Trauma-Informed Practices in Higher Education:

A Comprehensive Literature Review (2015–2023)

Hui Gao[1], Peng-Fei Chen[1] & Lijuan Yao[2]

[1] Dhurakij Pundit University, Bangkok, Thailand

[2] Binzhou Medical University Hospital, Shandong, China

Correspondence: Peng-Fei Chen, Chinese International College, Dhurakij Pundit University, Bangkok, Thailand. E-mail: blissfulalice@gmail.com

Abstract

The impact of trauma extends across various aspects of individual development, emotional regulation, and social behaviours, subsequently influencing academic performance, classroom engagement, and overall achievements in educational settings. Recognizing higher education as a pivotal stage in the educational system, it is imperative to address the development of trauma-informed practices at this level. This article aims to contribute to this discourse by systematically collecting and reviewing relevant literature pertaining to higher education and trauma-informed practices. Its objective is to organize and analyze the existing literature from 2015 to 2023 on the evolution of trauma-informed practices in higher education, elucidate its current developmental status, underscore its significance, and engage in a discussion regarding the implications and future directions for research in the field of trauma-informed higher education.

Keywords: trauma-informed practices, evolution, higher education

1. Introduction

Since the psychiatrists proposed the concept of trauma in the 1980s, more and more studies have confirmed its connotation and negative impact on individual physiology and psychology. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as physical or emotional injuries or threats that an individual experiences through an event, a series of events, or a set of circumstances that adversely affects the individual's health (SAMHSA, 2014). Traumatic experiences often lead to challenges in emotional regulation, social interactions, cognitive patterns, and brain development, with an increased likelihood of adverse health outcomes and academic failure (Cavanaugh, 2016; Center for Youth Wellness, 2016). Based on this, trauma-informed practice is defined as the understanding and response to the impact of trauma, emphasizing ensuring the physical, psychological and emotional safety of support providers and those with trauma while creating opportunities for survivors of traumatic experiences to rebuild a sense of control and empowerment (SAMHSA, 2014). Safety, trust, empowerment, choices, and collaboration are the five core principles of trauma-informed practice (Knight, 2019). This trauma-based practice has important implications in fields such as medicine, psychology, social work, and law (James, 2020; Knight, 2015; Kuehn, 2020).

Because education is an important pathway for individual development, the application of trauma-informed practices in education has gradually received more and more attention (Davidson, 2017). Educators developed trauma-informed teaching methods from trauma-informed approaches aimed at improving clinical practice and social service delivery (Harris & Fallot, 2001). A trauma-informed school framework is one in which all staff has the capability to recognize and react to the impact of trauma on students and others in the school system, understanding the negative influences that trauma causes on emotions, behaviour, and academic success (National Child Traumatic Stress Network/Schools Committee, 2017). Research has found that about 62% of people in the United States have at least one adverse childhood experience (ACE), and 25% have more than three ACEs (Trauma-Informed Care Implementation Resource Center, 2021). The prevalence of trauma has led schools to realize the need to incorporate trauma-informed approaches into traditional educational frameworks, and educators need to recognize and pay attention to the links between trauma and students' emotional, social, physical, and mental health as well as academic outcomes. The massive psychological stress that the emergence of the COVID-19 pandemic caused across the globe

has underscored the importance and necessity of using trauma-informed approaches to care and education so educators can avoid inadvertently causing secondary harm to students who have already suffered trauma (Abuelezam, 2020).

Trauma-informed practices for ACEs in childhood and adolescence have continued to develop over the past 20 years (Thomas et al., 2019), but some of the negative behavioral and health outcomes of trauma do not manifest until early adulthood (Dube, 2003). An annual report released by The Center for Collegiate Mental Health (2022) showed that trauma history counseling has become the largest increase in mental health history programs since 2012 among 190,907 college students treated at 180 college and university counseling centers. Students with traumatic experiences may have difficulty integrating into higher education successfully (Jolley, 2017). Statistics have showed that 32.9% of undergraduates in the United States have not completed their studies, and 24.1% of them have chosen to drop out in the first year after entering college (Hanson, 2023). Therefore, as an important period for individuals to transition into adulthood and complete their self-transformation, the higher education system is also an important place for trauma-informed educational practices. The lack of a trauma-informed framework may make schools a place where trauma is reproduced, inadvertently causing individuals to be traumatized again (Venet, 2023). In the actual operation of schools, higher education workers should always maintain a trauma perspective when dealing with students' emotions and behaviours (Downey & Greco, 2023) so as to ensure that students can cope with physical and psychological problems, fully realize their potential, and obtain corresponding social and academic achievements.

Carrying out health courses and meditation activities in college can help reduce students' emotional and psychological stress, but simply implementing these related activities may not be able to fundamentally solve the problem of students' psychological trauma and reduce or eliminate its potential impact. Compared with the research and practice of trauma-informed education for children and adolescents, trauma-informed education in higher education is still in its infancy. It is a difficult but urgent task to integrate trauma-informed practice into higher education and combine it with the purpose and mission of higher education to help college students grow and build their resilience (Davidson, 2017). By combing through the relevant literature on higher education and trauma-informed practice, this article hopes to clarify its necessity and importance, understand the current development and results, and discuss possible future research and practice trends.

2. Methods

This study used university-based search engines to conduct information searches in databases such as Google Scholar, Science Direct, Elsevier, Scopus, Web of Science, ERIC, and Wiley Online Library using searches and qualifiers to search for papers on the practice of trauma knowledge in higher education. According to the purpose of this study, the keywords used for the search used variations of "trauma-informed practice," which mainly included combinations of "trauma," "trauma-informed," "trauma-informed practice," "trauma-informed education," "education," "university," "college," and "higher education." Inclusion criteria for literature are as follows: (a) published in a peer-reviewed journal, (b) published in English, and (c) conducted in a college setting. By reading the title and abstract description of the article matching the keywords in the search results and removing duplicates, we finally obtained 20 eligible articles.

Among the articles selected in this paper, qualitative research methods are the most commonly used, with 13 articles using qualitative research methods including the interview method, case study method, and thematic content analysis method and five articles using quantitative research methods (Rodger et al., 2020; Skarstein & Schultz, 2022; Harrison et al., 2023; Patton & Caffrey, 2023; Wells, 2023) using demographic questionnaires and trauma-informed scales to issue questionnaires to specific samples. Two articles used a mixed methods design of qualitative and quantitative methods combined (Doughty, 2020; Barros-Lane et al., 2021), including a questionnaire survey combined with focus group tracking and a questionnaire survey combined with a structured interview.

In classifying the journals that published the articles, the largest number of publications appeared in education journals, with a total of 10 articles, followed by four articles in social work journals (Carello & Butler, 2015; Cless & Goff; 2017; Oehme et al., 2019; Barros-Lane et al., 2021), three articles in psychology journals (Rodger et al., 2020; Henshaw, 2022; Patton & Caffrey, 2023), two articles in medical journals (Goddard et al., 2021; Brown et al., 2021), and one article in a philosophy journal (Stephens, 2020). In terms of geographical classification, most of the research backgrounds reviewed in this paper took place in the United States. Other research countries include two articles in Australia (Harrison et al., 2023; Neil & Hegarty, 2023), one article in Norway (Skarstein & Schultz, 2022), and one article in Canada (Rodger et al., 2020).

3. Feedback on Trauma-Informed Practice in Higher Education

Because teacher workers are the primary implementers of trauma-informed education, many articles examined their knowledge of trauma-informed education and the outcomes of their training. Neil and Hegarty (2023) believed that teachers' current trauma-informed knowledge of domestic violence is insufficiently prepared to enable medical students to gain emotional safety in the learning process of relevant courses. By training educators on trauma-informed care (TIC) and trauma-informed education strategies (TIES), Doughty (2020) found that their understanding of TIC and TIES, especially the impact on students' studies, had significantly increased after training, and their ability to support students had also improved. Similarly, Rodger et al. (2020) introduced trauma- and violence-informed care (TVIC) in the training of preservice teachers and showed that participants' attitudes toward TVIC and self-efficacy in their abilities to use inclusive teaching methods improved. However, effective teaching training for preservice teachers about traumatic experiences must be accompanied by rigorous management processes to mitigate the potentially harmful emotional impact they have on such learning (Harrison et al., 2023).

Students serve as primary subjects for trauma-informed practices in higher education, and their feedback on this is a focus of this research. In the context of the COVID-19 outbreak in 2020, Barros-Lane et al. (2021) surveyed social work college students to assess how they felt about their college's trauma-informed care program and how they received support from it, arguing that the program created an environment where students could feel safe even during a disaster, which emphasizes the importance of school safety; Patton and Caffrey (2023) used Hispanic college students as a sample and pointed out that the implementation of trauma-informed practices in higher education can further positively impact students' academic success by creating a safe, supportive, and respectful environment during the pandemic. Also studying the impact of trauma on academics, Skarstein and Schultz (2022) showed that although schools should incorporate trauma-informed teaching frameworks, they should not ignore the academic role of teachers and should pay attention to the psychological and physical problems of students who have experienced trauma, which means those traumatized students should also be treated as subject learners. Oehme et al.'s (2019) study of college student mental health services indicated that the vast majority of participants believed that college student resilience programs based on trauma-informed approaches could help themselves and others overcome the difficulties and challenges they faced in study and life. Wells (2023) further divided college students into undergraduate and graduate students, demonstrating that both rated their universities as moderately knowledgeable about trauma, but undergraduates had higher expectations for teachers to implement trauma-informed practices in the classroom.

4. Trauma-Informed Practice Model in Higher Education

Currently, higher education mostly adopts a reactive approach in responding to student trauma, passively and independently providing psychological counselling services and support for traumatized students (New England Board of Higher Education, 2020). However, with the changing environment and increasingly distinct individual characteristics, schools should consider being more predictive of all possible needs and of students, seeking to develop universal design for learning (UDL) pedagogies suitable for all and disadvantageous to none (McChesney, 2022), and being more proactive and systematic in providing support to students who have experienced trauma. Trauma-informed schools mean schools address the impact of trauma on students across the school; create an environment in which all students feel safe, supported, trusted, and welcome (Cole et al., 2013); and mitigate and heal the developmental challenges that arise from students' prolonged experience of adversity.

Several articles propose approaches to trauma-informed education in higher education from different perspectives. From a religious and theological perspective, Stephens (2020) proposed recognition, integration, resistance, understanding, and practice as five hallmarks of trauma-informed religious education. From a cultural sensitivity perspective, Henshaw (2022) proposed that program managers and leaders in higher education should establish a top-down trauma-informed approach model, improve school safety, build cross-cutting alliances, and provide students with equal learning and employment opportunities. From a doctoral education perspective, McChesney (2022) demonstrated the importance of promoting trauma-informed practices in the doctoral community and proposed four conceptual measures for doctoral trauma-informed supervision to understand the nature and consequences of trauma, acknowledge its impact, clarify the role of relevant institutions, and flexibly adjust systems and practices.

Some articles specifically explore the practice of trauma-informed care in the medical profession. In the clinical medical training profession, the possibility of vicarious trauma and traumatization allows educators to guide and practice by focusing on students' personal characteristics, teaching content and context, homework requirements, teacher and student behaviours and interactions, classroom environment characteristics, and student self-care

(Carello & Butler, 2015). Brown et al. (2021) proposed a trauma-informed medical education framework based on the six areas of trauma-informed care SAMHSA described, which not only provided support for students' learning and life but also cultivated students' trauma-informed care capabilities to meet the needs of future patients. Also, based on the SAMHSA framework and combined with Watson's humanistic care theory, Goddard et al. (2021) proposed a trauma-informed pedagogy for higher education nurse educators to transform the existing nursing education paradigm.

For trauma-informed practices that can be broadly applied to all higher education systems, Cless and Goff (2017) proposed a framework that includes trauma exposure, trauma response (safety/remembrance and mourning/reconnection), trauma disclosure, flexibility, course progression, and assessment, which is a trauma-informed teaching model for university courses. Davidson (2017) provided guidance on developing and implementing trauma-informed practices in higher education, providing practical suggestions on how to work effectively with college students who have suffered trauma. During the COVID-19 pandemic, Pica-Smith and Scannell (2020) recommended that colleges should consider the socio-political context and emotional well-being of students and teachers when thinking about teaching to establish a real connection with students and provide them with support. Incorporating SAMHSA's four key organizational assumptions and six guiding principles, Harper and Neubauer (2021) recommended that schools use their model for trauma-informed education and administration to increase teacher and student awareness of the possible consequences of trauma and respond to learning during the COVID-19 pandemic.

5. The Significance of Implementing Trauma-Informed Education

Trauma can occur at any stage, the impact of ACE on individuals has been widely documented, and traumatic childhood experiences can have a profound impact on the brain, so the negative consequences of childhood traumas (violence, abuse, war, discrimination, etc.) often accompany victims' transition to higher education (McChesney, 2022; Wells, 2023). These traumas are common among college students when they first enter campus, causing higher rates of mental illness, physical illness, and bad living habits than students without traumatic experiences (Oehme et al., 2019). In addition, college serves as a transition period to adulthood, and sudden changes in environment as well as financial and academic pressures also cause new trauma to students during their time in college (Davidson, 2017; McChesney, 2022). The process of dealing with traumatic experiences forces them to address their health or emotional needs first, so they do not have enough energy to devote themselves to college life, have no time to pay attention to the academic process, and find it difficult to integrate into college life (Hallett et al., 2018; Wells, 2023; Patton & Caffrey, 2023).

Higher education should not be traumatic but should be challenging (Goddard et al., 2021). For those students who have already had traumatic experiences, it may cause them emotional triggers whether in the classroom or other extracurricular activities, and topics related to their traumatic experiences such as violence or abuse can put them in uncomfortable or painful situations (Davidson, 2017). The emotional problems associated with having to engage in these discussions can lead to isolation and negative avoidance measures, ultimately reflected in students' academic performance (Hallett et al., 2018; Wells, 2023). Because higher education institutions' ultimate goal is to ensure students' academic success (Patton & Caffrey, 2023), they need to be informed about trauma and how it affects student life and learning as well as its external manifestations; integrate trauma-informed practices into traditional teaching models rather than just as a single subject (Stephens, 2020); proactively establish and maintain a safe, supportive, and respectful systematic trauma-informed environment; ensure students' normal learning and life; and help students cope with the challenges that may occur in the university stage and achieve their academic value with a healthy body and mind (Hallett et al., 2018; Doughty, 2020).

From the perspective of educators, it is necessary not only to provide relevant support and help for students who have had traumatic experiences but also to pay special attention to their own emotional health (Harrison et al., 2023). In the absence of trauma-informed knowledge and training, excessive empathy may cause educators to lose their objective attitude and reduce the effectiveness of trauma intervention for students (Davidson, 2017). Conversely, vicarious or secondary trauma that may occur during practice can also harm the educators themselves (Carello & Butler, 2015; Stephens, 2020; Neil & Hegarty, 2023). Therefore, raising higher education workers' awareness of trauma-informed education, strengthening trauma-informed training in schools, and establishing systematic and standardized management processes can reduce possible risks to a certain extent while providing support for both teachers and students.

Although the implementation of trauma-informed practices has gained widespread recognition in fields such as medicine, justice, and primary and secondary education, higher education institutions have made slow progress in

adopting trauma-informed practices and education. Current studies have mostly focused on qualitative research based on content analysis. Although the literature has gradually recognized the importance of trauma-informed education, there is no dominant or validated framework in actual practice. Classroom teaching in higher education has lagged behind, and there is a significant educational gap compared to primary and secondary education (Stephens, 2020; Brown et al., 2021). However, with the emergence of the COVID-19 pandemic, higher education institutions have become increasingly focused on trauma-informed knowledge, and related research has gradually increased. Most of the studies have been published in the past 3 years. The combination with higher education has a good development prospect as a new research field of trauma-informed practice in the future.

6. Conclusion

This study marks the inaugural exploration and examination of trauma-informed practices in higher education. Given the current analysis of trauma prevalence among college students in the literature, the integration of trauma-informed education becomes a critical imperative in higher education settings. It is essential for higher education authorities and leaders at all levels to raise awareness; establish and enforce trauma-informed education policies; enhance teacher training; draw insights from current experiences in primary and secondary education, such as the Trauma-Responsive Educational Practices Project (www.trepeducator.org) and the National Child Traumatic Stress Network (www.nctsn.org); devise new models tailored to different majors in higher education; and strive to cultivate a secure, comfortable, and empathetic learning environment. The ultimate goal is to foster the holistic well-being and success of college students.

The limitation of this paper is that this study merely used the literature to discuss the phenomenon of trauma-informed practices in higher education. The finding of this study needs further empirical study to verify the practice and influence in colleges and universities. Future research on trauma-informed practices in higher education presents significant avenues for development. First, there is a need for more extensive research to comprehend the range of trauma-informed practices faculty currently employ and their impact on students' lives and academic success. Longitudinal studies, involving the collection of pre-data and post-data on faculty utilizing trauma-informed care approaches, could provide a deeper understanding of its effects on postsecondary students. Second, future research could categorize college students by academic level (bachelor, master, and doctorate) to gain a more nuanced understanding of the diverse perspectives and needs of students concerning trauma-informed practices at each level. Additionally, while the existing literature has proposed suggestions for implementing trauma-informed teaching in higher education, no research has empirically tested its effectiveness. Subsequent research endeavours can address this gap by examining the practical implementation of these teaching models in higher education, thereby offering evidence-based support for the construction and enhancement of the trauma-informed framework in higher education.

References

Abuelezam, N. N. (2020). Teaching public health will never be the same. *American Journal of Public Health, 110*(7), 976-977. https://doi.org/10.2105/AJPH.2020.305710

Barros-Lane, L., Smith, D. S., McCarty, D., Perez, S., & Sirrianni, L. (2021). Assessing a trauma-informed approach to the COVID-19 pandemic in higher education: A mixed methods study. *Journal of Social Work Education, 57*(1), 66-81. https://doi.org/10.1080/10437797.2021.1939825

Brown, T., Berman, S., McDaniel, K., Radford, C., Mehta, P., Potter, J., & Hirsh, D. A. (2021). Trauma-informed medical education (TIME): advancing curricular content and educational context. *Academic Medicine, 96*(5), 661-667. https://doi.org/10.1097/ACM.0000000000003587

Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work, 35*(3), 262-278. https://doi.org/10.1080/08841233.2015.1030059

Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior, 25*(2), 41-46. https://doi.org/10.1177/107429561602500206

Center for Collegiate Mental Health. (2022). *2022 Annual Report: bring science and practice together*. Retrieved from https://ccmh.psu.edu/assets/docs/2022%20Annual%20Report.pdf

Center for Youth Wellness. (2016). *White Paper: An unhealthy dose of stress*. Retrieved from https://www.courts.ca.gov/documents/BTB25-PreConTrauma-04.pdf

Cless, J. D., & Goff, B. S. N. (2017). Teaching trauma: A model for introducing traumatic materials in the classroom. *Advances in Social Work, 18*(1), 25-38. https://doi.org/10.18060/21177

Cole, S., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and advocating for trauma-sensitive schools.* Massachusetts Advocates for Children.

Davidson, S. (2017). Trauma-informed practices for postsecondary education: A guide. *Education Northwest, 5*, 3-24. https://ecampusontario.pressbooks.pub/app/uploads/sites/1721/2021/10/trauma-informed-practices-postsecondary-508.pdf

Doughty, K. (2020). *Increasing trauma-informed awareness and practices in higher education.* In Examining Social Change and Social Responsibility in Higher Education (pp. 17-28). IGI Global. https://doi.org/10.4018/978-1-7998-2177-9.ch002

Downey, J., & Greco, J. (2023). Trauma sensitive schools: A comprehensive guide for the assessment planning and implementation of trauma informed frameworks. *Children and Youth Services Review, 149*, 106930. https://doi.org/10.1016/j.childyouth.2023.106930

Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive Medicine, 37*(3), 268-277. https://doi.org/10.1016/S0091-7435(03)00123-3

Goddard, A., Jones, R. W., Esposito, D., & Janicek, E. (2021). Trauma informed education in nursing: A call for action. *Nurse Education Today, 101*, 104880. https://doi.org/10.1016/j.nedt.2021.104880

Hallett, R. E., Westland, M. A., & Mo, E. (2018). A trauma-informed care approach to supporting foster youth in community college. *New Directions for Community Colleges, 2018*(181), 49-58. https://doi.org/10.1002/cc.20291

Hanson, M. (2023). *College Dropout Rates*. Retrieved from https://educationdata.org/college-dropout-rates

Harper, G. W., & Neubauer, L. C. (2021). Teaching during a pandemic: A model for trauma-informed education and administration. *Pedagogy in Health Promotion, 7*(1), 14-24. https://doi.org/10.1177/2373379920965596

Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems*. Jossey-Bass/Wiley.

Harrison, N., Burke, J., & Clarke, I. (2023). Risky teaching: Developing a trauma-informed pedagogy for higher education. *Teaching in Higher Education, 28*(1), 180-194. https://doi.org/10.1080/13562517.2020.1786046

Henshaw, L. A. (2022). Building trauma-informed approaches in higher education. *Behavioral Sciences, 12*(10), 368. https://doi.org/10.3390/bs12100368

James, C. (2020). Towards trauma-informed legal practice: A review. *Psychiatry, Psychology and Law, 27*(2), 275-299. https://doi.org/10.1080/13218719.2020.1719377

Jolley, A. L. (2017). *The relationship between trauma exposure and college student adjustment: Factors of resilience as a mediator*. Dissertation, Counseling & Human Services, Old Dominion University. https://doi.org/10.25777/73gd-0t27

Knight, C. (2015). Trauma-Informed Social Work Practice: Practice Considerations and Challenges. *Clinical Social Work, 43*, 25-37. https://doi.org/10.1007/s10615-014-0481-6

Knight, C. (2019). Trauma informed practice and care: Implications for field instruction. *Clinical Social Work Journal, 47*, 79-89. https://doi.org/10.1007/s10615-018-0661-x

Kuehn, B. M. (2020). Trauma-informed care may ease patient fear, clinician burnout. *JAMA, 323*(7), 595-597. https://doi.org/10.1001/jama.2020.0052

McChesney, K. (2022). A rationale for trauma-informed postgraduate supervision. *Teaching in Higher Education,* 1-23. https://doi.org/10.1080/13562517.2022.2145469

National Child Traumatic Stress Network, Schools Committee. (2017). *Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework.* Retrieved from https://www.nctsn.org/sites/default/files/resources//creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

Neil, J. M., Barton, C., & Hegarty, K. (2023). Should we be concerned? A qualitative study of educators' perceptions of medical student wellbeing in domestic violence training. *Medical Teacher,* 1-7. https://doi.org/10.1080/0142159X.2023.2244664

New England Board of Higher Education. (2020). *Trauma in the time of Coronavirus and beyond: ANEJHE Q&A with Karen Gross*. Retrieved from https://nebhe.org/journal/trauma-in-the-time-of-coronavirus-and-beyond-a-nejhe-qa-with-karen-gross/

Oehme, K., Perko, A., Clark, J., Ray, E. C., Arpan, L., & Bradley, L. (2019). A trauma-informed approach to building college students' resilience. *Journal of Evidence-Based Social Work, 16*(1), 93-107. https://doi.org/10.1080/23761407.2018.1533503

Patton, J. D., & Caffrey, T. (2023). Hispanic students in higher education: A case for trauma informed approaches. *Journal of Human Behavior in the Social Environment, 33*(5), 711-723. https://doi.org/10.1080/10911359.2022.2089311

Pica-Smith, C., & Scannell, C. (2020). Teaching and learning for this moment: How a trauma informed lens can guide our praxis. *International Journal of Multidisciplinary Perspectives in Higher Education, 5*(1), 76-83. https://doi.org/10.32674/jimphe.v5i1.2627

Rodger, S., Bird, R., Hibbert, K., Johnson, A. M., Specht, J., & Wathen, C. N. (2020). Initial teacher education and trauma and violence informed care in the classroom: Preliminary results from an online teacher education course. *Psychology in the Schools, 57*(12), 1798-1814. https://doi.org/10.1002/pits.22373

SAMHSA's Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach (14-4884)*. Retrieved from https://store.samhsa.gov/system/files/sma14-4884.pdf

Skarstein, D., & Schultz, J. H. (2022). "Terror victims are probably not the easiest to follow up": students' perception of learning and teaching in the aftermath of trauma. *Scandinavian Journal of Educational Research,* 1-15. https://doi.org/10.1080/00313831.2022.2148276

Stephens, D. W. (2020). Trauma-informed pedagogy for the religious and theological higher education classroom. *Religions, 11*(9), 449. https://doi.org/10.3390/rel11090449

Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-Informed Practices in Schools Across Two Decades: An Interdisciplinary Review of Research. *Review of Research in Education, 43*(1), 422-452. https://doi.org/10.3102/0091732X18821123

Trauma-Informed Care Implementation Resource Center. (2021). *Defining Trauma.* Retrieved from https://www.traumainformedcare.chcs.org/what-is-trauma

Venet, A. S. (2023). *Equity-centered trauma-informed education*. Routledge. https://doi.org/10.4324/9781032677989

Wells, T. (2023). Creating Trauma-Informed Higher Education Classrooms: Exploring Undergraduate and Graduate Student Perceptions. *Journal of Effective Teaching in Higher Education, 6*(1), 97-111. https://doi.org/10.36021/jethe.v6i1.336