

**Transforming Higher Education: Building Trauma-Informed Communities for  
Healing and Intergenerational Wellbeing**

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“Empire’s most powerful apparatus is the education system. It initiates us into a culture and knowledge system that instructs us to want to be of a specific ethnoclass of humanity. . . . The tragedy of this is that whilst this particular idea of being optimally human holds us together, as Americans, it can do so only in terms of the “us” and “the not us.”

–Sylvia Wynter

Jamaican-American educator, novelist, cultural critic, philosopher, and essayist Sylvia Wynter critiques the role of education in perpetuating the existing power structure, reinforcing divisions, and homogenizing identities. Indeed, higher education has traditionally been a space where dominant narratives and power structures are perpetuated, much as Wynter suggests (Rodriguez, 2018). Typically, higher education perpetuates the dominant narrative not only through the overt curriculum but also through the hidden curriculum—the tacit lessons about power, privilege, and social norms that we communicate to our students.

Relatedly, when higher education institutions fail to adequately acknowledge and address students’ trauma, and particularly intergenerational trauma, by default we create an “ideal” student. By not acknowledging the diversity of student experiences, we inadvertently partake in the homogenizing influence that Wynter critiques: that there is an “ideal” student, who comes into our institutions being trauma-free. This reinforcing of the dominant, privileged narratives is a form of betrayal.

In the following essay, we argue that higher education has for too long ignored the science of learning as it relates to trauma. We will begin by situating ourselves and why this work matters to us. We will then elaborate on the notion of institutional betrayal and further develop our argument. We will describe the conversation surrounding the term “trauma” in the

context of higher education and the momentum it has gained since March 2020<sup>1</sup>. We will then briefly discuss some of the current literary critiques of the trauma narrative and analyze their potential implication on higher education. We will then make the case for developing trauma-informed curricula in higher education programs such as public health, among others, and present a model for institutions to use a trauma-informed lens. Finally, we end our essay by discussing the urgency and moral imperative for institutions to develop research surrounding healing-aimed, equity-minded, trauma-informed higher education.

### **Who Are We?**

Inspired by Adrienne Maree Brown, who writes: “It is always important to me to reveal who I am as the author of these ideas, and the lineage I draw upon” (Brown & Cyril, 2020), we wish to begin by situating ourselves. We are two neurobiologists and educators who are interested in the intersections of health, equity, and education; joined by a recent graduate whose studies centered on cognitive science, leadership, equity, and wellbeing.

Co-author Kate Barranco, a recent graduate of Georgetown University’s Edmund A. Walsh School of Foreign Service, has devoted her studies thus far to exploring the interconnections between cognition, relational and equitable leadership, and mental health and wellbeing. Through her work at the Red House, a transformational education innovation hub at Georgetown University, she began working alongside Dr. Mays Imad, as part of a larger research effort to further understand the relationship and mechanisms by which trauma (and intergenerational trauma) and wellbeing are connected and how those connections take place at

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<sup>1</sup>March 2020 marks a pivotal moment due to the global outbreak of the COVID-19 pandemic. This public health crisis had a profound impact on universities and colleges around the world. The most immediate and visible impact was the widespread closure of physical campuses. To curb the spread of the virus, many institutions suspended in-person classes and shifted to online or remote learning almost overnight. This abrupt transition presented numerous challenges, as many students and faculty were not prepared for fully remote education. Access to technology and reliable internet became critical issues, especially for students in remote areas or with financial difficulties.

individual, communal, and systemic levels.<sup>2</sup> She will continue this exploration by joining the Wellbeing Project fulltime as a Network and Storytelling coordinator in Fall 2023.

Co-author Dr. Byron Bitanihirwe is an aspiring global health scholar with interests in various aspects of trauma and resilience and how they feed into effective learning in a public health framework within higher education institutions. Byron is drawn to concepts surrounding purposeful teaching of sensitive material to students. By engaging in qualitative research methods involving university students (both undergraduate and postgraduate) and educators, he is currently trying to better understand how we as educators can cater more effectively to the complex needs of students in a university setting. He aims to further develop trauma-informed education as a bastion for more immersive teaching (e.g., through implementation of better funding strategies focused on providing contextual trauma-informed training to educators in higher education as well as developing “finer” peer-support systems for marginalized students and educators). This is work he is currently developing in conjunction with Dr. Imad.

Co-author Dr. Mays Imad began her teaching career at a Hispanic Serving Institution, where she worked with first-generation students, many bearing various intersecting identities that often act as double-edged swords—serving both as assets and challenges to their academic success. It was within this context that the significance of trauma-informed teaching and learning became evident to her. A constellation of her personal experiences—surviving wars, enduring displacement, delving into neuroscience, and engaging with a diverse student demographic—have profoundly influenced her understanding of the pervasive impact of trauma on learning. Embracing education as a conduit for empowerment, healing, and transformation, Imad believes that the ideal classroom is a sanctuary that nurtures safety, connection, and stability, facilitating

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<sup>2</sup> For more information, see: <https://www.intergenerational-trauma.com/>

the continuation of learning amidst adversities. Imad's current research focuses on biofeedback, stress, self- and co-regulation, advocacy, and community, and how these impact student learning and success. Through an equity-minded, trauma-informed lens, Imad seeks to explore and apply these concepts in her pedagogical practices and faculty collaborations.

### **Institutional Betrayal & Trauma-Informed Education**

Betrayal typically refers to the act of breaking or violating a trust or confidence that someone has placed in you<sup>3</sup>. In the context of higher education, our use of the term "Institutional Betrayal" is inspired by the work of Smith and Freyd (2014), who describe the betrayal of trust by an institution that is responsible for protecting individuals and upholding ethical standards. Such betrayal can occur when an institution fails to address or prevent harm to individuals, or when it actively perpetuates or condones harmful behavior. We argue, by extension, that higher education institutional betrayal occurs when such institutions fail to adequately support and protect their students, often leading to negative impacts on their mental and emotional well-being (Adams-Clark & Freyd, 2021).

When students enter our institutions, there's an implicit trust that the institution will support their learning and personal development. We believe that by failing to acknowledge and address trauma, institutions may be seen as betraying this trust (Adams-Clark & Freyd, 2021). This betrayal can be especially harmful for students who have experienced trauma, as it can mirror and reinforce their past experiences of betrayal. In addition, by implicitly upholding the "ideal" student as one who is unaffected by trauma, institutions may be seen as betraying students whose identities have been shaped by their experiences of trauma. This form of betrayal is even more insidious when it involves the neglect of students and colleagues from historically

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<sup>3</sup> See Merriam-Webster definition: <https://www.merriam-webster.com/dictionary/betrayal>

marginalized backgrounds, many of whom may already be more likely to have experienced trauma and face additional barriers to their success (Blitz et al., 2016; Matheson et al., 2019; Tanyu et al., 2020). In Table 1 below, we underscore five dimensions of this betrayal.

**Table 1**

*Five dimensions of institutional betrayal*

<b>1</b>	<b>Institutional Negligence</b>	ignoring or inadequately addressing issues that significantly impact the well-being of their students and staff, such as trauma and intergenerational trauma.
<b>2</b>	<b>Unmet Expectations</b>	to uphold certain ethical standards, including respect for the diversity of student and staff experiences.
<b>3</b>	<b>Violation of Trust</b>	failing to live up to the implicit or explicit promises higher education institutions make to their students and staff, to provide a safe, supportive, and equitable learning environment.
<b>4</b>	<b>Denial of Wrong Doing</b>	denying or minimizing harmful behavior that has occurred, exacerbates the harm done to those affected. This denial can also lead to a culture of silence or complicity.
<b>5</b>	<b>Perpetuation of Harm</b>	failing to understand and incorporate trauma-informed practices, institutions can unintentionally perpetuate harm, and this failure can exacerbate the very traumas the institution should be helping to mitigate.

What does betrayal have to do with trauma and trauma-informed education? To begin, the concept of trauma-informed teaching and learning, while crucially important, did not gain significant attention in higher education until recently, not until after the significant and widespread disruptive events of the COVID-19 pandemic that began in early 2020. This absence of trauma-informed teaching and learning from higher education is especially problematic because these institutions serve many students who have experienced significant psychological trauma (Smyth et al., 2010), including, but not limited to, students from historically marginalized communities who may have been exposed to intergenerational trauma, racial trauma, and other

forms of systemic and personal trauma (Bitanahirwe & Imad, 2023). This lack of intentional and explicit prioritization of students' wellbeing leads to poorer academic outcomes, exacerbates mental health distress, and perpetuates educational and societal inequities (Tanyu et al., 2020). This betrayal can have not only a personal but also a systemic impact. In other words, this kind of betrayal is not merely about individual incidents but involves systemic policies, practices, and cultures that fail to protect or even harm individuals and their respective communities.

### **COVID-19: Trauma Comes to Higher Education**

As mentioned earlier, many of our students, especially those from racialized and marginalized backgrounds, have or were experiencing trauma before the pandemic. But, it was not until the pandemic, when everyone became affected, that higher education institutions began to examine the lens of trauma-informed practice. In March of 2020, we could no longer deny that the novel coronavirus was a serious threat to public health, and it was heading our way (Fauci et al., 2020). Shortly after, co-author Mays published an article in *Inside Higher Ed*, inviting educators to impart hope among their students (Imad, 2020a). Soon, she realized that educators needed more than just talk about hope. Mays offered a series of public webinars on trauma-informed teaching and learning, grounding the presentations in the neurobiology of learning. The logic of her webinars was based on a simple neurobiological fact: When our brains are “hijacked” by strong negative emotions, meaningful and sustainable learning becomes difficult (Imad, 2020b). Difficult but not impossible. Educators can help their students “negotiate” with their brains, that the threat they perceive is not imminent, and, for the time being, they can choose to learn and move forward. Imad's invitation to her colleagues to incorporate trauma-informed teaching and learning practices stemmed from the recognition that many students were struggling with trauma in the midst of the pandemic. It was a call to acknowledge the

psychological challenges students are facing and to adapt teaching practices to support students' mental health and well-being.

Imad recalls one of her colleagues reading the webinar description and dubiously asking, "Is it *trauma*?!" He advised her to be more measured with her title because she risked being called overdramatic.

### **The Everyday Trauma of the Pandemic**

Imad's colleague's misconception of trauma was a common one: Trauma is the result of a dramatic, violent, and out of the ordinary event such as combat or physical assault or car accident. Psychological trauma, indeed, goes beyond just the events that are conventionally viewed as dramatically violent or life-threatening. From a neuroscience perspective, trauma can be any event or series of events that significantly disrupts our physical and emotional equilibrium or homeostasis<sup>4</sup>, overwhelming a person's ability to cope (van der Kolk, 2005; Imad, 2021). The resistance Imad encountered speaks to a broader issue in academia: the tendency to downplay or ignore the emotional dimensions of learning. But she had grown too accustomed to the academy's way of shunning feelings and emotions.

In fact, she appreciated her colleague's concerns, but as a researcher, and given the gravity of what was happening around the world and the transmission rate of COVID-19, she quickly thought, "If this isn't trauma at the moment, it certainly will be."

As neuroscientists, we have been trained to "see" the world through the lens of what the brain is experiencing (Seth, 2021), and we try not to waste time getting caught in the semantics. And we feared that what was coming could challenge our brains in ways we were not prepared for. Our brains act as predictive machines, constantly gathering information from the

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<sup>4</sup> Homeostasis is a key biological principle, akin to the body's internal thermostat, which maintains the balance of various systems in our body in order to keep everything working just right (Billman, 2020).



surroundings to make predictions about our well-being (Imad, 2022). Additionally, our brains evolved to make connections to our surroundings (DeFelipe, 2011), leading us to naturally depend on others for survivability. The isolation created by social distancing and quarantining, combined with the uncertainty we all shared about this “novel” disease, was bound to put stress on our brains beyond the typical. This continued uncertainty, which brings stress to everyone, challenges our homeostasis (Peters et al., 2017). In other words, waking up every day and not knowing if you or your loved ones might catch the virus, what the virus might do to you in terms of your health, and the course of action to best protect yourself and your loved ones, continually stresses our nervous system. This uncertainty was, and continues to be, compounded by the radical change in many of our day-to-day lives—the way in which work has become more isolated and challenging, the changes in our daily routines, even the ways we interact with our friends and loved ones, not to mention the grief and sadness of more than two years of loss.

Over the past year, we have been both excited to see higher education finally paying more attention to student and colleagues’ wellbeing and holistic approach to education, and *also* concerned at how the term “trauma-informed” is being thrown around without truly being understood (Thompson & Carello, 2022). One of the salient questions we wrestle with is: “How can higher education balance the urgency to investigate and cultivate trauma-informed practices while at the same time not diluting the term or causing it to become just another initiative that soon gets forgotten?”

### **Trauma in the Popular Imagination**

While the conversation about the pandemic and its impact on the well-being of people in higher education has been taking place over the past two years, over the past decades a much larger conversation has focused on the pervasiveness of trauma, its generational and

intergenerational ramifications (Herman, 1992, 2015; van Der Kolk, 2005, 2014; Wolynn, 2016). Into this larger conversation has recently entered a trio of essays critiquing the trauma narrative, questioning, among other things, the scientific validity for traumatic memory as well as the prevalence of post-traumatic stress disorder. These essays, all in popular publications, reveal some of the key misconceptions about trauma and also underscore the urgent need for research related to trauma in the context of teaching and learning. The essays were published in widely read outlets such as *Harper's Magazine*, *The New Yorker*, and *The New York Times*, all of which have substantial readership among thought leaders and educators, and have implications for the discourse around trauma in higher education. These essays have the potential to influence perceptions and understanding of trauma among a large audience, including those in positions of influence in educational settings. For this reason, we will briefly discuss those essays and their potential impact on the discourse of trauma in higher education.

In the first essay, "A Posthumous Shock," published in November 2021 in *Harper's Magazine*, novelist Will Self argues that trauma "is not a timeless phenomenon that has affected people in different cultures and at different times in much the same way." Instead, he posits that trauma is a cultural trend and a "function of modernity in all its shocking suddenness." What Self is arguing is that trauma as we know it today is not something that existed before and that its symptoms, such as traumatic memory, are unique to our modern age (Self, 2021).

In the second essay, "The Case Against the Trauma Plot," published in December 2021 in *The New Yorker Magazine*, literary critic Parul Sehgal posits that our current narrative of trauma "flattens, distorts, reduces character to symptom, and, in turn, instructs and insists upon its moral authority." Sehgal argues that modern day depiction of trauma has become ubiquitous and misused. A traumatic past as a literary device is an uncomplicated, incomplete, if not lazy

explanation for a character's behavior and identity. Sehgal implies that the cultural phenomenon of trauma is reductionist and unartful (Sehgal, 2021).

In the third essay, "If Everything is 'Trauma,' Is Anything?" published in February 2022 in *The New York Times*, Jessica Bennett, like Self and Sehgal, critiques the overuse of the word "trauma." Citing University of Melbourne psychologist Nick Haslam, Bennett introduces us to the phenomenon of "trauma creep," how a clinical term is now being used to refer to everyday negative experiences. She further argues that our overuse of the language of trauma is strategic, if not overdramatic, as it offers the user cultural capital as a victim who is beyond criticism (Bennett, 2022).

All three essays offer criticism of the current cultural phenomenon of trauma and claim that the modern trauma narrative perpetuates a victimhood mentality. Moreover, they argue that today's discourse about trauma is backed by "semi-hard" science and endorsed by moral theorists who use their own authority or expertise in the field to affirm the existence and effects of trauma. In other words, those moral theorists may be overstepping their expertise or making claims that are not fully grounded in empirical evidence.

Before we address the shortcomings of those three popular pieces, we want to articulate that our main concern with these articles is that some people within higher education may read them and haphazardly extend their critique to the discourse surrounding the stress of the pandemic and teaching and learning in higher education. It is also important to acknowledge that the overuse or misuse of the term "trauma" doesn't invalidate the genuine experiences of those who have endured traumatic events (Straussner & Calnan, 2014). While it is certainly possible for the language of trauma to be co-opted or used inappropriately, this should not detract from

the need for trauma-informed practices and supports, particularly in contexts like higher education that have traditionally overlooked these issues.

It is important to remember that all three essays are *cultural critiques* and have little or nothing to do with the impact of traumatic stress on brain development and student learning. Nonetheless, the popularity of these pieces underscores the need for trauma-related research and education in the context of teaching and learning. When we read the essays, we examined them as scientists who study stress and its impact on learning. While there may be some merits to the criticisms within these three pieces, there are many flaws and misconceptions. Below, we will highlight four of the main flaws behind their framing of trauma that informs their broader cultural critique.

First, both Self and Sehgal argue that trauma is an obscure theory, as evidenced by the lack of historical literary accounts of trauma symptoms, that has only become dominant recently. They thus conclude that trauma and its symptoms are peculiar to the modern era. But they fail to consider that our understanding—and reporting—of how the brain functions and the mind-body connection have broadened our current understanding of what constitutes trauma. The “modern era” is replete with examples of how trauma has long existed but we are only now able to document its impacts. Given how the past has normalized so many outright wrongs—from domestic abuse to sexual abuse; from slavery to disenfranchisement—is it at all surprising that we are currently coming to a more nuanced understanding of how chronic stress and trauma affect our brains, bodies, and behavior? Our conceptual understanding of trauma and its consequences have simply evolved along with our scientific understanding of the brain.

Second, the authors argue that we have become more fragile, that the past contained plenty of traumatic events with little mention of trauma. Again, the notion that someone can

suffer what we today call psychological trauma did not exist because we did not have the descriptor for it. In other words, a person who experienced domestic violence or the “Middle Passage” surely suffered psychological trauma whether it was reported as “trauma” or not.

Furthermore, because our access to information has increased exponentially, our past is ever-present. Access to the 24-hour news cycle, ubiquitous videos via social media, and first-person reports potentially compound the stress and violence of today’s turmoil and tragedies. Easy access to past information can also have an overwhelming impact on our current emotional well-being—think about what we now know about the treatment of kidnapped and enslaved Africans during the transatlantic trade or the murder of Indigenous children at boarding schools. Admittedly, in all three pieces, the authors rightfully note that the prevalence of social media can compound and multiply the struggles people are having. Our brains are not able to meaningfully process new barrages of negative information or actual triggers of new trauma. We have a limited capacity for attending to information at any given time (Cowan, 2010). When the information keeps coming, the brain will experience information overload—a state of feeling overwhelmed (Cazaly, 2021; Soroya et al., 2021). Being overwhelmed day after day makes it difficult for the brain and the body to return to homeostasis. It is not that we are more fragile; it is that we have come to a different understanding of the vulnerability of our brain and the impact of the environment on its well-being.

Third, in many ways these articles seek to delegitimize all discussions of trauma because of their prevalence and perhaps overuse in popular discourse, labeling them as overdramatic and even useless. Just because a concept has entered into the popular discourse, does not make it invalid. Sure, sometimes the concept of trauma may be misused or overused, but that doesn’t change the scientific reality behind it. In truth, some of the more pertinent research related to

trauma is just emerging. Rather than delegitimizing trauma because of its prevalence in popular discourse, we should investigate what we still don't know.

Take for example, the concept of intergenerational trauma, where, through recent studies of epigenetics, we now understand that the way a person's physiology is altered by a traumatic event can be passed on to subsequent generations (Yehuda, 2021). In other words, a child can inherit the biological consequences of a parent's trauma. Self attempts to critique transgenerational trauma without paying attention to the nuances that differentiate individual versus collective trauma. In other words, we can examine trauma at the individual level, and we also need to look at traumatic events that have influenced larger groups of people—events such as war, poverty, racism, genocides, displacement. Dismissing the discourse altogether shows a lack of depth in understanding the crucial differences in the manifestation of individual versus community trauma (Hirschberger, 2018). In addition, when a community continues to experience challenges, such as racism and poverty, such constancy and omnipresence of those events can compound their trauma. When a group continually experiences oppression and racism, stress can accumulate to an unmanageable level (Geronimus et al., 2006; Williams, 2018). And, in order for a community to move forward in a sustainable way and to thrive, their trauma needs to be acknowledged. They do not need to be told that their unprecedented displacement is fabricated and then have to spend their energy and resources trying to convince the world of the legitimacy of their experience<sup>5</sup>.

Fourth and finally, what the authors of those articles foremost fail to acknowledge is that behind each example they dissect is an individual human or community that is suffering. In all three essays, there is an implicit assumption that victims are comfortable with being in a state of

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<sup>5</sup> For example, the silence surrounding the Armenian genocide (Anderson, 2019).

perpetual victimhood, or happy to be defined by their circumstances, rather than desperately wanting to reclaim their sense of autonomy over their environment and their destiny.

If we are going to pontificate about trauma and interrogate the trauma narrative, let us not gloss over the human behind that narrative. While those articles attempt to intervene in the current discussion of trauma, they do so from a limited literary perspective that offers little insight into the psychological and physiological reality of trauma. Trauma is not merely a product of modernity or a narrative device; it is a well-documented psychological phenomenon with serious impacts on individuals' mental and physical health. Trauma research has shown that traumatic experiences can lead to long-lasting changes in the brain and body, affecting not only individuals but also subsequent generations. These effects are not limited to "big T" traumas; ongoing stressors, neglect, and other "small t" traumas can also have profound impacts. The dismissal of these realities risks minimizing the experiences and challenges of those who have experienced trauma.

A student recently asked co-author Imad what she thought about the "controversies" surrounding the trauma discourse. Imad told her student that it is important to separate the idea of trauma in popular discourse from the overwhelming scientific evidence that supports trauma as a clinical phenomenon with potentially devastating consequences for individuals or communities. We believe that these essays represent, to a great degree, the public's—even the highly educated and informed public's—misunderstanding about the science and reality of trauma. These essays can serve as an invitation for researchers and educators in the field to engage with these critiques and contribute their own expertise to the conversation, helping to clarify misconceptions and advance understanding of trauma in the context of education.

### **Trauma, Mental Health, Equity, and Higher Education**

It is no surprise that higher education, like other sectors, is experiencing anguish and burnout. Whether we use the term trauma, or toxic stress, one thing we know for sure is that our students (as well as faculty, staff, and academic leaders) are struggling with their mental health. There is a global mental health crisis among young adults. In a recent (August 2022) survey of undergraduate students in the U.S., for example, nearly seven in 10 students report experiencing mental health issues such as stress, anxiety, or depression (Lipson et al., 2022). The vast majority (~86%) report that their current level of stress or anxiety is the same or greater than it was a year earlier (Lipson et al., 2022). This crisis is not simply a result of the pandemic nor is it exclusive to the United States. Even before the pandemic, an international study focusing on student mental health sponsored by the World Health Organization (WHO) found that a third of university students screened positive for disorders such as depression, anxiety, and other “lifetime” disorders (Auerbach et. al., 2018). In this context, one of the key questions we have found ourselves wrestling with is as to why higher education has not led the way when it comes to trauma-informed education and how to ameliorate the impact of trauma on students’ learning, wellbeing, and equity within higher education (Bitanhirwe & Imad, 2023).

Importantly, while mental health issues affect students in all demographic groups, students with marginalized identities are at an even greater risk (Jochman et al., 2019; Chavous et al., 2022). Based on data collected by the National Center for Health Statistics, Healthy Minds, and others, we know that Indigenous, Hispanic, and Black people receive far less mental health care compared to their white peers (McGuire & Miranda, 2008; Williams, 2018; Panchal et al., 2022). This disparity is completely understandable given the racism and microaggressions marginalized students face, in addition to the impact of intergenerational trauma (Solorzano et



al., 2000; Anderson, 2020). The ongoing pandemic has exacerbated the mental health crisis among college students generally. For many students of color, the confluence of COVID-19 and injustice—racialized violence, economic and social disenfranchisement, and environmental racism—has been devastating (Fortuna et al., 2020).

In the context of higher education, understanding trauma and enacting trauma-informed approaches recognize that students may come to the classroom or institutions with a range of experiences and challenges, and aim to create a supportive and empowering learning environment that acknowledges and accommodates these realities (Bitanhirwe & Imad, 2023). To dismiss or downplay the concept of trauma risks perpetuating a system that fails to meet the needs of all students, and particularly those from marginalized or disadvantaged backgrounds.

### **The Need for Research Surrounding Culturally-grounded, Equity-minded, Trauma-informed Higher Education**

Given the prevalence of trauma among college-age students (Cless & Goff, 2017) and the negative impact it can have on their academic and personal lives (Schultz & Skarstein, 2020; Morton, 2022; Thomas, 2022), we believe that higher education has a moral imperative to investigate and cultivate a trauma-informed lens. In Table 2 below, we describe four aspirational values that contribute to this moral imperative for higher education institutions to investigate and adopt a trauma-informed approach. We believe that anything short of rigorously pursuing those values constitutes a betrayal—a betrayal not only of our students but of ourselves.

**Table 2.**

*Values that drive higher education's imperative to enact trauma-informed practices*

<b>Equity &amp; Access</b>	The obligation to ensure equal access to education for all students. Providing trauma-informed support promotes equity by ensuring that students affected by trauma have the same opportunities for success as their peers.
<b>Duty of Care</b>	The responsibility to provide a safe and supportive, environment for all their students. This includes being aware of, understanding, and addressing the impacts of trauma on students' wellbeing and academic performance.
<b>Social Responsibility</b>	The responsibility to address social issues such as trauma and its impact. By taking steps to address trauma, universities can contribute to broader societal efforts to prevent and mitigate the impacts of trauma.
<b>Upholding Human Dignity</b>	The responsibility to recognize and address trauma respects and upholds the inherent dignity of all students. It acknowledges their experiences and affirms their worth and potential, despite the challenges they may have faced.

In light of these values, we argue that adopting a trauma-informed approach in higher education is a course of action dictated by ethical principles and societal responsibility that aims to create a more equitable and compassionate learning environment for all students. It is important to note that institutions should also make an effort to understand the specific types of traumas that students from marginalized communities may have experienced, and work to ensure that their policies and practices are inclusive and culturally responsive and protective (Bitanhirwe & Imad, 2023). Marginalized communities often face additional traumas that may not be as prevalent or apparent in other groups (Matheson et al., 2019). These traumas could include racial or ethnic trauma, the trauma of poverty, housing or food insecurity, the trauma of displacement and discrimination, and many others.

In order to truly adopt a trauma-informed approach, institutions must recognize these additional burdens and the distinctive ways they can impact students. It is not enough to simply

acknowledge trauma in a broad sense; institutions must be prepared to understand and address the specific traumas that different communities face. Schools must engage in active efforts to educate the whole campus community about these traumas, providing culturally sensitive mental health resources, and developing policies that actively combat discrimination and marginalization. Furthermore, a truly trauma-informed institution does not just react to trauma after the fact, but works to prevent these traumas from occurring within their communities in the first place. Institutions should seek to create an environment where students feel comfortable expressing their experiences and needs, and feel heard and validated when they do so. They should also ensure that they have diverse representation among their faculty, staff, administrators, and in their curriculum, so that students from marginalized communities see their experiences reflected and validated in their academic environment. Taking these steps is not only part of the moral imperative to provide an inclusive, supportive learning environment for all students, but also a crucial part of ensuring the academic success and mental well-being of students from marginalized communities. We offer the following working framework for adopting a holistic, culturally-grounded, healing-directed, equity-minded, and trauma-informed approach to higher education (Quiros & Berger, 2014; Pihama et al., 2017; Quiros et al., 2019; Shalka, 2019; Boylan, 2021; Meléndez Guevara et al., 2021; Gates & Bennett, 2022; Hunter, 2022; Pimental, 2023):

- **Increase Awareness and Understanding:** We invite institutions to educate themselves about trauma, its impacts, and the ways it can show up in the academic environment. Such understanding means going beyond basic definitions to understand the neuroscience behind trauma and its intersectional dimensions, including how it affects different communities and identities differently.

- **Focus on Equity and Growth:** A trauma-informed approach must be equity-minded and aim for healing and growth. Centering equity means understanding how trauma intersects with issues like race, class, gender, sexuality, and disability, and ensuring that policies and practices do not marginalize or harm certain groups.
- **Audit and Revise Policy:** We invite institutions to examine their policies and revise them to be culturally grounded and trauma-informed, taking into account how trauma can affect students' academic performance, behavior, and mental health.
- **Empower Students as Partners:** Crucially, students should be involved in the process of making institutions more trauma-informed. Such collaboration should include student input on policies, representation on committees, and initiatives to raise awareness and reduce stigma.
- **Form Community Partnerships:** We invite institutions to also work with local community organizations to provide additional resources and support for students dealing with trauma. Such partnerships can create a more holistic network of support and care.

It is important to keep in mind that a trauma-informed approach is not just about policies—it's about culture. This new culture requires a shift in attitudes and behaviors at all levels of the institution, from administration to faculty to staff. A trauma-informed approach is not a one-time effort. Institutions should regularly evaluate their policies and practices and make continuous improvements based on feedback, research, and best practices.

### **Forging the Road for Intergenerational Wellbeing**

In recent years, we have come across educators who are skeptical of using a teaching framework that centers emotions or that is trauma-informed. While the above popular pieces

reveal misconceptions about trauma in popular culture, in our work over the past two years with faculty and staff, we have encountered additional misconceptions, specifically related to trauma and teaching and learning. Those misconceptions exist in part because our understanding of trauma in the context of higher education remains cursory, and there has not been much research done on the practice or impact of using a trauma-informed lens in higher education. And while there is much research about social and emotional learning and affective learning (Elmi, 2020; Millett, 2020), within the scholarship of teaching and learning or within the field of faculty educational development, there is little empirical research describing the inclusion of trauma-informed contents into curricula despite the fact that many of the student populations we serve are affected by various types of traumas<sup>6</sup>. There is a crucial need for institutions of higher education to not only recognize trauma but also act diligently in their response (Bitanihirwe & Imad, 2023). The absence of action—whether through neglect, ignorance, or inaction—is indeed a form of institutional betrayal that can cause significant harm to the individuals within the institution and communities to which they belong.

We write this piece in part as a call to action for the higher education community to better understand trauma in the context of our work with students. Institutional betrayal is not just the actions an institution takes but also the failure of an institution to take actions to research and

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<sup>6</sup> Some disciplines have already begun to integrate trauma-informed principles into their curricula. For example, public health, which is a vast and constantly evolving field that requires engagement with complex political, social, economic, and environmental challenges. Notably, public health education requires the careful handling of traumatic material. Carello and Butler (2014) caution against the use of trauma as a teaching strategy, even though such experiences can contribute to learning and resilience building. It follows that public health courses should integrate trauma-informed principles, as outlined by SAMHSA (2014), such as safety, transparency, peer-support, collaboration, empowerment, and recognizing cultural, historical, and gender issues, especially in the context of ongoing crises like the COVID-19 pandemic (Parker & Johnson-Lawrence, 2022). Several higher education institutions, including Griffith University in Australia, have developed trauma-informed teaching frameworks that extend learning beyond the classroom, encouraging participatory engagement and promoting equality and inclusivity in diverse communities like First Nations Communities (Heris et al., 2022). Despite progress, there remains untapped potential in incorporating aspects such as racial trauma and cultural capital into public health curricula (Henshaw, 2022).

understand its community and the history they bring with them. Such silence is a form of betrayal that can result in serious and long-lasting harm to the people it serves or represents. We write this piece because we fear that if we do not act to attend to the burnout and the mental health problem, our students and all of us will suffer. As we write this piece, we are reminded of one of our students who, several years ago, when asked to describe the purpose of higher education, made the connections between present and future generations. In their own words they state:

“Each generation will be taking care of the next one to come. If one falls, we all fall together. We are united each and every day with decisions we make or don’t make. We affect the world globally even if we don’t see what’s happening.”

Our call to action underscores that this is not merely about the individual well-being of the students in these institutions, but also about the larger societal and generational impact. As the student insightfully states, the decisions made (or not made) today will have reverberations for generations to come. If higher education institutions do not adequately address trauma within their purview, they risk perpetuating cycles of harm and inequity, with broad societal consequences.

We act by investigating what we do not know about trauma in the context of education and what healing, growth, and thriving constitute. Developing a contextual, inclusive, equity-informed theory of trauma-informed higher education is now more urgent than ever (Ginwright, 2020; Shalka, 2022). Our invitation is not merely about serving the immediate needs of our students, but also the long-term health of our society.

Smith and Freyd state that a key component in preventing and addressing institutional betrayal is “institutional courage,” which is an institution’s commitment to seek the truth and

engage in moral action, even when doing so may be difficult or costly. We began our essay with the words of Sylvia Wynter, who challenges the academic world to make space for new narratives<sup>7</sup> (Rodriguez, 2018). What if this new narrative challenges the status quo by centering around institutional courage? As institutions of higher learning, we have a moral responsibility to strive not only to better serve our students but also to be leaders in society, demonstrating through our actions the values of empathy, justice, and courage. Such actions will open up new possibilities for institutional transformation and societal change, moving us closer to a more just and inclusive future.

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<sup>7</sup> Wynter states: “[W]e cannot give up writing stories about what it means to be human that displace those that are at the foundation of Empire. There is no order in the world that can exist or hold together, including an empire, without a founding story. Now the question for academia in the twenty-first century is, will you make space within it to be able to write a new foundation?”

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