

## **An Exploration of Resilience among Social Work Students with Histories of Trauma**

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### **Abstract**

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*This study explored the impact of trauma histories on the strength of resilience among a sample of social work students. All BSW and MSW students (n=192) at a midwestern university were included in the sample. A total of 140 students accessed the Qualtrics survey by links or a QR code with 101 students having histories of trauma. Data was gathered using the Adverse Childhood Experiences Assessment Tool, Connor-Davidson Resilience Scale and piloted questions constructed by the researcher. This study revealed prominent histories of trauma and related challenges to the levels of resilience existing in these social work students. It is essential to create an educational environment where social work students can explore their histories and honestly assess the potential impact of those histories on practice and on the need for their own strengthened resilience.*

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**Keywords:** Trauma, Resilience, Social Work, Students

### **1. Introduction**

Resilience, a critical attribute for social work practice, enables social workers to effectively manage the emotional and psychological demands of their profession. Resilience supports both professional longevity and the provision of quality social work services, making its importance to practice a matter of academic concern and attention (Bride, 2007). Trauma has a significant impact on one's ability to develop and act on one's resilience. The experience of trauma can overwhelm one's ability to cope and bounce back from challenges (Tedeschi & Calhoun, 2004). Bonnano (2004) attributes the inability to bounce back from adversity and negative effects to one's sense of self-worth, self-esteem, and belief in one's ability to overcome obstacles as significant effects of trauma on resilience. Psychiatric conditions including Post Traumatic Stress Disorder, anxiety and depression are prevalent among survivors of trauma, affecting their ability to cope with stress and adversity (Tedeschi & Calhoun, 2004). Deficits in resiliency present challenges to social work professionals as they attempt to manage the rigorous demands of social work practice.

A significant number of social work professionals are believed to have histories of childhood trauma, including physical, sexual, emotional abuse and neglect. The prevalence of social workers who have a history of personal trauma can vary based on individual experiences, but research suggests that a significant proportion of social workers may have encountered personal trauma in their lives including physical, sexual, emotional abuse and neglect. Studies have shown that social workers often enter the field because of their own life experiences with trauma or adversity, which can contribute to their empathy and understanding of clients' struggles (Bride, 2007). The importance of resilience to professional success underscores the need to modify course content to better prepare students with trauma histories, for successful and satisfying careers in social work.

This study explored the impact of trauma histories on the strength of resilience among a sample of social work students. This study sought to answer these questions: What are the strongest and weakest dimensions of resilience of social work students as measured on the Connor-Davidson Resilience Scale (CD-10)? Is there a significant difference in the resilience of individuals who have experienced specific types of abuse? Do certain treatment modalities result in significant differences in the dimensions of resilience as measured on the Connor-Davidson Resilience Scale (CD-10)? The findings will inform students and social work educators of needed supports to enhance resilience during the education process.

## 2. Literature Review

Resilience is a multidimensional concept, referred to as a constructive personality trait that includes personal qualities such as hardiness, sense of control, and emotional intelligence, and that enhances individual adaptation and ability to cope with stressful life events (Bonanno, 2004; Lev et al., 2020). Studies suggest that resilience is a process and an adaptive experience while experiencing stress or trauma rather than a personal attribute (Luthar et al., 2000). The Social Ecology of Resilience Theory emphasizes that resilience is an ever-changing and dynamic product of interacting forces (individual, social, and organizational) within a given eco-systemic context (Ungar, 2011; Collins, 2017).

Despite conceptual differences in their approach, most studies assert that resilience has many benefits for employees and organizations in general, and for social workers in particular (Fisk & Dionisi, 2010). Resilience helps social workers handle and adapt positively to the complexities and challenges of their work environment, and increases their professional growth, decision-making capacities, and job satisfaction as well as enhances their health and wellbeing (Youssef and Luthans, 2007; Collins, 2008; Grant and Kinman, 2014). In addition, social workers who perceive their level of resilience as high are more capable of reflecting on their practice, examining their own experiences of the work and identifying supervision and support needs from supervisors, managers, and peers; they also experience less secondary traumatization (Lev et al., 2020). Earlier studies noted that the enhanced capabilities associated with resilience are likely to benefit service delivery quality and to elicit good outcomes for service users, and they identified both personal and environmental factors as potential contributors to resilience among social workers (Gu and Day, 2007).

Histories of trauma are frequently reported by consumers of social work services. The types, exposures to, and prevalence rates of trauma events among social work clients are well documented, with one study finding nearly 90% of individuals served in community mental health settings reporting at least one trauma exposure sometime during their life (Finkelhor et al., 2015) The interest in documenting consumers' trauma histories has expanded to include the histories of social service providers, though no overall prevalence rate for social workers and other helping professionals has emerged. Researchers acknowledge the multiple sources of trauma experienced by these professionals, including personal, secondary and vicarious traumas (Armes et al., 2020) which may be classified as either psychiatric disorders or clusters of symptoms. For example, Bride (2007) found nearly 15% of social workers surveyed met criteria for secondary traumatic stress disorder and even more reported some degree of secondary traumatic stress symptoms. Thus, in combination with the experience of personal drama, the event of secondary and vicarious forms of trauma impacts helpers in more complex ways, requiring them to navigate professional responsibilities while processing their own and external sources of trauma-related stress.

A pertinent concept in this context is vicarious trauma. While the terms secondary trauma and vicarious trauma are frequently used interchangeably within the field of social work, they possess nuanced distinctions. Secondary trauma generally refers to the indirect exposure to trauma resulting from interactions with individuals who have experienced traumatic events, leading to symptoms similar to those in trauma survivors. By contrast, vicarious trauma specifically denotes the adverse transformation experienced by therapists or caregivers because of their work with trauma survivors (Regehr et al., 2004). For the purpose of examining practitioners' resilience in light of their exposure to trauma, the term "secondary trauma" is used herein to encompass both concepts, i.e., the indirect trauma associated with secondary trauma and the internal transformations arising from vicarious trauma.

### 3. Methodology

#### 3.1 Sampling and Data Gathering

All BSW and MSW students (n=192) at a midwestern university of 13,500 students were included in the purposeful sample for this study. Recruitment strategies included announcements from course instructors and direct email from the researcher. Data were collected through surveys conducted over a two-week period in September 2023. These surveys contained an overview of the study along with a statement requesting informed consent from each participant; consent was indicated by completion of the survey. The research procedures were approved by the University Human Subjects Committee.

A total of 140 students accessed the Qualtrics survey by links or a QR code. Fifteen students (11%) did not respond to any survey items and were excluded from the study sample. In total, 125 participants completed the survey, a 65.1% response rate.

The survey instrument was structured in three distinct sections, designed to assess 1) the prevalence of Adverse Childhood Experiences within the sample group, 2) participants' history of psychiatric treatment, and 3) participants' measures of resilience based on the Connor-Davidson Resilience Scale (CD-10). Demographic data other than the type of program (BSW or MSW) enrollment was not sought for this research in an effort to maximize anonymity of respondents. This approach is well recognized and encouraged in the literature when demographic information is not pertinent to the research inquiry (Finkelhor, Shattuck, Turner & Hamby, 2015).

#### 3.2 Instruments

##### *Trauma History*

The ACEs assessment tool, which evaluates the prevalence and consequences of childhood adversities on adult health conditions, was developed by Felitti et al (1998). In this study, ACEs-10 was utilized to assess trauma histories in adults. This instrument is widely used across disciplines, and its validity is well established (Olah et al., 2023). The ACEs-10 comprises 10 items that capture adverse experiences endured during childhood, including physical abuse, emotional abuse, sexual abuse, neglect, household dysfunction (e.g., substance abuse, mental illness, domestic violence), and parental separation or divorce. Respondents are asked to indicate whether they had encountered any of each of these adversities in their childhood or teenage years.

The ACEs questionnaire is scored by summing the number of adverse experiences disclosed by an individual. Each adversity category acknowledged by the respondent is assigned a score of 1, resulting in total ACEs scores ranging from 0 to 10. Using ACEs scores, researchers and practitioners can quantify the collective impact of childhood adversities on an individual's health and overall mental and emotional state. Higher ACEs scores have been linked to various negative outcomes in adulthood, such as heightened risks of mental health issues, chronic ailments, substance abuse problems, and social challenges. The ACEs score acts as a crucial indicator of the degree of childhood trauma experienced by an individual and can guide targeted interventions and support services to mitigate the effects of adverse childhood experiences.

##### *Treatment*

Data regarding treatment were gathered using items constructed by the researcher. All items were piloted for face validity, with 5 BSW and 5 MSW students (respondents), excluded from the study, recruited from BSW and MSW courses taught by the researcher. Respondents were asked to provide comments regarding the clarity of the survey items to allow for revision and repiloting, and this process was repeated until no additional comments were provided. These 10 students were directed to only assess and comment on the clarity of the treatment items proposed for the survey instrument and were not asked to provide personal data for the survey, thereby guarding their private histories.

Treatment histories related to Adverse Childhood Experiences were assessed using three binary questions formulated by the researcher ( $\alpha = 0.92$ ) (See, Table 1). These items were developed based on standard diagnostic and treatment protocols for patients with histories of trauma. Study participants were given the choice to refrain from responding to safeguard their privacy, thus offering an alternative to simply answering negatively. The piloting of these items indicated adequate clarity.

## Resilience

Resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC), an extensively validated instrument developed by Kathryn M. Conner and Jonathan R.T. Davidson (2023). The scale measures several components of resilience including ability to adapt to change, ability to deal with what comes along, ability to cope with stress, ability to stay focused and think clearly, ability to not get discouraged in the face of failure, and ability to handle unpleasant feelings such as anger, pain or sadness (Davidson, 2023).

This study used the CD-RISC-10, developed by Drs. Campbell-Sills and Stein at the University of California, San Diego, on the basis of factor analysis (2009). The CD-RISC-10 includes items 1, 4, 6, 7, 8, 11, 14, 16, 17, and 19 from the original CD-RISC scale. The ten dimensions measured are: I am able to adapt when changes occur. I can deal with whatever comes my way. I try to see the humorous side of things when I am faced with problems. Having to cope with stress can make me stronger. I tend to bounce back after illness, injury or other hardships. I believe I can achieve my goals, even if there are obstacles. Under pressure, I stay focused and think clearly. I am not easily discouraged by failure. I think of myself as a strong person when dealing with life's challenges and difficulties. I am able to handle unpleasant or painful feelings like sadness, fear, and anger. Responses are recorded on a five-point Likert Scale: 0 – Not true at all, 1 – Rarely true, 2 – Sometimes true, 3 – Often true, 4 – True nearly all the time. The scale is scored by adding the numbers of all ten items resulting in scores ranging from 0-40. The CD-RISC-10 has five sub-scales measuring Cognitive Flexibility, Self-Efficacy, Emotional Regulation, Optimism, and Cognitive Focus. The scores on individual items grouped under each sub-scale are added together for the sub-scale score. The sub-scales were used in this study as their qualities are widely regarded to be very important to successful social work practice (Collins, 2017).

The scores for the entire ten items (range 0-40) are interpreted using lowest to highest quartiles of 0-29, 30-32, 33-36 and 37-40 (Campbell-Sills et al, 2009). Scores at the lower end of the range (0-29) indicate low resilience. Individuals in this range might find it challenging to effectively cope with stress and adversity. Scores in the low middle range (30-32) suggest an average level of resilience. Individuals in this range typically manage stress and challenges with some success but this success is inconsistent. Scores in the third quartile (33-36) suggest an above average level of resilience characterized by managing stress and challenges with consistent success but struggling in specific circumstances. Scores in the highest quartile indicate high resilience characterized by the individual generally adapting well to or and navigating life's challenges and can maintain psychological well-being even in stressful situations. Each subscales' scores for Cognitive Flexibility (Range 0-8), Self-Efficacy (Range 0-12), Emotional Regulation (Range 0-4), Optimism (Range 0-12), and Cognitive Focus (Range 0-4) are interpreted in the quartiles of the range.

## 4. Results

Independent sample t-tests were conducted to explore the strongest and weakest dimensions of resilience of social work students as measured on the Connor-Davidson Resilience Scale (CD-10). The tests revealed no significant differences between BSW and MSW students in the means of individual RISC items. The mean for all respondents is 29.44 (n=101) revealing a score that is at the lower end of the scale for high resilience (26.8-40).

The first study question explores the strongest and weakest dimensions of resilience among the social work students in this sample. The single RISC item with the highest mean score is "I believe I can achieve my goals, even if there are obstacles" ( $\mu=3.41$ ,  $SD=0.737$ ). The single RISC item with the lowest mean score is "I am not easily discouraged by failure." ( $\mu=2.47$ ,  $SD=1.05$ ). The subscale with the highest mean score is emotional regulation ( $\mu=2.97$ ,  $SD=.866$ , Range 0-4). The subscale with the lowest mean score is optimism ( $\mu=8.55$ ,  $SD=2.15$ , Range 0-12).

The second study question explores differences in resilience among those who have experienced types of abuse identified on the Adverse Childhood Events Survey (ACES). Independent samples T-Tests were conducted with significant findings on 10 items. The group who experienced an adult with substance abuse (n=48) had a statistically lower mean in their belief that "having to cope with stress can make me stronger" ( $t(98) = -1.801$ ,  $p=.037$ ). The group that witnessed domestic violence (n=29) had a significantly lower mean score for thinking of themselves "as a strong person when dealing with life's challenges and difficulties" ( $t(97) = -1.808$ ,  $p=.037$ ).

Respondents with histories of verbal abuse ( $n=62$ ) revealed significant differences on several RISC items when compared with those not reporting a history of verbal abuse. The former reported lower ability to adapt to changes when they occur ( $t(98)=-2.256, p=.013$ ); diminished belief that they can achieve goals, even if there are obstacles ( $t(99)=-1.727, p=.044$ ) and reduced ability to bounce back after illness, injury, or other hardships ( $t(99)=-2.274, p=.013$ ). Like those having experienced verbal abuse, those reporting histories of physical abuse ( $n=32$ ) had a significantly lower mean in their ability to bounce back after illness, injury, or other hardships" ( $t(99)=-1.893, p=.031$ ).

The ability to adapt to changes when they occur is significantly lower for survivors of emotional neglect ( $n=38$ ) ( $t(98)=-2.267, p=.013$ ) and sexual abuse ( $n=34$ ) ( $t(98)=-1.715, p=.045$ ). Sexual abuse survivors ( $n=34$ ) were also found to struggle with feeling that they can deal with whatever comes their way ( $t(98)=-2.005, p=.045$ ).

The third study question explored the relationship between treatment modalities, abuse history and resilience using Independent Samples T-Tests. The analysis revealed the following: The means of the respondents that have received medication ( $n=65$ ) are significantly different in three dimensions of resilience: belief in their ability to deal with whatever comes their way ( $t(98)=2.819, p=.003$ ); having received past therapy ( $t(98)=1.96, p=.027$ ) and currently receiving therapy ( $n=32$ ) ( $t(98)=1.23, p=.012$ ). Additionally, for respondents currently receiving therapy ( $n=32$ ), there is a significant difference in their ability to see the humorous side of things when faced with problems ( $t(98)=2.53, p=.003$ ).

## 5. Discussion

Social workers must be equipped with a full set of abilities to provide a range of professional services and at the same time, to endure and survive the daily rigors of social work practice. The research undertaken here was designed to highlight the latter and the importance of personal resilience: the social worker's ability to endure and survive clients' stories and struggles, especially when they evoke the stories and struggles of the social workers. To that end, prior research points to the personal attribute of resilience as a key both to good practice and healthy endurance skills (Miller, 2013). This study identifies certain dimensions of resilience that were most and least impacted by resilience, specific types of abuse and the impact types of abuse has on resilience, and the impact of treatments on enhancing the resilience of the social work students sampled.

The dimension of resilience on the RISC with the highest mean score was "I believe I can achieve my goals, even if there are obstacles" ( $\mu=3.41, SD=0.737$ ), with the mean response falling between often true and nearly always often true. This finding demonstrates a level of optimism vital for trauma survivors, related to maintaining a positive outlook on life and a belief that things will get better. This optimism aids social workers in managing psychic challenges and staying motivated to work towards healing and recovery (Denham & Holt, 2015). Conversely, the RISC item with the lowest mean score was "I am not easily discouraged by failure." ( $\mu=2.47, SD=1.05$ ), with a mean response between sometimes true and often true. Survivors of all types of childhood abuse typically have experienced negative messages such as being constantly criticized, belittled, or made to feel inadequate by their abuser. These messages lead to low self-esteem and a fear of failure resulting in feelings of shame, worthlessness, and self-blame. When triggered, individuals experience the negative beliefs instilled in them during past abuse. These two aspects of resilience are at opposite ends of a continuum. On one end, the confidence that one can accomplish goals regardless of challenges and on the other, being easily discouraged by failure. This possibly reflects an ongoing battle for the social work students between their beliefs that their psychological struggles will get better and their doubts that they are worthy of the benefits of recovery. The ability to win this battle by viewing failures in social work practice as opportunities to learn and improve practice provides support for their optimism and further healing.

Trauma histories and resilience are multi-dimensional phenomena. Exploring the impact of specific types of abuse on specific dimensions of resilience provided additional information on how students may be impacted in their social work practice. Verbal abuse significantly and negatively impacted the most dimensions of resilience including the ability to adapt to change ( $t(98)=-2.256, p=.013$ ), ability to bounce back from hardships ( $t(99)=-2.274, p=.013$ ), and belief in the ability to achieve goals in the face of obstacles ( $t(99)=-1.727, p=.044$ ). A substantial majority of students in this study experienced verbal abuse as a child (78%,  $n=101$ ). Verbal abuse undermines a child's sense of self-worth, self-esteem, and confidence, making it more difficult for them to bounce back from adversity.

The challenges to resilience experienced by students with a history of verbal abuse may inhibit their abilities to build skills and successfully endure the rigors of social work education which requires adaptability, perseverance and overcoming challenges.

Sexual abuse was experienced by 39% (n=101) of social work students in this study. Sexual abuse significantly impacted the ability to adapt ((t (99) =-1.727, p=.044) and belief that one can deal with “whatever challenges come my way” (t (98) =-2.005, p=.045). Sexual abuse is devastating and often results in anxiety, depression and the disruption of developing healthy coping mechanisms. Healthy coping mechanisms leads to confidence and resilience in challenging situations. Social work educators can provide training in self-care strategies such as regular exercise, healthy eating, adequate sleep, and engaging in activities that bring them joy and relaxation to assist students in building coping mechanisms.

Physical abuse was endured by 86% (n=101) of respondents and significantly reduced their ability to bounce back from hardships (t (99) =-1.893, p=.031) compared to those who did not experience physical abuse. Physical abuse often results in higher levels of post-traumatic stress symptoms, impacting resilience. Trust issues and damaged self-esteem resulting from physical abuse diminish the development of resilience. Students with this history should be assisted in identifying signs and symptoms of PTSD through instruction about secondary trauma and acknowledgement of the likelihood that at these some of those being instructed have experienced physical abuse. Self-confidence is built in part by providing authentic and generous feedback to students about skill development and other successes. Instructors are often viewed as role models and mentors thus words of encouragement and compliments are particularly powerful. Providing a culture of trust between the instructor and students and among peers will provide opportunities for experiencing interpersonal trust.

Emotional neglect is a form of abuse in which the abuse itself is often invisible to others; it leaves no physical evidence but is deeply damaging. Of the students in this study, 49% (n=101) reported emotional neglect as children. In this group, emotional neglect was found to significantly impact resilience in their ability to adapt (t(98) =-2.26, p=.013). Effective social work practice requires exceptional levels of adaptability. Changes in workload, consumer needs, and system requirements are pervasive in social work settings. Examples of students who struggle with adaptability include those who are literal and inflexible and those who have difficulty managing their time. Not all students who struggle with these issues have been emotionally neglected but the possibility that neglect has occurred should be considered. Placed in the context of assisting the student in preparing for social work practice, helping the student who experiences distress due to a change in an assignment or making suggestions for time management strategies are mentoring activities that can build adaptability and resilience.

Domestic violence is witnessed by millions of children and adolescents each year (AACAP, 2023). In this study, 41% (n=101) of respondents witnessed domestic violence as children/adolescents. The mean for the ability to think of themselves as a strong person when dealing with life’s challenges and difficulties was significantly lower than those who had not witnessed domestic violence (t (97) =-1.808, p=.037). Practitioners that question their strength to deal with significant challenges are likely to struggle with routine social work practice issues. This will become evident during the education process as well. Students who are avoidant of or defensive when addressing specific issues or populations may be doing so due to a lack of confidence in their own strength to do so. Exploring the reasons for these reactions is important. This can be done in private mentoring meetings or in classrooms where students can benefit from discussion and feedback. Experiencing the classroom as a safe zone creates a space for students to explore their feelings and begin to build more confidence in their strength to face the challenges of practice.

Growing up in a home with alcoholism/substance abuse is the final type of trauma found to significantly affect resilience in this study. According to the National Institute of Health (NIH) almost 19 million children, 25% of children in the United States, lived with at least one parent or primary caregiver who had a substance use disorder (2023). In this study, 58% (n=101) of social work students grew up in a home with substance abuse. The mean for RISC item 4, “Having to cope with stress can make me stronger” was significantly lower for those that lived in a household with substance abuse (t (98) =-1.801, p=.037). In this study 99% (n=101) of respondents experienced two or more types of adverse childhood experiences, with an average of 2.64 types of events (range 2-10).

Every respondent that was raised with substance abuse in the home also experienced at least one other form of trauma. Of all adverse childhood experiences explored in this study, 53% (n=493) included substance abuse in the home. This is relevant because the impact of substance abuse in the home on resilience may be a moderating variable in the impact of other adverse childhood experiences thus indicating impact on additional dimensions of resilience. It is vital that social work educators provide adequate instruction, delivered with sensitivity for the unknown number of students in the room, on the effects of growing up around substance abuse, its relationship to many types of abuse, and its impact on different dimensions of resilience.

Trauma informed care has revolutionized the treatment of the effects of trauma. Fortunately, interventions for trauma have also been found to improve resilience. The mean of respondents that have been treated with medication is significantly higher than those who did not for the RISC item "I can deal with whatever comes my way" ( $t(98) = 2.819, p = .003$ ). For those who have received therapy in the past, resilience reflected in the RISC item "I can deal with whatever comes my way" was significantly higher ( $t(98) = 1.96, p = .027$ ). And, for those receiving therapy at the time of the study, their belief that, "I can deal with whatever comes my way" ( $t(98) = 1.23, p = .012$ ), and RISC item "I try to see the humorous side of things when I am faced with problems" ( $t(98) = 2.53, p = .003$ ) had the highest significance of the four significant RISC items. Social work as a profession and as an educational discipline has improved and normalized its understanding of practitioners needing clinical assistance through therapy, psychopharmacology or both. As educators, encouraging students to pursue treatment, especially if they have a trauma history, is powerful and important. Acknowledgment that the need is common, that seeking treatment is ethically responsible, and that doing so will benefit their practice experience appropriately places treatment in the context of sound social work practice. In other words, such acknowledgement models that what is sound for the client is equally sound for the student and for the professional.

### **5.1 Implications for Social work**

There is much that we don't know about our students. Despite familiarity with the literature on the impacts of child and adult abuse and heralding a suspicion that unaddressed histories of trauma may impact the delivery of social work services, we are at best ambivalent about whether speaking to and about the Social Worker's trauma history is an appropriate part of the academic curriculum. The findings of this study implicate the importance of accepting the possibility that many of our students have experienced one or more types of adverse childhood experiences. A heightened focus on teaching self-care strategies in the curriculum is congruent with the belief that students need to learn to navigate their traumatic backgrounds with social work practice and build resilience. This focus may include encouragement to seek therapy, establish healthy work/life boundaries, reflect on personal strengths, and engage in professional development (Miller, 2013). These efforts are particularly important for building resilience as is encouraging social work students to be open with a trusted supervisor about practice issues arising as a result of past trauma (Armes, Lee, Bride & Seponski, 2020). Building a strong network of peers who understand or relate to the challenges of trauma history, social work practice, and building resilience is important as well. Setting the tone for self-reflection and appraisal, normalizing the emotions attached to their own and others' trauma experiences, and providing information about building resilience in the face of painful memories is part of social work education, yet perhaps not a fully embraced part. The findings of this study suggest that like it or not, social work students bring with them histories of adverse childhood experiences. The classroom, the field, the supervisory relationship, and mentoring experiences are ideal locales in which resilience, and competence, can be encouraged and strengthened.

Building resiliency to remediate the consequences of childhood trauma on social work practice will need to continue into professional life. Continuing with the practices established in social work education will be most impactful with supervisors that support and encourage these practices. Trauma-Informed Supervision is a model that specifically addresses the consequences of trauma on professional practice (Knight & Borders, 2020). It involves understanding the impact of trauma on an individual's behavior, emotions, and relationships, and providing a safe and supportive environment for them to process their experiences (Knight & Borders, 2020). The practices of trauma-informed supervision duplicate those established in social work education to strengthen resiliency (encouragement to seek therapy, establishing healthy work/life boundaries, reflecting on personal strengths, etc.).

The implication for social work at macro and mezzo levels is to recognize this need and ensure that supervisors are trained in and use Trauma-Informed Supervision.

The use of scarce resources to provide this training to increase resiliency among workers will benefit agencies and funders by promoting a healthy workforce, preventing turn-over, and retaining those in the profession thus offsetting worker shortages.

## 5.2 Limitations

This study sought to fill the gaps in the literature regarding the interplay between the personal trauma histories of social work students and resilience. However, several limitations in this exploratory study should be noted. The sample was not a randomized one, limited only to students in a social work program at one university. The research instrument was developed to include items constructed by the researcher. Although face validity and adequate reliability were established, these items will benefit from further scientific scrutiny and testing. Additionally, all survey data were self-reported. Despite human subjects' oversight and approval, it is possible that individual responses to survey items were influenced by unknown and unaccounted factors. Despite these limitations, the data are valuable for informing future research and for consideration among faculty in schools of social work as they prepare methods for and inspire important discourse on this topic.

## 6. Conclusion

The goals of this study were to explore the relationship between histories of adverse childhood events, the development of resilience, and the effects of treatment among social work students. This study revealed prominent histories of trauma and related challenges to the levels of resilience existing in 125 BSW and MSW students. It is essential to create an educational environment where social work students can explore their histories and honestly assess the potential impact of those histories on practice and on the need for their own strengthened resilience. Focusing on self-care in the context of the experience of secondary trauma will inform the development of self-care skills and levels of skill, confidence and competence likely to support a long and satisfying social work career.

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