Trauma-Informed Practices in Higher Education

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Higher education instructors often encounter students and colleagues who have undergone different types of trauma and hardships. Traumatic events can include:

- assault
- divorce
- food insecurity
- homelessness
- loss of a loved one
- miscarriage
- natural disasters
- racism
- severe injuries or illnesses
- unemployment
- violence

Educators themselves also might experience these events. These traumatic experiences and other stressful life events can lead individuals to develop posttraumatic stress disorder, depression, substance abuse disorders, and various other physical and mental health issues.[1]

Research findings suggest that college students who have experienced multiple traumatic events are more likely to face challenges in adjusting to college life, achieve lower grades, and drop out of their studies.[2-4] Educators should recognize the prevalence and effects of trauma and how it can influence students' ability to learn. The concept of *Maslow before Bloom* emphasizes that addressing students' basic needs is essential before focusing on their learning potential.[5] In higher education settings, the effects of trauma might manifest in various ways, including difficulties in concentration, attention, memory retention, and recall.[1-4] These students might frequently miss classes; struggle with managing their emotions; exhibit a fear of taking risks; or experience anxiety related to deadlines, exams, group work, or public speaking.[1-4] In addition, they might express feelings of anger, helplessness, or dissociation when stressed; withdraw and isolate themselves; and engage in unhealthy relationships.[1-4]

Students who experience considerable levels of stress might perceive feedback from a professor or administrator in a different manner than those who are not experiencing high levels of toxic stress. Their reaction might be exaggerated or disproportionate.[1] By adopting trauma-informed educational practices, instructors acknowledge that students might struggle to fulfill fundamental responsibilities during a crisis.[1] Educators should embrace trauma-informed teaching and learning approaches to effectively support students, faculty, and staff in higher education.

Pillars of a Trauma-Informed Approach

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed trauma-informed care to promote awareness among health care professionals of the increased rates of trauma in the lives of individuals accessing health care.[6,7] A major component of trauma-informed care is the application

of policies that guide trauma-sensitive approaches and interventions to reduce retraumatization.[6,7] For example, a health care professional who is trauma-informed will ask a patient, "What has happened to you?" rather than asking "What is wrong with you?"[7] This paradigm shift to a trauma-informed approach allows patients to feel safe and respected while seeking care and reduces unintentional retraumatization from the provider. There are 6 pillars of trauma-informed care, which also can be applied in higher education[6,7]:

- safety
- trustworthiness and transparency
- peer support
- collaboration and mutuality
- empowerment, voice, and choice
- cultural, historical, and gender issues

Consider a radiography instructor who is delivering a lecture on trauma projections of the upper extremities. When images of a fractured wrist are displayed, a student in the classroom is triggered because of a previous sexual assault in which the perpetrator forcefully restrained her wrists during the incident, resulting in a fracture. The student is no longer paying attention to and processing content from the lecture; she becomes distressed and possibly dissociates to deal with the retraumatization. Becoming a trauma-informed educator and implementing sensitive practices will help students feel safe and respected. A checklist is available to guide educators in reflecting on their teaching and learning and to assist them in creating a trauma-aware classroom.[8]

To view the checklist, visit bit.ly/traumachecklist.

Safety

Patients, especially those who have experienced a previous trauma, need to feel physically and emotionally safe while they are in a health care facility.[7] According to SAMHSA, safety is the foundational pillar in trauma-informed care, and it refers to physical settings and interpersonal interactions.[6] A sense of safety is a baseline for learning too.[8] When a student perceives a threat, the focus shifts to preparing for that threat and surviving, not critical-thinking skills or creativity. Although most individuals operate in a state of low-level fear, educators should provide a structure and environment for highly stressed or traumatized students that helps them feel safe enough to learn.[1] Moreover, educators should feel safe, empowered, and connected if they want their students to feel the same. Some education practices that promote safety for students include[1]:

- creating a supportive atmosphere where students feel comfortable taking emotional risks and being vulnerable
- engaging in conversations with students about their personal understanding of safety and actively seeking their input on what instructors can do to help them feel secure throughout the course
- establishing an environment that prioritizes safety and nurtures a sense of belonging for all students
- incorporating language in course syllabi that emphasizes inclusion (eg, available resources for all students) and using symbols (pride flags or Black Lives Matter signs) that indicate a safe, inclusive, and welcoming environment for diverse populations
- providing an open invitation for students to share their pronouns while not enforcing mandatory disclosure
- respecting students' preferred names and avoiding deadnaming (ie, referring to transgender or nonbinary individuals by a name they used before transitioning)

Trustworthiness and Transparency

Survivors of a trauma might feel vulnerable and have difficulty trusting a health care professional. If survivors were hurt and violated by people who were supposed to love and care for them, then a reasonable conclusion is that a stranger (eg, a health care professional) could also hurt and abuse them. To promote trustworthiness and transparency, health care professionals should clearly verbalize what patients can anticipate during an examination or procedure and explain what they are doing and why they are doing it throughout the encounter.[7] Building trust is a gradual process.[1,6]

Establishing meaningful relationships in the educational setting can be challenging, particularly for historically marginalized students who have

experienced trauma or abuse at the hands of authority figures.[1] These students might find it challenging to trust professors and other authority figures. Building trust requires educators to be consistent while also being transparent.[1] To achieve consistency and transparency, educators must be willing to be vulnerable, value student feedback, acknowledge their own mistakes, and make necessary changes.[1] When students witness instructors admitting to their mistakes and making adjustments, such as changing deadlines or assignment expectations, it fosters trust and demonstrates transparency.[1] Other practices that contribute to an educator's trustworthiness and transparency include sending regular emails outlining course content, explaining the relevance of assignments to course objectives, and providing clear instructions on assignment completion and evaluation.[1] By providing explanations and reasons for their actions, educators show that they are knowledgeable about and focused on actions that are beneficial to students, thereby building trust with students.[1]

Peer Support

A health care professional who has experience with a certain type of trauma might be best suited to provide care for patients with a similar trauma.[7] By doing so, they are able to approach the patient as a peer who is willing to actively listen to determine the patient's needs rather than as a provider who is trying to fix or heal a situation.[7] According to SAMHSA, peer support promotes empathy and provides a pliable approach to building relationships with patients.[6] In higher education, these relationships can form among classmates, between students and their instructors, and between students and clinical preceptors. To promote peer support, educators must genuinely value each student's presence.[1] When creating an environment that embraces peer support, educators should[1]:

- ask others, "How can I support you?"
- consider the equity impact of meeting times or social activities offered
- encourage mentoring
- lend a helping hand
- listen actively
- provide informal opportunities to build connection

Collaboration and Mutuality

With collaboration and mutuality, health care professionals should work with the patient to achieve the desired outcomes.[7] Shared decision-making is a hallmark of this pillar.[1,6] For patients who have experienced a previous trauma, a provider must respect their autonomy and allow them to make decisions regarding their care or treatment. Similarly, educators can reflect on whether their classes, policies, or decisions incorporate opportunities for feedback and conversation, make space for disagreement or discomfort, and value everyone's contributions.[1] Some educational practices that promote collaboration and mutuality are[1]:

- collaborating with other campus offices or departments on projects that share common objectives to promote synergy and cooperation among different stakeholders
- encouraging and facilitating open and respectful discussions on challenging topics instead of avoiding or suppressing them
- establishing a feedback system that allows students to provide input to ensure their feedback is thoughtfully considered and acted on when appropriate
- inviting students to actively participate in the development and shaping of policies and procedures to foster a sense of ownership and inclusivity

Empowerment, Voice, and Choice

Empowering patients to make decisions about their health care lets them know that their voices are being heard and their choices are being respected.[7] Consider patients who were victims of sexual violence. During the assault, they did not have a say in what was happening to their bodies. They did not know what was going to happen next during the assault. Health care professionals should make sexual assault survivors feel empowered by giving them the opportunity to say what can and cannot be done to their bodies and setting boundaries to what is and is not acceptable during the patient care experience.[7]

When interacting with stressed students, educators should ensure that their classroom is a space for all voices to be heard and respected.[1] In addition, students who

have experienced trauma or loss must feel comfortable speaking up without fear of retaliation.[1] Validating students' feedback is a step toward helping them develop self-advocacy skills.[1] Educators can validate and normalize students' concerns by talking with them about fear, stress, anxiety, and trauma.[1] Other educational practices that emphasize empowerment, voice, and choice include[1]:

- encouraging and valuing individual responses to ensure everyone has an opportunity to contribute to the conversation and share unique perspectives
- engaging students in the process of designing additional choices or alternatives that are comparable with existing options
- reviewing assignments to identify any accessibility barriers and modifying the language or requirements to offer more avenues for choice

Cultural, Historical, and Gender Issues

The potential for retraumatization from the lack of sensitivity to cultural, racial, gender, or other biases is a major concern with implementing a trauma-informed approach.[7] In the context of a female trauma survivor in the medical imaging department, the patient might prefer a female technologist perform the examination.[7] Such accommodations should be granted to avoid retraumatizing the patient. An important trauma-informed pillar specific to teaching and learning is that educators do not make assumptions about their students.[1] When an educator marginalizes a student's identity, it can be stressful on the brain.[1] Educators should work to ensure that course content reflects the diversity of students they teach.[1] When reflecting on this pillar, educators should recognize their own implicit biases and how to mitigate their effect.[1]

Course Policies

Students typically first encounter their college professors through the course syllabus. Because the syllabus sets the tone for the entire course, educators should use trauma-informed language in its construction. One example is the use of the term *I* instead of *you* in statements.[1] I statements make requests rather than demands and model assertive, nonviolent communication skills.[1] "You must" statements can create a sense of obligation or rebellion in students, especially those who have experienced trauma or loss, and often lead to discouragement.[1] Similarly, "you need" statements assume that educators have a better understanding of students' needs than the students themselves.[1]

For example, instead of stating, "Students must submit by the due date or receive a late penalty," trauma-informed educators would say, "To provide timely feedback and assign full credit, I need the assignment submitted by the due date."[1] By focusing on what needs to be completed rather than on what should not be completed, educators promote a sense of belonging and inclusivity in the course. Likewise, instead of saying, "You must cite properly," trauma-informed educators say, "I need to see all references cited properly to assign a passing grade."[1] By using this approach, instructors create a more supportive and understanding learning environment that acknowledges students' needs and fosters their sense of belonging in the course.

Attendance

Trauma-informed course policies aim to minimize obstacles to learning and improve retention for all students. One common policy in higher education is attendance records, which often are required by institutions because of their effect on financial aid eligibility.[1] Some instructors implement attendance policies that impose limits on excused or unexcused absences, and students might face course failure after surpassing a certain number of absences, regardless of their overall grade.[1] A trauma-informed approach to attendance policies would eliminate the need for a doctor's note to excuse absences. Acquiring a doctor's note can be expensive, especially when the illness does not require a visit to the doctor, and can intrude on students' privacy by necessitating the sharing of personal health information.[1]

A trauma-informed alternative could involve requiring students to meet with the instructor if they exceed a specified number of absences.[1] Another option is to have students complete a unique assignment for each missed class.[1] Rather than demanding documentation to justify the absence, instructors might request evidence that students engaged with the assigned learning materials for that class or sought input from peers to

complete what they missed.[1] By implementing these alternatives, instructors can create a more inclusive and supportive environment that accommodates the diverse needs of students while ensuring their active participation and learning.

Grading

Grading practices should empower students, encourage choice and reflection, and align with the learning process.[1] A trauma-informed grading practice should be centered around promoting learning and not being punitive.[1] A trauma-aware educator should provide feedback to students using various methods such as rubrics, contract grading, self-evaluations, and reflective conversations with students.[1] A popular grading practice used by trauma-informed educators is revising and resubmitting. When a student turns in an assignment that is complete but not of passing quality, the instructor sends a revise-and-resubmit request.[1] The request provides detailed comments about what revisions are needed to improve the assignment and suggests a new deadline for submission.[1] If the second submission is satisfactory, the student receives full credit (ie, does not lose points for submitting after the initial deadline), and the assignment will be graded; if the resubmitted work is not satisfactory (ie, not of a passing quality), a second revise-and-resubmit request will be issued.[1] If a student chooses not to resubmit the assignment, then the initial submission is graded.[1]

The revise-and-resubmit practice addresses those students who are attempting to complete the assignment but could not achieve all of the requirements in the time frame indicated in the course syllabus.[1] Students who have experienced trauma or loss might need additional time because of stress, neurodiversity, or other factors.[1] Most educators construct assignments based on their estimate of what is reasonable; trauma-aware instructors realize a lot is happening in students' lives, and flexibility is needed.[1] With a grading policy in place like revise and resubmit, students view their instructor as supportive rather than as punitive. The revise-and-resubmit practice works well for writing assignments because it is a standard part of the writing process.

Late Work

Trauma-informed educators implement a flexible late work policy that accommodates the needs of students and the course.[1] This policy recognizes that unexpected events occur in life, and students might occasionally require extensions for their assignments. By incorporating a no-questions-asked component, students are empowered to use these designated late days without having to provide explanations.[1] This policy encourages students to communicate with their instructor when they need additional time, rather than avoiding them.[1] For example, a student who has experienced childhood abuse and is now a single mother can opt to spend an evening with her child without rushing to complete an assignment. This policy grants her the freedom to make that choice without experiencing guilt or facing penalties.[1]

Variations of a no-questions-asked late policy exist. Some instructors give students unlimited late days that might be used without consequence if the student sends an email at least 30 minutes before the assignment is due.[1] For students who need more structure, like undergraduates, instructors might limit the number of late days as well as specify which assignments qualify for a late submission.[1] Some educators also might note in the policy that late assignments cannot receive a grade higher than B. These policies potentially can eliminate conflict with students about deadlines and minimize stress experienced by educators when dealing with late work.

Misconceptions

Clarifying some misunderstandings about trauma-informed educational practices is important. First, educators do not need specific instruction (eg, in social work or clinical psychology) to implement trauma-informed practices.[1] They do not diagnose or treat students. Second, trauma-informed pedagogy does not mean there are no rules or that students can behave without consequences.[1] Instead, educators provide structured environments because the brain thrives on structure. Third, trauma-informed pedagogy does not involve lowering academic expectations; instead, it allows educators to challenge students academically and help them reach their full potential.[1,8]

Lastly, a trauma-informed approach benefits not only students who have experienced trauma or come from underresourced schools but also enhances learning for all students.[1,8]

Conclusion

Being trauma aware means recognizing the effects of traumatic experiences on students, faculty, and staff in higher education. Trauma-informed educators develop policies and implement practices that show compassion and understanding, not only toward students but also toward themselves as educators. The policies and practices discussed, and the linked checklist, will help instructors facilitate self-reflection and dialogue to further the development of a trauma-informed climate in higher education.

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