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The current pandemic has caused us(educators) and students to respond to COVID-19 with stress and anxiety. Amid uncertainty and confusion, we are continuing to teach with the hope that students will continue to learn from us, sweeping the troubles of COVID-19 such as health disparity, unemployment, xenophobia under the carpet. As the days goes by, it is not hard to not notice that students are struggling to cope, there is a sense of hopelessness, panic attack and some admit suffering from insomnia. We can somewhat relate to these experiences ourselves as adults and wonder how students who are barely 21 are coping? As educators as much as we want our students to learn, we need to think of ways on how we can teach students better as well, now more than ever. Past research highlights that educators could cause unintentional re-traumatization, secondary traumatization, or new traumatization if they are not mindful in their service to students. This piece is written as a result to not only create awareness among educators and universities “to stop harming” but to elevate our care and support with the help of Trauma-Informed Pedagogy as an essential checklist to provide hope to our students during this difficult chapter of their lives.

## **Trauma-Informed Teaching during and beyond COVID-19**

### **Introduction**

In the recent month of World Health Organization (WHO) declaring COVID-19 a pandemic, universities around the globe turned to online delivery as a lifeline for survival. The abrupt change has also speed up the need for both educators and students to catch up with remote learning and teaching technologies such as Zoom, Collaborate Ultra, Microsoft Teams to make learning possible. In this newfound excitement more instructions and support on how to be acquainted and work with features such as polling, breakout groups are being created and shared.

Although these latest ventures are exciting to many, a more significant focus on the effects of pandemic on student mental health and how best to support students during this critical time, is somewhat forgotten. As Covid-19 confirmed cases stands at 1, 455, 955 according to WHO, as of this writing and still rising steeply and spreading rapidly, millions are without jobs and billions are in isolation while uncertainty, lack of information and concerns about the future looms. Collectively, neuroscientist believe that all of us are experiencing trauma at an unprecedented scale. If students are themselves inflicted by COVID-19 or must care for family members who have COVID-19 or have experienced death of a loved one, this amplifies the strenuous circumstances. Students (most of them are barely 21) are already responding with stress and anxiety in the face of COVID-19.

In addition to COVID-19, studies have highlighted that university students are in the 'high risk category for psychological distress and mental disorders (Eisenberg et al., 2013; Larcombe et al., 2016; Orgyen, 2017; Royal College of Psychiatrists, 2011; Stallman, 2010). Approximately 66%–94% of college students have experienced one or more traumatic event (Frazier et al., 2009; Smyth et al., 2008). Neuroscientist have further warned that isolation generated by lockdown can be hard for people with mental health difficulties. While Times Higher Education emphasized that

students from Asian backgrounds suffer from racial abuse in Europe, North America and Australia due to the rise in xenophobia.

These evidences should prod universities to reflect on the students they teach, ponder on the challenges they are facing and think of ways on how best to support them through this difficult time. Although it is equally important for universities to stay the course and complete learning by pushing for focus to learn new tools, materials, to engage in discussions, to contribute to critical thinking, to complete examinations and assignments on time, universities should also consider the economic collapse and pandemic related stresses that students might be going through exercising more care than harm.

## **Trauma**

To understand how universities can teach better and offer better support to students, it is important to understand the rudimentary facts about trauma.

“Trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional or spiritual wellbeing” (Substance Abuse and Mental Health Services (SAMHSA), 2014).

There is growing evidence to suggest that many traumatic experiences such as physical, sexual, psychological abuse, neglect, trafficking, natural disasters, refugee, war experiences, terrorism or experiencing or witnessing violence, are experienced during childhood. Childhood trauma is seen as a major and growing issue around the world (Lewis et al., 2019; Perkonig et al., 2000; Borges et al., 2008). In US majority of children reported at least one type of traumatic experience by the time they reach adulthood (McLaughlin et al., 2013). One quarter to one third children across studies have witnessed or experienced interpersonal violence (McLaughlin et al., 2013; Lewis et al., 2019; Finkelhor et al., 2005) causing more than one in six children exposed to trauma suffer from post-traumatic stress disorder (PTSD) (Alisic et al., 2014). Community based research have also confirmed that approximately 55-90%

individuals have experienced at least one traumatic event in their lives (Fallot and Harris 2009).

Traumatic experiences changes trauma survivors' brain structure and functions. Trauma carries many detrimental effects such as physical, mental health and behavioral difficulties (Cooper, 2010; Gershoff et al., 2007) caused by neurophysiological stress that restricts one's ability to regulate their emotions and behaviour (Cooper, 2010; Jaycox et al., 2012; Jensen, 2009), anxiety, moodiness, disruptive behavior disorder, substance use, with little variation across disorders such as eating disorders, posttraumatic stress disorder among other disorders (McLaughlin et al., 2012; Green et al., 2010; Kessler, 2010; Dube et al., 2001; Chapman et al., 2004; Weich et al., 2009), psychotic experiences (McGrath et al., 2017; Janssen et al., 2004), suicidal attempts (Bruffaerts et al., 2010; Afifi et al., 2008; Dube et al., 2001), negative effect on brain development and social functioning (Glass, 2012).

Studies also confirm that psychopathology continues throughout the different phases of one's life from childhood to adulthood (McLaughlin et al., 2010; Green et al., 2010; Kessler et al., 2010). Thus, children who performed poorly, experienced shame and humiliation bring a history of abuse, neglect, developmental chaos and violence into the classroom as returning adult learners (Perry, 2006) reducing their capacity to learn and impacting learning and education achievement (Carello and Butler, 2015).

However, a classroom without trauma should not be instantly dismissed as trauma-free because childhood trauma is often invisible (Felitti et al., 1998). Therefore, it is safe to assume that every individual in the classroom is trauma-affected and needs social and emotional learning instruction and support.

Traumatologists also explained that trauma does not necessarily derive from a violent or abusive source. Any negative life events that puts one in a state of helplessness is also considered trauma (Scaer, 2014). Which explains the current pandemic. Neuroscientist believe that although we are consciously aware that we are healthy, in quarantine and the risk of infection is lower, but the number of deaths that feeds into our subconscious mind keeps us awake at night, causing the feeling of anxiety, experiencing fear wondering if it is going to be us or our loved one next. Trauma is a natural response to fear (Lerwick 2016) that comes from uncertainty.

Growing awareness of trauma and its effects has led to the development of Trauma-Informed Teaching.

### **Trauma-Informed Teaching**

Earliest work on Trauma-Informed Teaching was shared by Jones (1977). Jones, a superintendent at a public school in Danville city, argued that Wright Bros did not receive the education they deserved, as they were prescribed as children with trauma. In the 1970s, children with trauma were removed from the education system as these children often display behavioral problems such as easily irritable, passive, moody, clingy, anxious, difficult to soothe, and therefore did not “fit in the mold” of education. As a result, Jones redesigned the framework on suspension rates and referrals to allow more students to acquire an education. In doing so he employed several strategies to ensure learning was possible namely home visits, rehabilitation plans, positive behavioral interventions and supports, truancy response team, church-based tutorial, after-school tutoring amongst others. In some cases, Jones also enabled students to learn computer-based programs as part of a regular education.

The ongoing effort from then on was to embed Trauma-Informed Teaching strategies as an important teaching tool kit for teachers coupling with Social Emotional Learning (SEL) skills into school curriculums to support children with trauma and other adverse childhood experiences under the overarching term of mental health and wellbeing. Children learn about their feelings, behaviours, relationships and problem-solving skills and helps children to cope and process their emotions (Baum et al., 2009). As a result, studies agree that SEL practices boost academic success, decrease disruptive behaviour and reduce emotional distress in the long-term (Taylor et al., 2017; Bath, 2008; Ko et al., 2008).

Beyond schools, in the university trauma is taught actively as part of a syllabus in faculties of psychoanalysis, psychology, psychiatry, neurology, social work, and counselling. As such Trauma-Informed Teaching is embedded in clinical training curriculums in the universities (Courtois and Gold, 2009). Considerable ongoing

debate about trauma theory and practices through research also exists within and between fields of study (Berger, 2004; Radstone, 2007; Visser, 2011). Universities have also taken initiatives to embed trauma in non-clinical faculties such as humanities (Berger, 2004) and cultural studies (Visser, 2011). Trauma is a prominent topic of discussion in literature, women's studies, film, education and anthropology (Carello and Butler, 2015).

Although there are much efforts placed in learning about trauma and how it affects individuals but studies shows embedding Trauma-Informed Teaching pedagogy in classrooms are still lacking in clinical areas (Krosman and Levy-Carrick, 2019; Vasquez and Boel-Studt, 2017; Li et al., 2019) what more in non-clinical areas such as business, language, education etc. Neuroscientists agree that emotions play a key role in the learning process and a strong correlation between thinking and feelings should exist if learning is to take place (Imad, 2020; Damasio, 2000).

Together, these findings demonstrate clearly that university students, from both clinical and non-clinical backgrounds, who suffer from an increased risk of psychopathology need support. Yet, little is mentioned about adopting Trauma-Informed Teaching as a main teaching tool in university education frameworks.

### **Trauma-Informed framework**

To avoid teacher-student classroom interactions to easily turn to anxiety or even trauma, educators need to be skilled in handling students with trauma.

One proposition that has been considered so far is a trauma informed care framework developed by the office of Public Health Preparedness and Response (OPHPR) in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC). Trauma-Informed Care frameworks are designed to create a safe environment for individuals who have experienced trauma (Agllias, 2012; Breckenridge and James, 2010; Li et al., 2019) by preventing secondary traumatic stress and re-traumatization (Cannon et al., 2020; Li et al., 2019). The framework was developed to improve delivery in clinical practice and social service (Fallot and Harris, 2009). Thus, an ideal framework to be applied in educational settings (Carello

and Butler, 2015). On top of that, being Trauma-Informed, enables one to not only understand how traumatic experiences form someone's life but also to apply the understanding to service and design systems that will facilitate the needs and vulnerabilities of trauma survivors (Butler et al., 2011; Falot and Harris, 2009) especially during the Covid-19 pandemic.

Trauma-Informed framework focuses on six pressure points namely safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice and cultural, historical and gender issues as an important precautionary measure to create an emotional, psychological as well as physical safety for trauma survivors. The framework will not only act as a guide to prepare teachers to be trauma informed but to respond constructively to students' needs and most importantly to create the ambience of safety that trauma survivors need in classrooms.

## **Safety**

Students who experience trauma, need an atmosphere that feels safe. Educators need to be aware that students will not only bring educational pursuits but also a history of difficulty and in some cases traumatic experiences into classrooms. To ensure students feel comfortable and safe in the class, students need to be assured that everyone including educators are equally being affected by the pandemic. This provides the most needed validation that students need. That they are being accompanied in facing the crisis and they are not on their own. It is equally important to discuss difficult issues that is coming up in the news providing an avenue for students to express their difficulties and pain that they are going through and for educators to "lend a listening ear", showing compassion and empathy as means of support and a pillar of strength. Encouraging students to engage in activities that helps them to clarify their thoughts and feelings such as journaling, meditation etc is also important. Positive activities can also be initiated in classrooms such as quick stress reduction and relaxation techniques. Finding time within and outside the session will help students to feel valued, respected and safe in the classroom.

## **Trustworthiness and Transparency**

As attending and engaging in a classroom activities can be stressful, it is important to provide classroom agendas which clearly stipulates the activities to be undertaken, the questions that will be asked, structured break times, providing structure and most importantly transparency in each class. This gives students a peace of mind on what is happening next, reducing anxiety and fear which causes trauma.

Students with trauma might have trust issues because of their past experiences. As such, educators who portray unintentional behaviours such as dismissing student concerns, displays of power, impatience, and disappointments in class (Carello and Butler, 2015) could trigger students to react. In building trust, it is important to show that one is trustworthy. Therefore, educators should always act mindfully, be respectful and behave professionally in all aspects from communicating in classroom to giving feedbacks to students.

## **Support and Connection**

It is vital to be in regular communication with students to get insight on students' coping mechanisms in response to classroom deliveries and routines, course contents etc. Students' feedback will act as a cue to not only improve present and future classroom material, delivery and agenda but most importantly to provide support where and when it is most needed especially for students with trauma.

In ensuring students are supported during the pandemic, it is helpful to provide in hand information such as email addresses, contact numbers and links on COVID-19, disability services program, counseling center, student support services etc in a separate file made available in Blackboard (Carello and Butler, 2015). This helps reduce stress and anxiety especially when these services are needed urgently.

Educators need to place great emphasis on self-care especially now more than ever. Stressing the importance of self-care and providing links to university resources as well as self-care websites is insufficient to foster self-care. Course syllabi should be

embedded with self-care modules (Carello and Butler, 2015) to ensure students are well supported. Self-care also gives cues to students with trauma to help themselves.

### **Collaboration and Mutuality**

Active learning fosters an increase in content knowledge, encourages student engagement, improves critical thinking and problem-solving skills compared to lecture-based deliveries. Thus, educators need to be facilitators at the side enabling and encouraging students to lead discussions and participate in activities than being “sage on stage”. Mutual understanding of the importance and benefits of active learning need to be communicated to students before forming active alliances to make active learning possible. Active collaboration helps educators to work with students as co-partners to accomplish a shared learning goal. As such, it is important to give students the autonomy to decide how things are to be done in the classrooms, what they want to accomplish and how they will be going about to achieve the prescribed goal.

### **Empowerment, Voice and Choice**

Students with trauma prize control as an important tool for safety. Lack of control makes them feel helpless triggering anxiety and trauma (Eland and Anderson 1977). Thus, Empowerment allows students to be given choices and their voices to be heard. Therefore, students can choose to take their own short break when and where they feel necessary. Allowing students to step away for few minutes after every 30 minutes or an hour reduces the feeling of confinement which leads to stress and anxiety. Contents could also be delivered in varied ways i.e. visual, auditory, kinesthetic offering choices to help students understand their own individual learning preferences.

In mobilizing students to voice their challenges, difficulties and share their ideas and thoughts, students are given the assurance that their voice matters, and their concerns are heard. This enables students to feel confident and to take charge of situations.

To empower students, students are taught new skills to help them reach their goals, give opportunities to make their own decisions on how to present their work, give opportunity to share their exceptional work with their peers etc. Students are also constantly reminded that they are valued as a person. Collectively, these efforts build a stronger person.

### **Cultural, Historical and Gender Contexts**

People from Black, Asian and Minority Ethnic (BAME) background may have less access to economic resources either in the form of high-earning jobs or full pantry, live near landfills or incinerators, more likely to be unemployed (BBC,2020). It is hard to understand what the students' responsibilities at home are especially during the Covid-19. Students may be struggling with caregiving for others, sick, without access to technology, struggling with finances etc. Students from Asian backgrounds were also targets of racial abuse with the rise of xenophobia. Therefore, there is a lot of understanding, compassion and kindness need to be exercised in the classroom.

### **Conclusion**

As noted in this article, trauma is outstripping the capacity of even the best students to study. As emotion works closely with intellect for learning to materialize, universities must begin to seriously consider finding ways to embed Trauma-Informed Pedagogies into curriculum design and processes to ensure they "do no harm" (Fallot and Harris, 2009) and work to minimise unintentional retraumatization, secondary traumatization or new traumatizations (Carello and Butler, 2015) in classrooms. To ensure Trauma-Informed Pedagogy thread runs through the whole curriculum, learning and teaching materials, lesson plans to classroom design and atmosphere need to be re-configured. Universities have a duty of care to look after the safety and wellbeing of all students (Baik et al., 2019) especially now during the delicate time of COVID-19 and very much so after the pandemic. Thus, the bare etiquette of wishing everyone safe and well prior and post lectures is merely a child's play, not sufficient to support students who are affected by COVID-19.



## Reference

- Afifi, T. O., Enns, M. W., Cox, B. J., Asmundson, G. J., Stein, M. B., & Sareen, J. (2008). Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences. *American journal of public health, 98*(5), 946-952.
- Agllias, K. (2012). Keeping safe: Teaching undergraduate social work students about interpersonal violence. *Journal of Social Work Practice, 26*, 259–274
- Alisic, E., Zalta, A. K., Van Wesel, F., Larsen, S. E., Hafstad, G. S., Hassanpour, K., & Smid, G. E. (2014). Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: meta-analysis. *The British Journal of Psychiatry, 204*(5), 335-340.
- Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: the student perspective. *Higher Education Research & Development, 38*(4), 674-687.
- Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth, 17*(3), 17–21.
- Baum, N. L., Rotter, B., Reidler, E., & Brom, D. (2009). Building resilience in schools in the wake of Hurricane Katrina. *Journal of Child & Adolescent Trauma, 2*(1), 62–70.
- BBC, (2020). Coronavirus: Why some racial groups are more vulnerable. Accessed on 12 May 2020 <https://www.bbc.com/future/article/20200420-coronavirus-why-some-racial-groups-are-more-vulnerable>
- Berger, J. (2004). Trauma without disability, disability without trauma: A disciplinary divide. *Journal of Advanced Composition, 24*, 563–582.
- Borges, G., Benjet, C., Medina-Mora, M. E., Orozco, R., Molnar, B. E., & Nock, M. K. (2008). Traumatic events and suicide-related outcomes among Mexico City adolescents. *Journal of Child Psychology and Psychiatry, 49*(6), 654-666.
- Breckenridge, J., & James, K. (2010). Educating social work students in multifaceted interventions for trauma. *Social Work Education, 29*, 259–275. doi:10.1080/02615470902912250
- Bruffaerts, R., Demyttenaere, K., Borges, G., Haro, J. M., Chiu, W. T., Hwang, I., ... & Andrade, L. H. (2010). Childhood adversities as risk factors for onset and persistence of suicidal behaviour. *The British journal of psychiatry, 197*(1), 20-27.
- Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry, 31*, 197–210.
- Cannon, L. M., Coolidge, E. M., LeGierse, J., Moskowitz, Y., Buckley, C., Chapin, E., ... & Kuzma, E. K. (2020). Trauma-informed education: Creating and pilot
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- testing a nursing curriculum on trauma-informed care. *Nurse education today*, 85, 104256.
- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work*, 35(3), 262-278.
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of affective disorders*, 82(2), 217-225.
- Cooper, C. E. (2010). Family poverty, school-based parental involvement, and policy-focused protective factors in kindergarten. *Early Childhood Research Quarterly*, 25, 480-492.
- Courtois, C. A., & Gold, S. N. (2009). The need for inclusion of psychological trauma in the professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice and Policy*, 1, 3-23. doi:10.1037/a0015224
- Damasio, A. R. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. Houghton Mifflin Harcourt.
- Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *Jama*, 286(24), 3089-3096.
- Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60-67.
- Eland J, Anderson J.(1977) The experience of pain in children. In: Jacox A, editor. Pain: A source book for nurses and other professionals. Boston, MA: Little, Brown, 1977: 453-473
- Fallot, R. D., & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. Washington, DC: Community Connections.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child maltreatment*, 10(1), 5-25.
- Frazier, P., Anders, S., Perera, S., Tomich, P., Tennen, H., Park, C., & Tashiro, T. (2009). Traumatic events among undergraduate students: Prevalence and

associated symptoms. *Journal of Counseling Psychology*, 56, 450–460. doi:10.1037/a0016412

- Glass, I. (2012, Sep 13). This American Life Episode 474: Backto School.Interview with Dr. Nadine Burke Harris. Podcast retrieved from <http://www.thisamericanlife.org/radio-archives/episode/474/back-to-school>
- Gershoff, E. T., & Bitensky, S. H. (2007). The case against corporal punishment of children: Converging evidence from social science research and international human rights law and implications for US public policy. *Psychology, Public Policy, and Law*, 13(4), 231.
- Green, J. G., McLaughlin, K. A., Berglund, P. A., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2010). Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV disorders. *Archives of general psychiatry*, 67(2), 113-123.
- Imad, 2020; Trauma-Informed Pedagogy: Teaching in uncertain times. Magna Online Seminars,Pima Community College, Tuscon, AZ. 28 April 2020.
- Jaycox, L. H., Kataoka, S. H., Stein, B. D., Langley, A. K., & Wong, M. (2012). Cognitive behavior interventions for trauma in schools. *Journal of Applied School Psychology*, 28, 239–255.
- Janssen, I., Krabbendam, L., Bak, M., Hanssen, M., Vollebergh, W., de Graaf, R., & van Os, J. (2004). Childhood abuse as a risk factor for psychotic experiences. *Acta Psychiatrica Scandinavica*, 109(1), 38-45.
- Jensen, E. (2009). *Teaching with poverty in mind*. Alexandria, VA: ASCD.
- Jones, E. (1977). Superintendent. *Lubbock Water Reclamation Plant, Lubbock, Texas*.
- Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., ... & Benjet, C. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, 197(5), 378-385.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., & Wong, M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, and juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396–404.
- Krosman,K., & Levy-Carrick,N. (2019). Positioning psychiatry as a leader in trauma-informed care (TIC): The need for psychiatry resident education. *Academic Psychiatry*, 1–6.doi:<https://doi.org/10.1007/s40596-019-01020-2>.
- Larcombe, W., Finch, S., Sore, R., Murray, C. M., Kentish, S., Mulder, R. A.,...Williams, D. (2016). Prevalence and socio-demographic correlates of

psychological distress among students at an Australian university. *Studies in Higher Education*, 41, 1074–1091.

- Lerwick, J. L. (2016). Minimizing pediatric healthcare-induced anxiety and trauma. *World journal of clinical pediatrics*, 5(2), 143.
- Lewis, S. J., Arseneault, L., Caspi, A., Fisher, H. L., Matthews, T., Moffitt, T. E., ... & Danese, A. (2019). The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. *The Lancet Psychiatry*, 6(3), 247-256.
- Li, Y., Cannon, L. M., Coolidge, E. M., Darling-Fisher, C. S., Pardee, M., Kuzma, E. K., 2019. Current state of trauma-informed education in the health sciences: lessons for nursing. *J. Nurs. Educ.* 58(2), 93–101. <https://doi.org/10.3928/01484834-20190122-06>.
- McGrath, J. J., McLaughlin, K. A., Saha, S., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., ... & Florescu, S. (2017). The association between childhood adversities and subsequent first onset of psychotic experiences: a cross-national analysis of 23 998 respondents from 17 countries. *Psychological medicine*, 47(7), 1230-1245.
- McLaughlin, K. A., Conron, K. J., Koenen, K. C., & Gilman, S. E. (2010). Childhood adversity, adult stressful life events, and risk of past-year psychiatric disorder: a test of the stress sensitization hypothesis in a population-based sample of adults. *Psychological medicine*, 40(10), 1647-1658.
- McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2012). Childhood adversities and first onset of psychiatric disorders in a national sample of US adolescents. *Archives of general psychiatry*, 69(11), 1151-1160.
- McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(8), 815-830.
- Orygen. ((2017)). Under the radar. The mental health of Australian university students. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.
- Perkonig, A., Kessler, R. C., Storz, S., & Wittchen, H. U. (2000). Traumatic events and post-traumatic stress disorder in the community: prevalence, risk factors and comorbidity. *Acta psychiatrica scandinavica*, 101(1), 46-59.
- Perry, B. D. (2006). Fear and learning: Trauma-related factors in the adult education process. *New Directions for Adult and Continuing Education*, 110, 21.
- Radstone, S. (2007). Trauma theory: Contexts, politics, ethics. *Paragraph*, 30(1), 9–29.

- Royal College of Psychiatrists. (2011). Mental health of students in higher education. (College report CR166). London: Author.
- Scaer, R. (2014). *The body bears the burden: Trauma, dissociation, and disease* (3rd ed.). Routledge/Taylor & Francis Group.
- Smyth, N. J. (2008). Trauma. In T. Mizrahi & L. E. Davis (Eds.), *Encyclopedia of social work* (20th ed., Vol. 4, pp. 241–245). New York, NY: Oxford University Press
- Stallman, H. M. (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist*, 45(4), 249–257
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration
- Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child development*, 88(4), 1156-1171.
- Vasquez, M. L., & Boel-Studt, S. (2017). Integrating a trauma-informed care perspective in baccalaureate social work education: Guiding principles. *Advances in Social Work*, 18(1), 1-24.
- Visser, I. (2011). Trauma theory and postcolonial literary studies. *Journal of Postcolonial Writing*, 47(3), 270–282.
- Weich, S., Patterson, J., Shaw, R., & Stewart-Brown, S. (2009). Family relationships in childhood and common psychiatric disorders in later life: systematic review of prospective studies. *The British Journal of Psychiatry*, 194(5), 392-398.
- World Health Organization (WHO) WHO Coronavirus update. Retrieved from <https://covid19.who.int/>

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