Bercier & Maynard, 2014; Kim et al., 2022). The high prevalence of STS in this study highlights the urgent need for interventions to address STS in students undergoing professional social work training. The findings may also support deans and directors to develop trauma-informed social work programs that prioritize building students' resilience.

IMPLICATIONS

The high rates of early adversities and STS among graduate social work students have important implications related to the professional development of social workers. The fact that resilience experiences, especially childhood counseling, were the best predictors of STS indicate the value of fostering student resilience. The current findings can inform community supports for student resilience while the particular importance of childhood counseling bolsters the usefulness of advancing STS intervention research. Trauma-informed practice is considered a core element of social work education (Council on Social Work Education [CSWE], 2015), and the National Association of Social Workers' (NASW; 2021) *Code of Ethics* includes self-care to counter exposures to trauma and taxing workplaces. Trauma-informed "communities of care" can be cultivated through relationship building and role modeling resilience, self-care, and peer support (Larkin & Records, 2007). As schools of social work deliver STS practice content and other trauma-related subject matter, the current findings highlight the need to take students' own earlier adversities and current STS into account. Schools of social work are poised to advance STS intervention research tailored to social work students and consider new ways to inform and assess their own trauma-informed, resilience-building supports. This would set an example for social service agencies, including student field placements, as well as other training programs for frontline helping professionals such as medical staff, emergency responders, and mental health providers from other fields. Organizations developing trauma-informed programs often seek partnerships with schools of social work (Larkin et al., 2020). Based on the findings, the following practical steps are recommended for all schools of social work: (a) raise awareness of adversity and resilience backgrounds of graduate social work students and their high prevalence of STS (disseminate research findings to CSWE, NASW, and all schools of social work); (b) prioritize STS intervention research tailored to students and examine the overlap of identity-based discrimination and the Pair of ACEs; (c) involve students, faculty, and staff in considering curricular implications and identifying new research questions (Larkin & Records, 2007).

CONCLUSION

The current study investigated the prevalence of early life adversity (the Pair of ACEs), childhood resilience (RQ and childhood counseling), and STS among social work students. Findings reveal a higher occurrence of STS among social work students compared with previous research focused solely on social work professionals, a phenomenon that could be further explored in future research. Graduate social work students have more earlier adversities than the general population, and those who identified as POC or SGM experienced greater numbers of early adversities, including identity-based childhood discrimination. At the same time, findings suggest that childhood resilience, particularly childhood counseling, plays a more important role in STS risk than childhood adversity. The strength of childhood counseling in predicting STS risk speaks to the importance of earlier environmental interventions and

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supports. Results of the current study suggest the need to further examine the overlap of identity-based discrimination and the Pair of ACEs and highlight the value of future STS intervention research tailored to social work graduate students. Trauma-informed communities of care are recommended to deans and directors seeking to create a data-driven context that promotes student resilience and enhances the training of future social workers (Larkin & Records, 2007). SW

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REFERENCES

Ben-Porat, A., Shemesh, S., Reuven Even Zahav, R., Gottlieb, S., & Refaeli, T. (2021). Secondary traumatization among social work students—The contribution of personal, professional, and environmental factors. *British Journal of Social Work*, *51*, 982–998. https://doi.org/10.1093/bjsw/bcaa056

Bercier, M. L., & Maynard, B. R. (2014). Interventions for secondary traumatic stress with mental health workers: A systematic review. *Research on Social Work Practice*, *25*, 81–89. https://doi.org/10.1177/1049731513517142

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, *52*, 63–70. https://doi.org/10.1093/sw/52.1.63

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice*, *14*, 27–35. https://doi.org/10.1177/1049731503254106

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*, 416–424. https://doi.org/10.1037/tra0000187

Buyukbodur, A. C., & Var, E. C. (2019). Effect of psychological resilience on secondary traumatic stress in social workers. *International Journal of Social Work and Human Services Practice Horizon Research Publishing*, *7*, 40–44. https://doi.org/10.13189/ijrh.2019.070302

Council on Social Work Education. (2015). *Specialized practice curricular guide for trauma-informed social work practice*. https://www.cswe.org/products/specialized-practice-curricular-guide-for-trauma-informed-social-work-practice/

Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics*, *17*, S86–S93. https://doi.org/10.1016/j.acap.2016.12.011

Esaki, N., & Larkin, H. (2013). Prevalence of adverse childhood experiences (ACE) among child service providers. *Families in Society*, *94*, 31–37. https://doi.org/10.1606/1044-3894.4257

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*, 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.

Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress*, *9*, 3–23. https://doi.org/10.1002/jts.2490090103

Howard, A. R. H., Parris, S., Hall, J. S., Call, C. D., Razuri, E. B., Purvis, K. B., & Cross, D. R. (2015). An examination of the relationships between professional quality of life, adverse childhood experiences, resilience, and work environment in a sample of human service providers. *Children and Youth Services Review*, *57*, 141–148. https://doi.org/10.1016/j.childyouth.2015.08.003

Kim, J., Chesworth, B., Franchino-Olsen, H., & Macy, R. J. (2022). A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events. *Trauma, Violence & Abuse*, *23*, 1437–1460. https://doi.org/10.1177/1524838021991310

Larkin, H., & Records, J. (2007). Adverse childhood experiences: Overview, response strategy, and integral theory. *Journal of Integral Theory and Practice*, *2*, 1–25. http://aceresponse.org/img/uploads/file/ACEs_RIS_Overview.pdf

Larkin, H., Shields, J. J., & Anda, R. F. (2012). The health and social consequences of adverse childhood experiences (ACE) across the lifespan: An introduction to prevention and intervention in the community. *Journal of Prevention & Intervention in the Community*, *40*, 263–270. https://doi.org/10.1080/10852352.2012.707439

Larkin, H., Wallace, D., Cortese, A., Briar-Lawson, K., Hughes, C. M., Peterson, D., Good, L., & Chakravarty, S. (2020). Adverse childhood experiences research drives university–community collaboration to build community resilience. *Children's Voice*, *29*. https://www.cwla.org/adverse-childhood-experiences-research-drives-university-community-collaboration-to-build-community-resilience/

Lev, S., Zychlinski, E., & Kagan, M. (2022). Secondary traumatic stress among social workers: The contribution of resilience, social support, and exposure to violence and ethical conflicts. *Journal of the Society for Social Work and Research*, *13*, 47–65. https://doi.org/10.1086/714015

McGeough, B. L., & Stezing, P. R. (2018). A systematic review of family victimization experiences among sexual minority youth. *Journal of Primary Prevention*, *39*, 491–528. https://doi.org/10.1007/s10935-018-0523-x

National Association of Social Workers. (2021). *Code of Ethics of the National Association of Social Workers*. Author.

Neblett, E. W., White, R. L., Ford, K. R., Philip, C. L., Nguyen, H. X., & Sellers, R. M. (2008). Patterns of racial socialization and psychological adjustment: Can parental communications about race reduce the impact of racial discrimination? *Journal of Research on Adolescence*, *18*, 477–515. https://doi.org/10.1111/j.1532-7795.2008.00568.x

Preciado, R. P. (2020). *Lived experiences of masters level social work students and risk of secondary traumatic stress in field placement* (Graduate thesis, California State University, Sacramento). ScholarWorks. https://hdl.handle.net/10211.3/216892

Quinn, A., Ji, P., & Nackerud, L. (2019). Predictors of secondary traumatic stress among social workers: Supervision, income, and caseload size. *Journal of Social*

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Work, *19*, 504–528. https://doi.org/10.1177/1468017318762450
Rains, M., & McClinn, K. (2013). *Resilience Questionnaire*. Integrative Bodywork. http://www.jimfazioib.com/Resilience_SCore_Questionnaire.pdf
Senreich, E., Straussner, S. L. A., & Cooper, C. E. (2020). Health, wellness, and workplace experiences of lesbian, gay, and bisexual social workers. *Journal of Gay & Lesbian Social Services*, *32*, 209–239. https://doi.org/10.1080/10538720.2020.1722303
Shell, E. M., Teodorescu, D., & Williams, L. D. (2021). Investigating race-related stress, burnout, and secondary traumatic stress for Black mental health therapists. *Journal of Black Psychology*, *47*, 669–694. https://doi.org/10.1007/s10935-018-0523-x
Sprang, G., Ford, J., Kerig, P., & Bride, B. (2019). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology*, *25*, 72–81. https://doi.org/10.1037/trm0000180

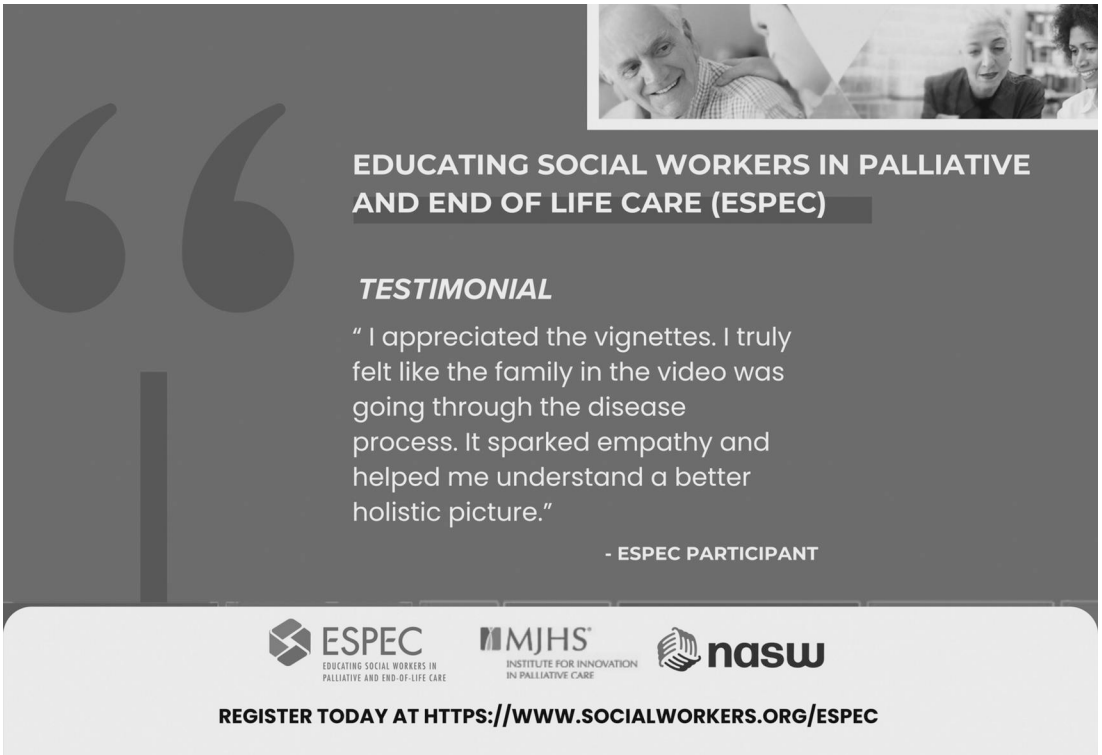
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