

## FULL-LENGTH ARTICLES

# The Value of Student Voice and Choice: A Guide for Trauma-Informed Participatory Action Research in the University Setting

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Many college and university students live with the effects of trauma, and more research is needed around trauma-informed practices in higher education. It is important that this research represents the needs and interests of students and that it be conducted in a way that is appropriate and safe for trauma survivors. We describe the process of forming a vertically integrated, interdisciplinary Participatory Action Research (PAR) team of students and faculty dedicated to creating a trauma-informed learning environment on a university campus and argue that PAR and Trauma-Informed Care (TIC) practices provide important and complementary frameworks for inclusive, just, and community-responsive research. We describe how this research team embodied core PAR values of collaboration, incorporation of local knowledge, eclecticism and diversity, case orientation, emergent process, and linking scientific understanding to social action, along with the TIC commitments of trauma awareness, safety, choice and empowerment, and strengths-based orientation. We describe lessons learned by the team and provide recommendations for researchers who seek to incorporate both PAR and TIC principles into their work on trauma and education. Central lessons learned from this process highlighted the importance of 1) establishing and maintaining psychological safety, 2) speaking openly about trauma, and 3) privileging responsiveness to the difficulty of working with trauma while living through ongoing global stressors. Specific recommendations include 1) lead with values, 2) acknowledge and attend to context, 3) recognize that defining trauma is controversial, 4) model courageous conversations, 5) emphasize responsiveness and care, and 6) teach strategies for managing painful emotions.

### Introduction

The effects of psychological trauma are far-reaching, with a disproportionate impact on the most vulnerable individuals and communities. Trauma manifests when individuals or groups experience events as uncontrollable, sudden, and marked by intense, negatively valenced emotions (Carlson & Dalenberg, 2000). Trauma involves severe psychological distress in response to an emotionally and/or physically harmful, intensely stressful event or series of events; it disrupts individual and group identity and engagement with the world. In her seminal text *Trauma and Recovery*, Judith Herman writes that “traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning” (1992, p. 33). Despite — or perhaps because of — its salience, trauma is often shrouded in silence and discussions about trauma are often avoided (Butler, 1996; Herman, 1992; Phillips, 2015). Addressing trauma requires the ability to speak directly about trauma despite the discomfort of breaking social norms of silence.

Understanding the impact of trauma is especially important across U.S. college and university campuses, where traumatic stress is endemic. One study found that approximately 66% of college students report having experiences consistent with the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR) Post Traumatic Stress Disorder (PTSD) Criterion A, which includes directly experiencing or witnessing death, threatened death, actual or threatened serious injury, and actual or threatened sexual violence during their lifetime (Read et al., 2011). When including a wider range of non-Criterion A stressors such as bullying, discrimination, emotional or physical neglect, and stalking, another study found that 85% of students report exposure (Frazier et al., 2009). It is important to include these non-Criterion A experiences in understanding and addressing traumatic stress because they can lead to traumatic stress symptoms as well. For example, it has been consistently demonstrated that race-based stressor experiences (e.g., racial discrimination) can lead to the development of traumatic stress symptoms (Carter et al., 2020; Pieterse et al., 2023). Without an inclusive definition of experiences that can lead to trauma, there is a risk of discounting legitimate trauma experiences, which can lead to further marginalization of vulnerable communities.

Traumatic stress is of great relevance to colleges as mental health symptoms influence students' academic performance in addition to their general wellness. Of note, non-Criterion A events have been shown to be more likely than Criterion A events to be associated with negative mental and physical health and academic outcomes (i.e., GPA scores) (Anders et al., 2012). As part of an inclusive trauma-informed position on college campuses, it is important to attend to stressors that stem from various forms of oppression because of how those experiences may influence learning outcomes. For example, adverse childhood experiences, which include stressors that do not meet criteria for PTSD Criterion A, contribute to racial/ethnic differences in academic performance (Watt et al., 2023). Similarly, a large-scale national study of college students demonstrated that those who identify as sexually minoritized experience impacts to academic performance due to psychological stress (Oswalt & Wyatt, 2011).

In this paper, we briefly review what is known about the effects of traumatic experiences on secondary and higher education, then introduce participatory action research (PAR) as a framework for investigating the effects of trauma on learning in a way that engages students as researchers and frames research as a project of community empowerment. Following the PAR model, we then describe the formation of a team of undergraduate students, graduate students, and faculty to identify best practices for trauma-informed higher education and to promote a more trauma-informed learning environment at our home university. We describe our team process and key lessons learned, with the aim that this may serve as a resource for stakeholders at other higher education learning environments and researchers who wish to influence the culture around trauma on college campuses.

## **The Need for Trauma-Informed Care Practices in Higher Education**

Trauma exposure, particularly at formative ages, can affect the ability to learn. Traumatic childhood experiences can result in altered brain structure and/or functional differences in crucial areas of the brain related to memory, decision-making, and recognizing and regulating threat responses (Teicher et al., 2016). These physiological changes can impair cognitive functioning and delay physical, emotional, and social development, which are essential in the education environment (Burke et al., 2011). For example, one study found that childhood trauma exposure was a predictor of chronic school absences, grade repetition, disciplinary issues, and placement in special education (Shonk & Cicchetti, 2001).

Several factors may explain the relationship between childhood trauma and educational impediments. One may be school faculty and administration who overlook or do not fully understand the role of trauma symptoms in behavioral problems, which can lead to punitive action rather than effective treatment (Walter et al., 2006). Such disciplinary and/or exclusionary practices may be retraumatizing for students with a history of trauma (Streeck-Fischer & van der Kolk, 2000). Schools can also produce harm by overemphasizing the biomedical view of trauma that locates the problem within the individual student. This fails to account for potentially harmful actions on the part of the institution that can perpetuate systemic oppression (Golden, 2020; Petrone & Stanton, 2021). Trauma exposure further has the potential to disrupt the way individuals may view themselves and the world regarding trust, safety, self-esteem, power/control, and intimacy (McCann et al., 1988). A shift in these beliefs could hinder students' relationships, sense of safety, and efficacy in the school setting. Certain experiences that disproportionately impact marginalized groups, such as racism, can also lead to the development of trauma symptoms (Bryant-Davis & Ocampo, 2005; Comas-Díaz & Jacobsen, 2001; Loo et al., 2001; Scurfield & Mackey, 2001) and are often overlooked in research examining the effects of trauma on education and health. The impact of trauma has the potential to permeate through every discernible facet of education. Consequently, it is important to understand how to provide an appropriate trauma-informed learning environment for all students.

The concept of trauma-informed care (TIC) was introduced by Harris and Falot as a framework for equipping service delivery systems to implement trauma-informed practices and principles (2001). The TIC framework delineated characteristics of trauma-informed service systems and was widely disseminated and popularized through the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) of the U.S. Department of Health and Human Services (HHS) and the work of SAMHSA-funded agencies and studies (e.g., the National Child Traumatic Stress Network, the National Center on Family Homelessness, and the Women, Co-Occurring Disorders and Violence Study). Hopper et al. (2010) synthesized the TIC framework into the following common principles: 1) trauma awareness; 2) emphasis on safety; 3) choice and empowerment; 4) a strengths-based

approach. Although higher education is not a service delivery system, there are numerous reasons that higher education learning environments may benefit from organizing around these common principles.

While the principles of trauma-informed care (TIC) have been extensively studied and implemented in K–12 learning environments (for a review, see Thomas et al., 2019), this is less the case within higher education. Higher education comes with specific challenges that contribute to the impact of trauma such as life transitions, separation from peer and community support networks, and disconnection from childhood caregivers as traditional students navigate living away from home for the first time. Non-traditional students may have different challenges, as they may work while attending school, support family members, or live outside of the college dorm community. College curriculums in general include difficult content befitting advanced learning. Furthermore, students in college and university settings may be studying for careers in which learning about trauma is critical for their future professional work (for example, as therapists, physicians, or teachers). To address professional training challenges, Carello and Butler propose principles to enhance classroom safety in the context of social work education. These principles include acknowledging the potential for any group of students to include trauma survivors; offering content discussions and processing opportunities; implementing policies that reduce shame and increase safety; instructors adequately equipping themselves to manage their own reactions and help resource students; intervening effectively on problematic student interactions; attending to the safety signals in the physical classroom environment; and modeling self-care (Carello & Butler, 2015). It is important to continue to expand on this work and to understand the specific dynamics of trauma in the higher education setting in order to implement effective TIC strategies to ultimately create a safe and facilitative environment in which every student can learn.

### **Reducing Trauma in the Research Process through Participatory Action Research**

More research is needed to understand how to adapt principles of TIC to the higher education setting (Henshaw, 2022). While research has the power to increase collective knowledge and to promote transformative change, it also has the power to cause harm. Researchers across various fields have produced traumatizing practices and the perpetuation of oppression. Historically, researchers have engaged in problematic ethical practices that included causing harm, deception without debriefing, and lack of adequate informed consent, such as the Milgram experiments (Herrera, 2001) and the Tuskegee Syphilis Study (Freimuth et al., 2001). Both historically and in the modern era, information gathered by researchers has included bias that at times further perpetuated the marginalization of certain groups. For instance, a recent study highlighted the ways in which systemic racism has been perpetuated in psychological science due to the way it is conducted, reported, reviewed, and disseminated from the lens of White supremacy (Buchanan et al., 2021).

Because some researchers exploring TIC in education have inadvertently caused harm (Petroni & Stanton, 2021), scholars have called for TIC research that aims to reduce trauma not only through the information gathered but through the research process itself. Some scholars suggest that the use of participatory research methods can be a trauma reduction strategy by shifting the power dynamics and encouraging community members most impacted by the research to operate as co-researchers (Beebejaun et al., 2015; Hugman et al., 2011; Petroni & Stanton, 2021).

Participatory action research (PAR) intentionally seeks to shift typical power dynamics and social hierarchies by insisting that those most impacted by the research have a say in each stage of the research process (Baum et al., 2006). PAR does not differentiate between participants and researchers but intentionally brings the two together in a reflective process that is intended to use the insights from the research to make positive change for a group of people (Walker, 1993). Inherent to PAR are also values of social justice, inclusion, and equity to engage in work that serves to reduce health disparities and resist oppression (Morales, 2019). PAR has roots in community and social justice efforts, and it also has been used successfully in educational environments from primary school to graduate studies and educator training programs (Brydon-Miller & Maguire, 2009; Morales, 2019).

PAR aligns with research paradigms such as constructivist and socio-critical theories that claim knowledge production is co-created and inherently shaped by social context (Morales, 2019). As such, PAR core principles include collaboration for cultural and social change, equitable distribution of power, challenging oppression and common forms of social hierarchy, and the understanding that the research process is inherently political (McTaggart, 1991). In PAR, knowledge is developed through the culmination of subjective experiences and research is implemented through an iterative process of reflection and action (McTaggart, 1991). Greenwood et al., (1993) explain the key components of PAR are: 1) collaboration; 2) incorporation of local knowledge; 3) eclecticism and diversity; 4) case orientation; 5) emergent process; and 6) linking scientific understanding to social action. The principles and core components of PAR align well with qualitative research methods and trauma-informed approaches.

### **Development of a Trauma-Informed PAR Team**

In September 2020, we gathered a research team of undergraduates, graduate students, and faculty in our home university to explore the way students and faculty understand the influence of trauma on teaching and the learning process and to develop constructive recommendations for promoting a trauma-informed educational culture. We came to understand PAR as an optimal framework for these efforts. We describe here the process of forming a trauma-informed PAR team, along with lessons learned.

## Setting and Timeline

This team was developed within one university setting. The university is a mid-size, private institution located in the Southeast of the U.S. The institution has an undergraduate college, several graduate studies programs, and an affiliated medical center. The team development and data collection covered in this case study spanned from 2020–2023, with the first team meeting happening in Fall 2020. The initial plan was adjusted based on protocols surrounding the COVID-19 pandemic. During 2020, the university prohibited gatherings, so most classes and research were required to be held virtually. All meetings and data collection for the first year and a half of the project (2020–2022) were conducted online. As students, faculty, and staff gained access to the COVID-19 vaccine, university policies began to allow for in-person gatherings that included precautions such as masking, distancing, and a limit to the amount of people allowed to gather in one space. Our meetings shifted from exclusively virtual to a hybrid of online meetings via the university Zoom platform while meeting in person periodically, to meeting exclusively in person for the 2022–2023 academic year. The timeframe of our work carried significant implications for how we developed the team and carried out our research (further discussed in the Lessons Learned section).

## Envisioning a Trauma-Informed Learning Environment

We began by gathering stakeholders from varied environments throughout the university to identify areas of need for addressing how trauma affects students' learning. We met with key staff and faculty leaders engaged in the university's response to trauma. These included members from the university's student services, Counseling and Psychological Services, Wellness Center, Women's Center, Office of the Provost, and the university medical center's outpatient psychological trauma clinic. These conversations revealed that while there were several programs focused on providing clinical and relational support to trauma survivors and on addressing trauma in extracurricular settings (e.g., undergraduate residence life), there was a notable need for understanding and guidance related to trauma in the context of teaching.

This led to a goal of envisioning what a trauma-informed university setting could look like and identifying what resources would be necessary to create such an environment — particularly in classrooms. Seed funding from an engaged donor was matched with funds from a university research initiative in which interdisciplinary teams of students and faculty work to solve complex societal problems. The terms of this initiative required that we form a vertically and horizontally integrated research team, that is, one that includes faculty, graduate students, and undergraduate students from schools across the university. While the conversations between university stakeholders and the principal investigators helped to identify needs and broadly form the goals of the project, it was up to the research team itself to shape the vision for the project.

Having a broad and inclusive definition of traumatic stress was central to our understanding of trauma as we embarked on this project. In the early envisioning process, we decided to use a broad definition of trauma, based on the values of the team leaders. We were open to feedback from the team about this stance and, through various iterations of the team composition, it remained as one of our core team values. Furthermore, as we will discuss in greater detail, the sociopolitical context across the U.S. during this time further underscored the centrality of racism and ethnoviolence to discussions of trauma. There has been some controversy in the field over how narrowly or broadly to define traumatic stress. The narrowest definitions are those that equate traumatic stressors with PTSD Criterion A as defined in the most recent *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR). This view, however, is not typical of professional psychology or psychiatry literature. Even DSM-5-TR, which holds the PTSD Criterion A description, acknowledges that other experiences are traumatic and includes PTSD amongst other disorders in a category of trauma- and stressor-related disorders (American Psychiatric Association, 2021). Experiences of psychological or emotional abuse, childhood neglect, sexual harassment, and other experiences not contained in Criterion A are consistently considered to be traumagenic among professionals across the literature (Clemmons et al., 2007; Herman, 1992; van der Kolk, 2003). In addition, there is an increasing call to formally recognize racism and ethnoviolence as traumatic stressors (Bryant-Davis & Ocampo, 2005; Carter, 2007) and to incorporate this conceptualization into teaching and professional training (Helms et al., 2012). Given the well-established cumulative effects of enduring discrimination and other significant stressors, it is important to attend to how intersectionality (i.e., having various marginalized identities that overlap and result in a unique experience of oppression) contributes to the experience and impact of trauma (Quiros & Berger, 2015).

### **Developing a Team of Trauma Champions**

**Team Development.** Steps to become involved with the project included a formal application process and careful collaborative discernment of readiness to participate in a project engaging difficult questions of trauma. While students were not asked about personal trauma histories during the application process, we welcomed students who self-identified as trauma survivors. We determined readiness by outlining the subject matter and exploring sources of support that the student had available. We also ensured our team had representation across various levels of individual diversity, selecting members with varying sexual, gender, racial, and ethnic identities. Students were specifically recruited from the schools within which research was to be conducted.

**Team structure and research objectives.** Our research team met for 90 minutes each week throughout the academic year over multiple years. The time commitment for student team members was about three hours per week for one academic year — that included the 90-minute weekly meeting, 60-minute

small group, and about 30 minutes for out-of-team assignments. Each student had the opportunity to continue working on the project beyond their initial academic year. The first half of the first year was heavily focused on building a foundational understanding of trauma and its effects. We immersed ourselves in seminal texts of trauma literature and discussed these as a group. See Appendix A for an outline of readings that we used to develop a shared foundation. Additionally, the research team was divided into small groups of three to four students who met weekly to discuss specific aspects of project aims and to process questions pertaining to didactic content. Building on this literature review, after obtaining Institutional Review Board approval, the team developed and implemented standardized training in foundational trauma-informed principles for students across the university. The content for these events was guided by input from our team members regarding what they found most impactful in their own learning about trauma, and what they thought would be important to share with other students.

Moving from education to exploration and data collection, we then developed the scripts and conducted initial focus groups to explore student perceptions of how trauma reveals itself in the classroom or academic program settings, how students perceive faculty intervention or lack thereof, and strategies for helpful behaviors and responses among both students and faculty. Student team members developed skills to lead focus groups that engaged undergraduate students as well as students in the university's medical and divinity schools. The students and faculty on the research team worked together to analyze the data from the student focus groups.

The next phase of the project will involve engaging faculty to better understand their perspectives on trauma-informed teaching and learning in the education setting. Finally, we seek to use data from the student and faculty focus groups to develop a targeted list of recommendations for promoting a trauma-informed teaching and learning culture at the university, and to engage university leaders to implement necessary changes and innovations.

This paper focuses on the formation and development of our team, with an emphasis on the application of trauma-informed principles within the team process. The results of the research conducted by this team are discussed elsewhere (papers forthcoming).

### **Implementing Participatory Action Research Methods**

The initial goal of this project was to develop an interdisciplinary and multilevel research team to examine how trauma affects students' learning in the classroom setting. We determined the theoretical framework and methodology after the initial formation of the team. After group reflection and a review of previous literature, we realized that the goal for inclusive and equitable research processes, which the student researchers set at the forefront of the project, aligned well with a PAR framework. Following several group discussions among students and faculty, we concluded that the PAR framework would help us clearly establish our commitments as a team and, likewise, help guide decision-making in the rest of the research process.



We used the core components of PAR as articulated by Greenwood et al. (1993) as a guide for thinking about how we engage in the research. The key components of PAR (outlined above) were used to help us develop team goals that ultimately guided our research project. The first principle, collaboration, means that the people who are most impacted by the research are essential voices and are involved in every step of the research process. Our aim from the outset was to engage students as creators and agents and not just “worker bees.” We recognized the value of each student’s time and input, so we did not expect any student to work on a volunteer basis. Students participating in the project had the option to receive course credit or payment through work study. Undergraduate and graduate students and faculty collaboratively developed educational training for the campus community, developed and implemented student focus groups, and engaged in the data analysis and meaning-making processes.

The second principle, incorporation of local knowledge, refers to how the research team resists the tendency to consider the academic faculty as the only “experts” and instead operates under the belief that each research team member possesses expertise from their personal lived experience. We made sure that the academic information that we brought to the team was checked and validated by students’ lived experiences. Student perspectives and knowledge were considered just as important as the literature that we referenced and the experience of the faculty members. For example, student team members shared valuable information about how many students believed that instances of sexual assault and racial discrimination were mishandled on the college campus. That information helped us determine appropriate questions to include in the focus group protocol and allowed us to be mindful of the experiences that students could be grappling with at the time of the focus group.

The third principle, eclecticism and diversity, encompasses both the composition of the team and the research methods employed. We selected individuals from diverse personal and professional backgrounds to join our research team and represent several perspectives on trauma and education. Students were not asked to identify their racial or ethnic background at any stage of the project. However, to better understand the aspects of power, privilege, and identity that influenced our team dynamics and the research, each team member was asked to share a positionality statement. Everyone was asked to share information about their background, beliefs, and aspects of their identity that they felt comfortable sharing. The positionality statements revealed that our team was comprised of people from diverse racial groups, ethnic backgrounds, and socioeconomic statuses, as well as various levels of power and privilege inside and outside of the university setting. The positionality statements did not require any particular disclosures; nonetheless, the statements the team members produced demonstrated that most team members had been directly impacted by traumatic experiences. Given that the research is focused on trauma informed teaching and learning practices

among undergraduates, divinity students, and medical students, we recruited students from each of the schools represented. The project leaders included one divinity and medical school joint faculty member, one divinity school faculty member, a faculty psychologist in the School of Medicine with expertise in trauma, a clinical psychology graduate student, and a predoctoral clinical psychology intern with special interest in trauma. The interdisciplinary nature of the team allowed for the incorporation of multiple sources of information that informed the team's knowledge base. Also, multiple strategies such as surveys, informal informational interviews, informal discussions, and focus groups were implemented to gather information and to help us develop a more comprehensive understanding of the phenomenon we sought to study.

The fourth principle, case orientation, means that PAR involves using the specific details from a particular case to help develop broader conclusions — interviews and focus groups can be helpful means of data collection for PAR researchers. In this study, we utilized interviews and focus groups to understand the specific experiences of certain students so that we could have representative knowledge that would allow us to draw broader conclusions. The student focus groups were limited to small groups (generally five to eight participants) to encourage depth of conversation and space for all participants to engage. We also used informational interviews with faculty to glean important topics to cover in the faculty focus groups. Both settings allowed participants to share their stories and specific experiences that helped us understand the topic in ways that would not be possible using other methods, such as surveys with multiple choice answers.

The fifth principle, emergent process, explains how PAR is guided by knowledge that develops in the process of iterative reflection and cocreation. Often the research develops and takes shape as it is unfolding, which directly opposes the notion of having a rigid research plan that is unchanging from start to finish. Our team engaged in weekly reflective processes that allowed for flexibility as we learned more. For instance, we began with a plan to host trauma education events on the university campus to impact the community as well as develop a shared language and understanding among future focus group participants. Then we realized that the students in the education events consistently said that they were most excited about sharing their thoughts and opinions about this topic. We learned that students wanted to share their experiences *before* being taught information. Based on that feedback and the corresponding perspectives of our interdisciplinary team, we decided to shift to make the education events optional upon request, and we shifted to doing the student focus groups without the prerequisite of attending an educational event. These changes based on new information and shared experiences aligned well with the reflexive and interactive nature of the emergent process in the PAR framework.

Finally, the sixth principle, linking scientific understanding to social action, involves using what we learn from the research to inform action that will make positive social change. A primary goal of the research was to promote

trauma-informed practice in the university setting. We intentionally decided to disseminate our findings beyond academic publications alone and opted to engage those who influence the university learning environment including student leaders, faculty, and administrators to increase access to insights from the research and combat barriers to change. Even before we concluded our focus groups, faculty and other researchers heard about the work we were doing and asked for input on trauma informed practices in their respective areas. We were responsive to the requests so that we could influence change as we went about the research process (further elaborated in the Lessons Learned section).

### **Establishing Group Culture: Application of Trauma-Informed Principles**

We intentionally brought the principles of TIC into the development of our project, our team meetings and syllabus, and directly into the components of our research. Based on Hopper and colleagues' (2010) synthesis of leading conceptualizations in the field, the first TIC principle, trauma awareness, emphasizes developing an understanding of trauma and its effects on individuals, training and learning about these topics, and providing nurturing attention and care to oneself in the context of working with trauma. We began by equipping the research team with foundational knowledge of trauma theory, and each team member received a copy of Judith Herman's *Trauma and Recovery* at the start of their participation. We emphasized scholarly and theoretical models informing our understanding of trauma experiences. Our approach further emphasized educating the university community about trauma and its effects, side-by-side with how to care for ourselves while interfacing with the painful and difficult material that is the content of trauma.

The second TIC principle is the central importance of safety, both physical and emotional. This was attended to through consideration of physical safety, consistency, predictability, authenticity, respect, clear boundaries, and efforts to avoid retraumatization. The team emphasized fostering a collective sense of psychological safety to facilitate engagement with trauma-related content, and the academic faculty modeled vulnerability while also attending to boundaries and maintaining role differentiation. We began with teaching about the importance of trauma stewardship (van Dernoot Lipsky & Burk, 2009) and each team meeting began with a trauma stewardship exercise. Trauma stewardship refers to the intentional practice of building capacity to engage with the reality of the pain that exists for those who have experienced trauma, cultivating skills for tending to this pain in ourselves and others, and developing a mindful presence that allows room for joy and growth without ignoring suffering (Lipsky & Burk, 2009).

In our context, we engaged in trauma stewardship by facilitating mindfulness practices that created space to reflect on the reality of suffering, encouraged compassion, and promoted envisioning possibilities to spark hope. We also made sure that self-compassion theory was experientially embedded into trauma stewardship exercises (e.g., affectionate breathing, benefactor practice) (Germer & Neff, 2019) as well as into preparing the students for

presenting the educational events (e.g., messages to expect that it will be imperfect and to focus on self-kindness and acceptance in moments where something goes unexpectedly or mistakes occur). We engaged in extensive opportunities for contemplating and sharing reflections, including taking time for team member input following trauma stewardship exercises, allowing space for team member-initiated disclosures of personal struggles, and engaging in containment processes. We made an effort to encourage team members to find common humanity in their struggles (Germer & Neff, 2019) while instilling hope via highlighting resilience, recovery trajectories, and post-traumatic growth.

The second TIC principle also emphasizes that acceptance, inclusion, and respect for diversity are essential. Our approach prioritized informed consent for team members and participants, organizing and predicting experiences, and maintaining safe, respectful, and nonjudgmental environments on our team as well as in all events. In team meetings, we regularly discussed cultural, historical, sociopolitical, and race-related issues, and incorporated this broad perspective into our psychoeducational curriculum as a way to promote an inclusive definition of traumatic stress. Further, we took time in our meetings to process emotionally charged current sociopolitical events. One example of this was holding a period of silence and reflection following the conviction of Derek Chauvin for the murder of George Floyd. Following this period of silence, team members were given space to share their feelings. We explored the depth and complexity of profoundly painful emotions, acknowledging the feelings of inadequate justice. Although words felt insufficient after such an experience, it was helpful to hold space within our community for the pain, anger, moral indignation, and even the confusion about the implications of the event itself.

The third TIC principle focuses on choice and empowerment through opportunities for options, offering skill-building, and sharing power. We infused this into our approach through explicit consent processes, attention to skill-building through trauma stewardship (discussed further below), and requests for input and feedback throughout the development process as well as throughout the research project itself. Small groups that met weekly provided opportunities for students to take on leadership roles, enhanced students' sense of connection, scaffolded and increased support for the student endeavors, and enabled all students to take a more active role in shaping the development of the larger team experience and the trauma educational event materials. We encouraged engagement by empowering the students to have a voice in the development of the selection of and teaching of certain team elements as well as the actual materials for the educational events. Students were the central deliverers of the trauma education events, supported by faculty who intervened in the context of difficulties in a role-attuned manner emphasizing empowerment paired with support. For example, one of the student team members leading an education event became disoriented and did not facilitate her part of the program at the designated time. Team leaders stepped in to

facilitate the section she missed without calling attention to the issue, instead allowing her time to reorient and engage in facilitating the remainder of the education event. After the event, leaders followed up with the team member to check-in on her wellbeing and encourage her continued growth by providing feedback and practical tips for facilitating in that type of environment. We were intentional to avoid shaming the student team member or engaging in punitive action and instead offered more support and guidance to increase her self-efficacy in the facilitator role.

Finally, the fourth TIC principle of emphasizing a strengths-based approach attends to a focus on strengths and resilience and is growth-oriented. We centered the model of psychological adaptation to trauma (McCann et al., 1988), which de-pathologizes trauma sequelae and frames them as effective adaptations in the traumagenic context, even if no longer effective outside of that context. We balanced our discussion of symptoms and difficulties with an emphasis on concepts of resilience and posttraumatic growth. We attended to hope-instilling and infusing our exploration of trauma with messages highlighting resilience, recovery, and healing. For example, we intentionally shared examples of university settings that had made progress in trauma-informed teaching and learning to inspire hope for change as well as learn from existing effective strategies.

### **Lessons Learned**

Launching a research team on trauma-informed educational practices in higher education amid a global pandemic and a traumatogenic sociopolitical landscape was an exciting, yet daunting, task. Below we describe positive and negative feedback we received through this process and important lessons learned from our experience.

#### **Team Member Feedback**

We elicited informal feedback from team members throughout the project timeline, and at the end of the first year we circulated an anonymous survey to invite team members to reflect on successes and challenges. When asked what factors helped facilitate open participation and engagement, team members highlighted the trauma stewardship activities (primarily mindfulness practice), having the opportunity to connect with one another online in small groups and discussing current events and personal feelings and experiences (e.g., anger, grief, burnout). Discussing reactions to current events provided a space to feel supported and connected to others during a turbulent sociopolitical time. A number of members noted that they began their own trauma stewardship practice outside of our course as a way to promote self-care. Team members spoke to a level of psychological safety that facilitated learning. They reported feeling that their thoughts and opinions were valued and listened to and that sensitive subjects regarding trauma were “discussed with both empathy and objectivity.” One member noted, “I learned more from those conversations that were uncomfortable than those that were comfortable.” The virtual format was cited as the primary barrier to fully engaging with the research

team. One team member noted that prioritizing group discussion over didactic content was helpful in facilitating engagement online. Team members expressed appreciation of the broad conceptualization of trauma. The members of our team spent many weeks exploring how to define trauma, which may have facilitated the eventual welcoming of a broader account of the traumatic stress continuum.

### **Influence in the Institution/Environment**

Our research process confirmed that individuals in academic environments are eager to discuss this topic. Soon after we started working on this project, we began to hear from members of the university community expressing interest in our work and in initiating discussion with our team. Individuals in leadership positions in various offices across the university and academic medical center environment (e.g., Office of the Dean of Students, Office of Undergraduate Education, School of Medicine) reached out with requests for consultation or training on topics related to managing trauma in an educational system. We were delighted to engage in these discussions and to learn more about what these groups were noticing. Similarly, we were asked to participate in forums discussing TIC in various contexts. For example, the university's law school invited our team to present on a panel to a group of judges participating in a pilot study on teaching judges about TIC, and the leadership of one of the university's health training programs invited us to lead a training on TIC for their faculty. Further, a number of the authors on this paper are approached regularly by individual faculty members, teaching assistants, or students to discuss challenges related to addressing trauma in educational systems. Across our discussions, a few themes consistently emerged: 1) interest in understanding more about how educational environments are affected by how they manage trauma-related events, experiences, and information; 2) concern over the lack of information, guidelines, and discussion on the topic; and 3) a belief that doing a better job in this arena would enhance flourishing and reduce harm to individuals and communities who have experienced trauma.

### **Responsiveness to Social Context and Building Psychological Safety**

This team convened during an unprecedented time in recent history. The project team meetings began in August 2020, during the peak of COVID-19-related restrictions. Project members noted the impact of isolation and grappled with the oddity of a socially distant world. The summer of 2020 also featured unparalleled public awareness and media attention to the current and historical legacy of racism and structural violence against Black people in the United States. The impact of that public awareness spurred more conversations about issues of systemic oppression. Throughout the year there was a rise in extremism, anti-Asian violence and anti-Semitism, a polarized political landscape, and an insurrection at the Capitol. We realized that beyond informal conversations about current events, it was important for us to regularly check in with team members and to consistently make space for

reflection — even if that meant sacrificing time that could be spent meeting other objective research goals. We intentionally slowed the pace of the team meetings, included activities that fostered connection, and explicitly named and discussed the issues we saw in the world around us. It became clear to us that the goal of fostering an environment that produced psychological safety was just as important as conducting educational events and focus groups. The choice to prioritize responsiveness (e.g., making time for critical discussion and debriefing) became a way that the team not only studied but practiced trauma-informed care — even when it came at a cost to the speed of our research. Each year, we experienced a sense of connection, a deep sense of having a haven within the storm of our broader contexts, a sense of mission and committed engagement, and feelings of hope.

### **Recommendations for Future Research**

Below, we highlight some of the key takeaways so that others may learn from our experience of how to carry out this work.

#### **Lead with Values**

We found it helpful to make our values explicit through the development of guiding principles for our team that scaffolded the enactment of those values. We prioritized a number of values: protecting the needs of trauma survivors; acknowledging injustice, oppression, and discrimination; trustworthiness; institutional courage in acknowledging the fallibility and complex history of our specific university; transparency; and compassion and grace toward ourselves and one another.

#### **Acknowledge and Attend to Context**

We took an explicit position to resist silent collusion and expressed a commitment to naming, acknowledging, and discussing trauma and injustice. Team members noted that this process helped to facilitate safety, healing, and connection.

#### **Recognize that Defining Trauma is Controversial**

As a team, we shared the conviction that the effects of racism, oppression, discrimination, and the sociopolitical enactment of structural inequities and health disparities belong on the traumatic stress continuum. Nonetheless, we acknowledge that this view is not shared by everyone. Some may feel that broadly conceptualizing trauma minimizes the experience of those who experience Criterion A events and develop PTSD. Wherever researchers' and educators' beliefs fall, it is important to clearly articulate the chosen position on the topic rather than assuming everyone defines trauma in the same way, or unintentionally implying that one person's way of defining trauma is the only way. For example, when discussing trauma in an educational context, provide a rationale for using a broad definition and acknowledge the pros and cons of doing so in that setting.

## **Model Courageous Conversations**

Both within the team and in our interactions with administration offices across the university and medical center, it was evident that naming the topic of trauma in education facilitated others' interest. It seemed to offer permission to acknowledge and discuss challenges, concerns, areas of vulnerability, and the needs of faculty and administrators for support, knowledge, and guidance on this topic.

As people heard about the project, they came to the table and wanted to talk. The themes that emerged across these discussions included: 1) desire to understand the ways that students' educational experiences are affected by the management of trauma-related events, experiences, and information; 2) uncertainty about effective practices and concern over the lack of information, guidelines, and discussion on the topic; and 3) a belief that improvements in this arena would enhance flourishing for and reduce harm to individuals who have experienced trauma as well as communities that have experienced trauma.

## **Emphasize Responsiveness and Care**

Where possible, we explicitly committed to tending to the needs of the team and its members. When navigating choice points around this, we often narrated our decision-making process to model transparency for team members. At the end of the year, one of the central pieces team members' feedback was about their appreciation for the team as a community where they experienced compassion, responsiveness, and care. They noted that this also influenced them becoming gentler with and more responsive to themselves.

## **Teach Strategies for Managing Painful Emotions**

The trauma stewardship exercises and the message that we must integrate care for ourselves into our care for others were enthusiastically adopted by our team. Throughout the year, team members shared their integration of trauma stewardship practices in their lives. This became a way of resourcing team members and helping them build and support capacities to engage with painful and challenging content and context.

## **Conclusions**

By detailing our research development process, we demonstrate how to integrate two justice-based frameworks, PAR and TIC, to develop a transformative, trauma-focused research team in the higher education setting. While exploring the question of how to effectively navigate trauma in the university context, we engaged in a parallel process of learning how to conduct research in a trauma-informed manner. The principles of TIC and PAR are complementary in nature. Together, they provide a holistic approach to engaging research in a more equitable manner that contributes to empowerment rather than traumatization. In the process, we learned that the "how" is just as important as the "what" when it comes to trauma-related research. It is insufficient to develop a survey or hold a focus group to learn about people's experiences with trauma without considering who is involved in developing the questions that will be used in the research, how the topic affects



the researchers involved, and how participants and research team members alike experience the work as trauma-informed. Researchers must establish their values and ethical commitments at the outset so that every aspect of the research can align with those standards. This is the optimal way to avoid the risk that even researchers with the best intentions may unintentionally perpetuate exploitation, oppression, and marginalization through research.

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## Supplementary Materials

### Appendix A

Download: <https://jprm.scholasticahq.com/article/94139-the-value-of-student-voice-and-choice-a-guide-for-trauma-informed-participatory-action-research-in-the-university-setting/attachment/198608.docx>

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