

# **Trauma-Informed Pedagogy & the Humanities Classroom Guidebook**

Developed by Sarah Le Pichon,  
In collaboration with Lauren White (LMSW)

### ***Thanks & Recognition:***

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## TRAUMA-INFORMED PEDAGOGY

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Center for Trauma-Informed Care (NCTIC) define a trauma-informed approach as including four primary notions:

1. Realizing the prevalence and influence of trauma.
  2. Recognizing how trauma affects all individuals involved in the system.
  3. Responding with trauma-sensitive practices and policies.
  4. Actively working against re-traumatization (SAMHSA NCTIC, 2013), secondary traumatization and new traumatizations in the delivery of services (Butler & Carello, 2014).
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### Suggested Pedagogical Practices

#### ***Before class:***

- Inform students that you are employing a trauma-informed approach; solicit and integrate feedback
- Use warnings that detail content, severity, and duration of material that you think might be triggering
- Limit overall exposure levels and vary the intensity of particularly difficult material
- Provide information on self-care practices and resources on your syllabus with specifics for each resource
- Consider policies and practices that help avoid shame, such as grace periods

#### ***During class:***

- Use verbal or written check-ins to help determine how students are doing emotionally and whether adjustments are needed; journal check-ins for larger or online classes
- Ask what the students found most difficult in the material and start there; keep the conversation student-centered
- Normalize your students' feelings and reactions
- Allow students not to participate, thereby respecting their limits
- Give students permission to tune out or leave the room briefly to attend to emotional needs when necessary; remind them of this during difficult discussions

#### ***After class:***

- Be prepared to provide referrals (e.g. to organizations like the Counseling & Mental Health Center), and make sure you have specifics on the referrals
- Follow up with students who express concerns via email. You may want to follow-up with an e-mail only to the student for whom you are concerned, if you feel comfortable doing so. However, you may also wish to simply send an email out to the class, reminding them of your office hours and availability and on-campus resources.

For questions or further resources, please contact Sarah Le Pichon at [lepichonsarah@gmail.com](mailto:lepichonsarah@gmail.com)

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## UT Austin Resources and Contact Information

- Counseling and Mental Health Center (and VAV)  
(512)-471-3515  
[https://cmhc.utexas.edu/vav/vav\\_contact.html](https://cmhc.utexas.edu/vav/vav_contact.html)
- Services for Students with Disabilities  
(512)-471-6259  
Email: [ssd@austin.utexas.edu](mailto:ssd@austin.utexas.edu)
- BCAL (Behavioral Concerns Advice Line)  
(512)-232-5050  
Submit concerns here: [https://utexas-advocate.symplicity.com/care\\_report/index.php/pid471457?](https://utexas-advocate.symplicity.com/care_report/index.php/pid471457?)
- Ombuds Office  
(512)-471-3825  
Call to schedule an appointment
- Student Emergency Services  
(512)-471-5017  
Email: [studentemergency@austin.utexas.edu](mailto:studentemergency@austin.utexas.edu)

## Trauma Informed Pedagogy Worksheet

Worksheet Developed with the help of  
the Center for Skills & Experience Flags

<b>Example Practice:</b>	<b>Practices I can integrate in my classroom include...</b>
Before Class: Integrate policies and practices that help avoid shame, such as grace periods.	
During Class: Normalize feelings and reactions	
After Class: Be prepared to provide referrals to on-campus resources, with specific contact information.	

# **Trauma-Informed Practices in the Higher Education Classroom Literature Review**

Authored by Sarah Le Pichon

## **Abstract**

Trauma-informed care has principally been implemented into areas that directly address trauma survivors, such as shelters and clinical services more generally. However, trauma-informed practices are increasingly being implemented into other disciplines as knowledge of the prevalence and impact of trauma increases. Many K-12 schools have implemented trauma-informed training programs and sessions. In the higher-education classroom, TI practices are gaining in momentum as trauma studies and trauma narratives become more common in the humanities classroom. This review focuses on trauma-informed programs successfully implemented in the educational setting, and successful trauma-informed practices that might be implemented into the classroom by individual professors.

This literature review focuses principally on articles written in the last decade on the subject of trauma-informed practices and trauma-informed schools published in psychology journals, for better access to measurable outcomes and data. However, certain articles, such as Liora Gubkin's trauma-informed approach to teaching the Holocaust (2016), come from humanities and/or religion journals, in an effort to shed light on the possibilities of trauma-informed practices in a single classroom and/or by a single teacher without extending the research to the entirety of a program or school.

## **Statistics on Rape, Sexual Assault, and Trauma**

The World Health Organization reports shocking statistics on rape, sexual assault, and trauma. Globally, the WHO reports that 35 percent of all women are survivors of some form of violence, with 68 percent of rapes going unreported to law enforcement (WHO, 2016). This problem is not limited to developing countries. On college campuses in the United States, one in five women reports having experienced sexual violence, with 80 percent of cases going unreported (WHO 2016). These statistics grow with the presence of certain groups or organizations on campus, including fraternities (Murnen & Kohlman, 2007), and men's athletic teams: One study "showed that [while] college athletes make up 3.3 percent of the male students", they make up "19 percent of those accused of sexual assault" (Luther, 2016).

Beyond the WHO, various studies have shown the prevalence of students who have been exposed to trauma, and the negative effect these experiences can have on students' academic performance. Among college students in the United States, 66%-94% of students report exposure to one or more traumatic event (Frazier et al., 2009) and rates of posttraumatic stress disorder are estimated at 9%-12% (Butler et al., 2014). Exposure to sexual assault, unwanted sexual attention, and family violence are associated with the highest levels of distress among undergraduates (Frazier et al., 2009). Negative adjustment to an academic setting as a result of trauma can result

in students dropping out (Duncan, 2000), poor academic performance, and may be related to attrition (DeBerard, Spielmans, & Julka, 2004). Similarly, when poorly addressed, classroom exposure to traumatic narratives may result in poor student performance, missed class, or students dropping out (Horsman, 2000; Lindner, 2004; Swartzlander et al., 1993).

The literature underlines the fact that, while certain courses address difficult topics such as rape and others do not address such topics in any manner, it is common for professors and teaching assistants, including male professors and male teaching assistants, to be informed of a student's rape: "This situation can arise in any class, not only in those that deal with rape. The diminishing stigma of having been raped means that some young women feel ready to speak of it to a professor or TA, in a fairly matter-of-fact way. Disclosure of rape to college instructors is thus increasingly likely" (James, 2014, p. 173). It is therefore in students' best interest that the school or program implement a professional development training, so that all teachers, staff and school personnel understand the impact of trauma and develop the skills to address it most effectively.

### **At-Risk/Marginalized Populations**

Certain populations are disproportionately affected by sexual violence. According to RAINN, the nation's largest anti-sexual violence organization, "21% of TGQN (transgender, genderqueer, nonconforming) college students have been sexually assaulted, compared to 18% of non-TGQN females, and 4% of non-TGQN males" (Cantor et al., 2015). The prevalence of forced sexual intercourse also varies by race and ethnicity, with African American female adolescents being at a disproportionately high risk as compared to Caucasians (Thomson, McGee, & Mays, 2012). Of all populations, indigenous populations are at the greatest risk for sexual assault, and are twice as likely to experience rape/sexual assault as all other races (Department of Justice, 2004). As quoted on the RAINN website, 33% of women who are raped contemplate suicide, and 13% of women who are raped attempt suicide (Kilpatrick et al., 1992).

Beck et al. emphasize that the needs of these marginalized populations are often not represented in response programs, which impedes their access to care. It is our duty to "identify and learn more about the unique barriers faced by these communities" (Beck et al. 2016). Beck et al. note the relation between social and health inequities, underlining the importance of intersectionality. To acknowledge intersectionality in populations, Beck et al. insist that primary prevention efforts move beyond single identities/group-specific concerns. Bowleg (2012) underlines the importance of understanding intersectionality (how multiple social categories intersect) in order for us to "identify health disparity" (p. 1270).

### **Sexual Violence and UT Austin**

As of the March 24, 2017 e-mail sent to all UT Austin faculty, staff, and students by President Gregory Fenves, CLASE (Cultivating Learning and Safe Environments) released survey results conducted by the University of Texas System at 13 UT institutions across the state last year (i.e.,

2016). The report revealed that, “15 percent of undergraduate women at UT Austin reported that they had been raped, either through force, threat of force, incapacitation or other forms of coercion such as lies and verbal pressure. Furthermore, 28 percent of undergraduate women at UT Austin said they were the victims of unwanted sexual touching, and 12 percent experienced attempted rape. Thirteen percent of graduate and professional school women said they experienced crude sexual harassment perpetrated by a staff or faculty member” (President Gregory Fenves, March 24, 2017).

President Fenves further stated: “I have said throughout my presidency that sexual misconduct will not be tolerated. Every individual who serves our university must feel valued, respected and free to learn and work in a safe environment. But what this survey makes clear is that many on our campus have not had that experience. We have let them down and we need to improve — not in a year, not in a month, but right now. The first injustice committed in every assault or inappropriate behavior is the act itself, but the second injustice is often the silence of the community surrounding that victim. We must not be silent anymore, and we must not be afraid to face this problem.”

Beck et al. note that a single campus constituency cannot eradicate sexual and interpersonal violence by itself, and a campus should work together and acknowledge that violence on campus is a public health issue that affects everyone in the community. Beck et al. advise that the campus should form a “robust, trauma-informed coalition” (p. 51). To create this coalition, they recommend:

1. Engaging in deliberate efforts at a positive campus climate through prevention and response strategies.
2. Providing regular training and support to all employees and students.
3. Using data-driven feedback from students, faculty and staff to identify and reduce sexual and relationship violence (Beck et al. 2012, p. 51).

### **Trauma-Informed Practices, a Definition**

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Center for Trauma-Informed Care (NCTIC) define a trauma-informed approach as including four primary notions:

1. Realizing the prevalence and influence of trauma.
2. Recognizing how trauma affects all individuals involved in the system.
3. Responding with trauma-sensitive practices and policies.
4. Actively working against re-traumatization (SAMHSA NCTIC, 2013), secondary traumatization and new traumatizations in the delivery of services (Butler & Carello, 2014).

This framework is sometimes known as the four “R’s,” which stand for realization, recognition, response, and resistance (to practices that could retraumatize) (Chafouleas, Johnson, Overstreet,

Santos, 2016). Although trauma-informed care was initially developed for the purposes of clinical practice and delivery of social services (Harris & Fallot, 2001), it has started to be implemented in other disciplines and settings, including educational settings.

### **The Role of Schools**

Schools can play an important role in aggravating or effectively managing students' stressful and traumatic experiences. As our understanding of the prevalence and impact of trauma has increased, so too has the push for schools to provide trauma-informed practices and services (SAMHSA, 2014), in part due to the success of school-based trauma-informed intervention in the reduction of retraumatization and traumatic stress (Rolfesnes & Idsoe, 2011). Persons suffering from traumatic experiences attempt to manage their symptoms in the classroom, where "even traditional curricula and assignments can become overwhelming or triggering" (Emerson and Lovitt, 2003). School staff and teachers may serve as strong and positive models for these students by implementing trauma-informed practices into their teaching methods (Crosby, 2015). Teachers have "a front row seat to the behavioral, academic, and socioemotional issues that traumatized students encounter" (Crosby, 2015, p. 7), but rarely receive training or information on how to best address trauma in the classroom as a part of their professional formation (Splett, Fowler, Weist, McDaniel, & Dvorsky, 2013). Officials and teachers can advocate for trauma-informed practices in their school and across their district. In Massachusetts, the Act Relative to Safe and Supportive Schools, signed into law in 2014, serves as an example of a trauma-sensitive K-12 school initiative. As the degree to which cultural sensitivity and trauma-informed practices can be implemented into the curriculum is most often at the discretion of teachers and staff who interact with students, it is important that staff and teachers are knowledgeable about trauma and effective ways to address it (Crosby, 2015).

While trauma-informed schools are not the norm by any measure, they are nonetheless present in an important number of states. As of February 2016, there are 17 states in which trauma-informed schools have taken root (Overstreet & Chafouleas, 2016). In some cases, this is happening at a district-wide level (e.g. California, Pennsylvania), in others, at a state-wide level (e.g. Massachusetts, Washington, Wisconsin) (Overstreet & Chafouleas, 2016). In December of 2015, congress passed the Every Student Succeeds Act (Pub.L. 114-95), which "makes explicit provisions for trauma-informed approaches in student support and academic enrichment and in preparing and training school personnel" (Prewitt, 2016). Schools with such programs in place are responding to the prevalence of trauma among youth, and demonstrating an increased understanding of the negative impacts of chronic exposure to trauma (Hamoudi, Murray, Sorenson, & Fontaine, 2015).

Despite programs like this being implemented in K-12 schools all over the country, trauma-informed approaches have yet to be implemented effectively in higher education (Butler and Carello, 2015). In their 2015 study on implementing trauma-informed practices in the higher

education classroom, Butler and Carello note that: “As instructors who teach classes on both trauma and trauma-informed care (TIC), we have been struck by a growing realization that our process of teaching should be informed by and consistent with the implications of the content we teach. In short, we should be practicing what we teach” (Butler & Carello, 2015, p. 264). The initiative suggested by Butler and Carello in this study is called trauma-informed educational practice (TIEP) (their initiative is discussed in more detail in the following sections).

Implementation of trauma-informed practices can be difficult in a school-setting, with push-back from teachers and administration who have been functioning in a certain way for an extended period of time (Chafouleas, Johnson, Overstreet, Santos, 2016); to help with the process of implementation of trauma-informed teaching, Chafouleas, Johnson, Overstreet, & Santos suggests following these steps:

1. Align with district goals
2. Focus on measurable outcomes
3. Make decisions based on data and local context characteristics
4. Prioritize evidence-based practices
5. Formally assess implementation integrity

In implementing a session or training on trauma-informed pedagogical practices, UT Austin would be joining a growing movement of trauma-informed schools who are at the forefront of this particular pedagogical initiative.

### **Review of Trauma-Informed Practices in School Settings**

A number of different frameworks currently exist that guide teachers and school administrators in the principles of trauma-informed education (Crosby, 2015). These models are primarily aimed at primary education facilities, and include the C.A.P.P.D model (‘calm,’ ‘attuned,’ ‘present,’ ‘predictable,’ ‘don’t let children’s emotions escalate your own’) (Perry, 2009), Making SPACE for Learning (Australian Childhood Foundation, 2010), the Flexible Framework (Cole et al., 2005), and the Compassionate Teaching model (Wolpow et al, 2009), which defines a compassionate school community as a space that is welcoming, affirming, and safe.

Compassionate teaching also emphasizes shared control between the students and the teacher (Perry, 2009), and asks that teachers consistently challenge their own assumptions about students, and their pedagogical methods (Wolpow et al., 2009). Initial pilot studies demonstrate “that students’ posttraumatic stress symptoms significantly decreased during a school year when school educational and support staff participated in ongoing trauma-informed training” (Crosby, 2015, quoting Day et al. still in press).

It is also essential for trauma-informed schools to create a democratic partnership among all school personnel for the care of the students (Bloom, 1995), and all classroom staff should be

included as equals (Anderson, Blitz, & Saastamoinen, 2015). School staff should also receive adequate training and support, and professional development for classroom staff (Anderson, Blitz, & Saastamoinen, 2015). Essentially, one of the biggest steps towards implementing a trauma-informed school is providing trauma-informed training to school staff during their professional development, and/or during their regularly scheduled faculty and staff meeting (Anderson, Blitz, & Saastamoinen, 2015). The workshop can begin with a nominal needs assessment in which the staff writes down their top five professional development needs, as carried out by Anderson, Blitz, and Saastamoinen, after which the researchers developed a series of four workshops based on these needs (Anderson, Blitz, & Saastamoinen, 2015). These workshops touched on the neurohormonal impact of trauma and toxic stress on students' behavior and learning, and strategies for classroom intervention. The researchers conducted surveys on the workshops at the end of the school year. The workshops focused on the collective rather than the individual and fostered free expression of ideas (Anderson, Blitz, & Saastamoinen, 2015).

Thus, one of the key components of trauma-informed schools is professional development training, so that all teachers, staff and school personnel understand the impact of trauma and develop the skills to “create an environment that is responsive to the needs of trauma-exposed students” (Chafouleas, Johnson, Overstreet, Santos, 2016). Such training has been shown to change attitudes and build knowledge in favor of trauma-informed practices (Brown, Baker, & Wilcox, 2011). Trauma-focused professional development training “typically aims to create a shared understanding of the problem of trauma exposure, build consensus for trauma-informed approaches, and engender attitudes, beliefs, and behaviors conducive to the adoption of system-wide trauma-informed approaches” (Overstreet & Chafouleas, 2016, p. 2). Simply receiving professional development targeted for their needs seems to positively influence school staff (Anderson, Blitz, & Saastamoinen, 2015). These trainings may also include a focus on the neurobiological impact of trauma, de-escalation strategies to avoid re-traumatization, and staff self-care that touches on vicarious traumatization (Chafouleas, Johnson, Overstreet, Santos, 2016).

Common practices of trauma-informed schools include staff and teachers recognizing traumatic triggers and staying attuned to student behavior that indicate the student(s) may require a break from the class period or lesson plan (Perry, 2009). This is often referred to as being ‘emotionally present’ (Perry, 2009).

Trauma-informed practices are further discussed in more detail in the section on trauma-informed teaching in the college classroom below.

### **Trauma in the Humanities Classroom**

Trauma theory and research are progressively being used more frequently in nonclinical courses in higher education humanities classrooms, in courses like literature, women's studies, film, anthropology, etc (Butler & Carello, 2014). Overstreet & Chafouleas refer to it as "the epidemic of trauma exposure facing our youth" (2016, p. 4). Traumatic material in these courses can be presented indirectly, in the form of texts/films that include traumatic events or directly in nonclinical fields such as trauma studies (Butler & Carello, 2014). In both of these contexts, "some instructors promote potentially risky pedagogical practices involving trauma exposure or disclosure despite indications that these may be having deleterious effects" (Butler & Carello, 2014, p. 153), increasing the risk of retraumatization and secondary-traumatization. Butler and Carello propose similar pedagogical methods to those mentioned above, focusing primarily on recognizing risks and prioritizing the emotional safety of the students. This does not mean ignoring the issue or removing all trauma narratives or discussions from the classroom. In fact, doing so would come with important risks, like perpetuating shame, secrecy, and stigma (Becker-Blease & Freyd, 2007; Jolly, 2011).

Instructors themselves have reported that their students, when faced with traumatic narratives, have experienced retraumatization or secondary traumatization in the form of anxiety, depression, or suicidal feelings (Berman, 2001). Instructors have their own emotional responses and past trauma and are often ill-prepared to respond to students coming forward to speak of their trauma (Horsman, 2000). Butler & Carello point out the alarming fact that many instructors believe that these intense emotional responses and retraumatizations are signs of effective teaching (p. 159), and that the students' ability to work through and resolve the experience is a pedagogical success (Felman, 1991). These beliefs exemplify a severe lack of understanding concerning trauma and retraumatization (Butler & Carello, 2014): "We know of no evidence to indicate that experiencing fear, horror, and helplessness are precursors to effective learning or that the development of PTSD symptoms is evidence of effective teaching" (Butler & Carello, 2014, p. 160). Meanwhile, instructors at times have trouble acknowledging the line between professor and therapist, and believe, in fact, that the line is quite blurred (Desser, 2006; Hood, 2005). As a result, students often believe that papers and discussions recounting traumatic or highly emotional events earn the highest grades (Swartzlander et al., 1993).

Many students are not able to self-regulate what they are capable of managing, will push themselves to please the instructor/authority figure, and will put themselves in danger for those reasons (Butler & Carello, 2014). Other students may respond not with empathy but with pity, guilt, vengeance, or disinterest as a result of desensitization (Zembylas, 2008).

### **Trauma-Informed Pedagogical Practices in the College Classroom**

The American College Health Association (ACHA) recommends the implementation of a trauma-informed framework into the higher-education classroom, and has tailored their guidelines to the college environment to optimize the health and wellness of college students

(Beck et al. 2016). In line with ACHA guidelines, schools must “adopt, publish, and enforce policies and procedures regarding sexual violence” (Beck et al. 2016, p. 4). Adopting trauma-informed practices will ensure that UT is in line with the ACHA guidelines. ACHA guidelines also state that “campus leadership must create a campus climate of health and well-being not only for students, but also for staff and faculty” (Beck et al. 2016, p. 6), and adds that all members of a college campus community should be trained in trauma-informed approaches).

While we need to teach trauma, we must be mindful of how we teach it, and how we teach trauma survivors (Butler & Carello, 2014). It is one thing to read for pleasure or literary analysis; it is a wholly different thing to read with a sense of ethical responsibility (Douglas & Barnett, 2014). In teaching literatures of trauma in the classroom, we risk exploiting the subject and the suffering of others, or else “packaging suffering for consumption” (Douglas & Barnett, 2014, p. 52), in addition to risking (re)traumatization of students in our classrooms.

Research in the field of trauma-informed pedagogical practices offers recommendations like limiting overall exposure levels, varying the intensity of material, and providing information on self-care (Zurbiggen, 2011). As Butler & Carello note, however, much more research is needed in the area, but as “theory and research concerning this topic develop, and ethical necessity to protect student safety becomes more widely recognized, resources and guidance will ideally become available to aid instructors to become trauma-informed in the classroom, just as there are materials currently available to journalists concerning the reporting of violence and tragedy and the treatment of victims” (Butler & Carello, 2014, p. 163).

To this end, Butler & Carello suggest the following practices:

- Identify learning as the goal and student emotional safety as the necessary condition to learning
- Recognize that many of your students will have a history of trauma and integrate that knowledge into your educational practice
- Be prepared to provide referrals
- Appreciate how trauma may affect student performance
- Familiarize yourself with scientific research on trauma to better understand your students’ and your own response to traumatic material.

One of the trauma-informed pedagogical practices encouraged by Butler and Carello is that of warnings that detail content, severity, and duration, stating that their experience has shown these warnings to help students handle difficult material better. These may be verbal warnings ahead of time, discussion of the material during class, and online warnings prior to viewing electronic postings (Butler & Carello, 2015). It might be helpful to ask what the students found most difficult in the material, and start the conversation there. It is also important to allow students not to participate, thus respecting their limits and allowing them to take responsibility for their own

well-being (Butler & Carello, 2015). All of these practices encourage a positive atmosphere in the classroom all the while promoting “individual competence in self-regulation” (Chafouleas, Johnson, Overstreet, Santos, 2016, p. 149). Butler & Carello also remind students that it is okay to tune out or leave the room briefly to attend to emotional needs when necessary. It is tremendously important to acknowledge and discuss, and therefore normalize, difficult feelings that come from learning about trauma and its victims (2015). They further recommend implementing policies or practices regarding assignments that help avoid shame, such as initiating a late-day policy in which all students get extra days over the course of the semester to turn in work without having to provide an excuse and without penalty (Butler & Carello, 2015). It may also be helpful to inform the students that you are employing a TI approach, so that you might solicit and integrate their feedback to maintain a safe environment (Butler & Carello, 2015).

They also encourage verbal check-ins during the class period to help determine how students are doing emotionally and whether adjustments are needed. Brief written check-ins at the start or end of class can also be helpful, and it is important to follow up in person or by e-mail with students who express concerns, and to use their feedback to help inform/revise class material (Butler & Carello, 2015).

Spear (2013) always includes topics and texts on healing in her course on trauma literatures, which often involves texts, theoretical or (auto)biographical, in which authors and scholars overtly acknowledge their healing process (Spear, 2013). Spear notes that this often extends to a focus on communal healing, since the authors often see their narratives as a means to reach others and aid in their healing journey (Spear, 2013). Thus Spear touches on a number of traumatic narratives (from natural disasters to incest to illnesses), but continually returns to healing throughout the course of the semester. There is another side to this ‘healing narrative’ coin, however, which is the risk of “redemptive closure,” which, as Liora Gubkin writes in her article on teaching the Holocaust to college students, risks “speaking for others in ways that can trivialize others’ experiences if we privilege redemptive narratives in the classroom (Alcoff, 1996)” (2015, p. 109). Thus ‘redemptive’ narratives might be chosen with care and discussed with continued awareness of the trauma being addressed.

Gubkin, in her college course on the Holocaust, has her students keep a journal, which is another possible pedagogical practice to implement in the trauma-informed classroom. Gubkin notes that the journal serves multiple purposes, providing the students with a space in which to keep track of their reading summaries, critical reflections, and emotional responses (2015, p. 110). This is part of a practice that Gubkin terms “engaged witnessing,” which “recognizes emotion as an important and fragile source of knowledge and provides structured opportunities for analysis of affect without exploiting students’ emotional vulnerability” (Gubkin, 2015, p. 113). This practice, which Gubkin also calls affective analysis, allows the students to view their emotions

and emotional responses as a legitimate and useful source of knowledge and understanding, and creates a space to engage as an ‘ethical witness,’ leading students to realize the extent of the trauma without blurring the boundary between self and other and thus without putting the students’ emotional health and safety at risk (Gubkin, 2015). In fact, UT Austin’s James Pennebaker has carried out extensive research on the benefits of journal writing in which individuals express their emotions and experiences (Pennebaker, 2004). Pennebaker notes that these journals do not require transference (i.e., do not have to be shared with another person) for beneficial processing to occur.

James, in teaching her Classics course that includes Ovid’s *Metamorphoses*, makes a clear announcement at the beginning of the first day of class: “I say that rape was common in the ancient world, as it is now, though it was defined very differently—a subject to be discussed as it arises; I further add that judging from my past experience more than a few students in the class know someone who has suffered sexual assault, and that they will find the materials upsetting. I let them know that they can come to my office, that I’ll never ask anybody any personal questions, and that I’m not a counselor or therapist but can direct them to on-campus resources if they’re interested” (James, 2014, p. 178). While James’ announcement is specific to her course and material, its explicitness and neutral language reflect the practices of a trauma-informed pedagogical classroom.

Beck et al. recommend emphasizing “Empowerment, Voice, and Choice” (Beck et. al. 2016, p. 7), and suggest involving students serving on advisory boards, offering campus climate surveys, and conducting focus groups to obtain deeper feedback and understanding.

At minimum, Butler & Carello suggest including a self-care statement on course syllabi that emphasize the importance of and the instructor’s expectations with respect to student self-care, and providing links to such resources (the University of Buffalo where these researchers work has its own self-care page). James (2014) also underlines how often a student has come to her office and revealed that they have been the victim of rape or some form of sexual violence, underlining the importance of having a list of resources with which to provide them readily available. James’ experience with such revelations also highlights the importance of such faculty training—whether a professor or TA is directly addressing the issue of rape and sexual violence in class or not, it is likely that they will be faced with a discussion related to it at some point in their career.

## Trauma-Informed Pedagogical Practices at UT Austin

The following are practices I have learned from a workshop and conversations with one of our Latina professors at UT Austin. Dr. Gloria González-López is a sociology professor at UT Austin with an MA in couple and family therapy, whose work focuses primarily on sexuality and gender in Mexican populations. Dr. González-López believes in the relevance of emotional knowledge and understanding in intellectual pursuits. To this end, she has implemented the following trauma-informed practices into her courses:

1. Set up the classroom in a circle. Conduct a 10 minute check-in with the students, asking each, in one sentence, to express their reaction to the reading for that day. She may expand the 10 minute check-in when/if needed.
2. Switch gears to a more analytical mode, remaining aware and sensitive.
3. Follow up with a 10 minute check-out to make sure students do not leave the classroom at risk. She may expand the 10 minute check-in when/if needed. Recommend your students only share in the classroom or with the professor if it comes from a place of empowerment, rather than fear or emotional fragility. This is for the comfort of the student(s) involved, and so she/he/they have control over their personal histories and stories.
4. Let your students know that they do not have to share anything, but provide them with a space to share if they wish, i.e. the 10 minute check-in/10 minute check-out periods, any time during discussion, or individually with the professor after class discussion.
5. Use a blue book as part of your syllabus, where students share the most important lessons they have learned that week. Have them write it by hand.
6. Stay after class to be available for further conversation and checking in with students who seem highly affected, or may want or need to continue discussing individually.
7. Follow-up by e-mail with students when they seem highly affected if they do not stay behind after class.

Dr. González-López promotes trust and respect in her class without blurring the line between professor and counselor, and her practices in no way impede upon the intellectual and analytical readings and discussions, which make up the majority of the class period.

Dr. Steven Lundy is a professor in the Department of Classics, whose online course, “Introduction to Classical Mythology,” includes texts depicting violence, particularly sexual violence. He has implemented the following trauma-informed practices into his course:

1. Dr. Lundy has Voices Against Violence, a comprehensive violence prevention and response program, come speak to his class at the start of the semester.
2. The syllabus contains a late day policy in which all students get extra days over the course of the semester to turn in work without having to provide an excuse and without penalty.

3. Dr. Lundy outlines a self-care statement and includes a content warning, along with specific referrals to on-campus resources, in his syllabus.
4. Prior to taking on the more violent myths that address rape and sexual assault, Dr. Lundy films a session with Voices Against Violence advocates to discuss the best ways in which to approach these difficult topics in a classroom setting.
5. Journal writing and online forum posts are an important portion of this class, allowing for the students' writing to serve as a processing tool. Students submit a private journal once a week, which serves the purpose of processing things learned in class and starting a conversation with the teaching team, if required. They have the option of writing "follow-up" in these entries, which signal the professor/TA that they need to check in with this student. The online forums operate based on a class etiquette policy encouraging civil, respectful conversation and forbidding trolling.

## Self-Care Statements in the Syllabus

1. Below, you will find an example of a self-care statement that has been used on the syllabus of Dr. Lundy's Classics course at UT Austin:

Greek and Roman myths contain many stories depicting violence, including sexual violence. Many students understandably find these topics challenging, and should be forewarned that we will be discussing violent subject matter in this course. Students will not be required to directly analyze, write about, or participate in discussions pertaining to these episodes as part of their grade, but they may be required to demonstrate an awareness of these episodes as part of the broader inquiry of the course.

Students with concerns related to these topics may wish and are encouraged to consult the following resources:

- UT Counseling and Mental Health Center: <https://cmhc.utexas.edu>
- Voices Against Violence: <https://www.cmhc.utexas.edu/vav/index.html>
- SAFE (Stop Abuse For Everyone) Austin: <http://www.safeaustin.org>

2. For a less specialized statement, you might consider the following language:

In this course, we will be working with material that depicts violence, including \_\_\_\_\_. To this end, I will be employing a trauma-informed approach. This means acknowledging that each individual has their own lived experience, and we cannot leave our traumas or experiences at the door when we enter the classroom.

The TI approach is meant to help students succeed in the classroom by acknowledging the student's experiences and identities. In this class, it includes grace-periods for 2 assignments a semester and the possibility of alternative assignments. I also encourage you to make use of UT's many resources, noted on our syllabus.

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