

Speaking Out: Complex Trauma Survivors on Trauma-Informed Practice for Open/Online Higher Education

Hilary Schmidt

Abstract: Childhood complex trauma profoundly disrupts survivors' lifetime educational and career trajectories, sharply reducing the odds of credential completion and adult employment. Ensuring survivors have every opportunity to access and complete higher education is an essential step toward equity, and open and online learning provides one possible pathway. Nonetheless, prior educational research has largely neglected survivors' perspectives regarding their own needs, contradicting the key principle of collaboration within a trauma-informed approach. In response to this gap, this paper explores survivors' needs through their own eyes as they learn in an open and online postsecondary setting. Findings from this small qualitative case study include the high value survivors place on access, self-advocacy, and assistance from advisors and others in the university system. The findings also highlight challenges around communication and interaction, both within courses and more broadly at the institutional level, and survivors' desire for the university to prioritize safety, trust, transparency, empowerment, voice, and choice, key elements of established trauma-informed practice. Implications include the need for further survivor-centred research and the importance of systemic, pan-



Attribution 3.0 Unported (CC BY 3.0)

This work is licensed under a [Creative Commons Attribution 3.0 Unported License](https://creativecommons.org/licenses/by/3.0/)

<https://doi.org/10.55667/10.55667/ijede.20264.v41.i1.1409>

institutional approaches to trauma-informed educational practices in open/online postsecondary contexts.

Keywords: complex trauma, trauma-informed, online learners, open learning, survivors, higher education

Donner la parole aux survivants de traumatismes complexes : pratiques sensibles aux traumatismes en enseignement supérieur ouvert et en ligne

Résumé : Les traumatismes complexes vécus durant l'enfance perturbent profondément les trajectoires éducatives et professionnelles des survivants tout au long de leur vie, réduisant considérablement leurs chances d'obtenir un diplôme et d'accéder à l'emploi à l'âge adulte. Garantir à ces personnes toutes les possibilités d'accéder à l'enseignement supérieur et d'y réussir constitue une étape essentielle vers plus d'équité, et la formation ouverte et en ligne représente une voie possible en ce sens. Cependant, les recherches antérieures en éducation ont largement négligé le point de vue des survivants quant à leurs propres besoins, ce qui va à l'encontre du principe fondamental de collaboration au cœur des approches sensibles aux traumatismes. En réponse à cette lacune, cet article explore les besoins des survivants à partir de leur propre expérience, dans un contexte d'apprentissage postsecondaire ouvert et en ligne. Les résultats de cette étude de cas qualitative de petite envergure montrent l'importance accordée par les survivants à l'accès à l'enseignement, à la capacité à faire valoir ses besoins et au soutien apporté par les conseillers et d'autres acteurs du système universitaire. Ils mettent également en lumière des défis liés à la communication et aux interactions, tant au sein des cours qu'à l'échelle institutionnelle, ainsi que le souhait des survivants de voir les établissements accorder une priorité à la sécurité, à la confiance, à la transparence, à l'autonomisation, à l'expression et au choix – des éléments clés des pratiques reconnues comme sensibles aux traumatismes. Les implications soulignent la nécessité de poursuivre des recherches centrées sur les survivants, ainsi que l'importance d'approches systémiques et institutionnelles globales pour intégrer des pratiques pédagogiques sensibles aux traumatismes dans les contextes d'enseignement postsecondaire ouvert et en ligne.

Mots-clés : traumatisme complexe, approche sensible aux traumatismes, apprenants en ligne, formation ouverte, survivants, enseignement supérieur.

Introduction

A substantial proportion of postsecondary learners carry a life history of complex trauma, a severe form of trauma that stems from extremely threatening or horrific events such as torture, slavery, human trafficking, genocide campaigns, and prolonged domestic violence and child abuse (World Health Organization [WHO], 2022). These events' prolonged or repetitive nature, deliberate perpetration, and the difficulty or impossibility of escape distinguish complex trauma from other forms of trauma, and some survivors go on to develop complex post-traumatic stress disorder (complex PTSD) (WHO, 2022).

When complex trauma is experienced in childhood, survivors' educational trajectories may be profoundly disrupted. Compared to those without a trauma history, complex trauma survivors¹ have double the risk of completing no educational qualifications, including high school (Hardcastle et al., 2018). Findings from a nationally representative sample from the United States of America (USA) indicated survivors who complete high school are 56% less likely to complete an undergraduate degree within six years than those without a trauma history (Otero, 2021). Additional findings from the same dataset indicated that childhood trauma is a statistically significant predictor of undergraduate degree completion, with the higher the number of traumatic events experienced, the lower the odds of graduation (Lecy & Osteen, 2022).²

Overall, 12.4% of college students in the USA report exposure to complex trauma (Windle et al., 2018), with proportions as high as 27.3% in some programs (Gilin & Kauffman, 2015) and over 20% at an urban, diverse university in the United

Kingdom (UK) (Davies et al., 2022). Globally, trauma and complex trauma exposure in postsecondary students has been under-researched, but rates in Australia and Canada appear similar to those in the USA (Johnson & Gianvito, 2022; Walters et al., 2024). Rates of trauma exposure in the general population also appear similar across the globe (see Madigan et al., 2023, for a comprehensive meta-analysis).

In open and online higher education, the proportion of students impacted by complex trauma may be even higher. Veterans, women, former youth in care, refugees, 2SLGBTQI+ and Indigenous persons—the populations often described as benefitting from open and online higher education—are all at higher risk of having life histories that include trauma (Davidson, 2024; Giano et al., 2020; Koseoglu et al., 2020; Radford et al., 2021). In addition, a small recent study found that trauma severity strongly predicts student preference for online and blended learning (Werkmeister, 2024).

For survivors who begin but are unable to complete a postsecondary credential, the impact is significant. Noncompletion inflicts various forms of harm, including lifelong financial damage for lower-income students with loans and limited ability to repay, damage to academic record and future career prospects, and psychological harm (Burke et al., 2025; Lockwood & Webber, 2023). Mitigation of these harms is an obvious ethical imperative for universities and colleges, which must ensure they do not “recruit for failure” (Kelly & Mills, 2007, p. 150).

Conversely, complex trauma survivors who complete a postsecondary credential are nearly 14 times more likely to be employed than survivors with no credentials (Hardcastle et al., 2018). While credentialed survivors are still less likely to be employed than those with no trauma history (Hardcastle et al., 2018), the

impact of a completed credential is clearly substantial. Given that complex trauma has been established in large epidemiological studies as a major public health problem, with a per-victim lifetime cost estimated at \$830,928 USD, it is in the interest of society to advance educational equity for complex trauma survivors (Anda et al., 2006; Felitti et al., 1998; Hughes et al., 2017; Peterson et al., 2018).

One potential means of advancing equity for complex trauma survivors is the implementation of trauma-informed practice, a systemic approach in which all levels of an organization integrate knowledge about trauma into policies, procedures, and practices (Substance Abuse and Mental Health Service Administration [SAMHSA], 2014). Until recently, empirical research on trauma-informed practice in higher education has been scant, with neglect of survivor perspectives a particularly troubling gap (Anderson et al., 2023; Becker-Blease, 2017; Herman, 2023; Letendre Jauniaux & Lawford, 2025; Petrone & Stanton, 2021; Schmidt, 2025). This neglect may be fuelled by ongoing pathologization and stigmatization of survivors within the field of education, including narratives and training that focus on how to “deal with” traumatized students; frame their families, homes, and communities as problematic; and ignore their skill in navigating impacts of their trauma (Khasnabis & Goldin, 2020; Miller & Flint-Stipp, 2024; Petrone & Stanton, 2021).

Against this backdrop, this paper focuses on two research questions: complex trauma survivors’ perspectives regarding what is most and least helpful to them as adult online learners with a life history of complex trauma and the way in which they would like to see trauma-informed practice implemented in open and

online higher education. The paper draws on findings from a wider research project, which examined the experience and needs of adult survivors of complex trauma who learn in an open and online postsecondary setting (Schmidt, 2023, 2025).

Literature Review

Theoretical Framework

Elements of feminist trauma theory, critical realism, and disability justice contribute to the theoretical framework for this paper. Feminist trauma theory provides the context and backbone for the complex trauma construct, which emerged in recognition of the harms of ongoing patriarchal violence, such as intimate partner violence and the physical and sexual abuse of children (Herman, 1997). Recognizing that the diagnosis of post-traumatic stress disorder (PTSD) does not adequately capture the impact of prolonged, repeated trauma, Herman (1997) advocated for a new diagnosis of complex post-traumatic stress disorder (complex PTSD), now codified as a distinct disorder in the International Classification of Diseases (WHO, 2022).

A second element of the theoretical frame is critical realism. Critical realism combines a subjectivist epistemology with a realist ontology, recognizing that “knowledge is historically, culturally and socially situated” (Botha, 2025, p. 9) but not conflating the knowledge of reality with reality itself (Haslanger, 1995). Acknowledging the existence of reality beyond what people construct implicitly affirms the existence of violence and trauma and the societal power structures that enable them, resisting the society-wide tendency to discredit or silence survivors

(Harsey & Freyd, 2022; Herman, 1997; Peter et al., 2025). This is particularly crucial against a societal backdrop in which perpetrators typically have more social power than their victims and therefore a greater ability to “name and define reality” (Herman, 1997, p. 8).

Disability justice provides the third strand of the theoretical framework. Incorporating the principles of intersectionality and leadership of those most impacted, disability justice centres wholeness, solidarity, and liberation (Berne et al., 2018) and upholds the principle of “nothing about us without us” (Charlton, 2000, p. 3). Disability justice aligns closely with the principle of collaboration with survivors, a key component of systemic trauma-informed practice (SAMHSA, 2014). Meaningful collaboration with those most adversely impacted by trauma is essential to prevent intervention-generated inequality, which can result when interventions are designed to support those who have been least impacted by trauma (Edelman, 2023).

Trauma and Complex Trauma in Higher Education

While feminist trauma theory emphasizes the social and political dimensions of trauma (e.g., Herman, 1997; Tseris, 2019), publications in the context of higher education have typically applied a biomedical frame, describing trauma as a disorder that is cognitively and behaviourally disruptive to learning (e.g., Anderson, 2025; Berry & Nutter, 2025; Bitanihirwe & Imad, 2023; Cavener & Lonbay, 2024; Holden & Bruce, 2024; Imad, 2021, 2022; Venson & Korb, 2025). Anderson (2025) maintained that “the biomedical framing of trauma is central to TIP’s [trauma-informed practice’s] justification and relevance to the science of teaching and

learning” (p. 4). Similarly, Venson and Korb (2025) defined trauma as “the physiological or psychological response an individual has to a stressful, life-threatening or harmful experience” (p. 21). Imad (2022)—a widely cited scholar in the field of trauma-informed practice for higher education—described traumatic stress as having “extremely negative effects on various aspects of human functioning, from basic physiological measures of health and immune system function to abilities to learn and process complex information” (p. 40). Elsewhere, Imad (2021) said that “experiencing traumatic stress impacts our *biological resilience*—defined as the ability to recover from the fight-or-flight state and replenish our energy” (p. 6).

Thompson (2021) observed that the biomedical concept of trauma was reinforced by van der Kolk’s (2014) bestselling and widely read work, *The Body Keeps the Score*, which focused on the impacts of trauma on the body; Anderson (2025) and Imad (2021, 2022) referred directly to this work. According to Thompson, the biomedical construction of trauma has become a dominant discourse, fuelled by a societal “captivation with neurobiological accounts of trauma” (p. 103). Thompson (2021) and Tseris (2019) concurred that the neurobiological focus leads to neglect of the social and political dimensions of trauma and diminishes the agency of survivors, prioritizing efforts to “fix” survivors rather than the social and political conditions that have contributed to survivors’ distress. Thompson called this the “privatization of trauma” (p. 105) and argued that this stance pathologizes survivors and individualizes and desocializes understandings of trauma. Some researchers in the higher education context have agreed. Hargrove et al. (2024) explicitly stated that universities can “produce harm by overemphasizing the biomedical view of trauma” (p. 3), while Miller and Flint-

Stipp (2024) found that framing trauma from the neurobiological perspective strengthens deficit ideology in pre-service teachers.

Against this backdrop, complex trauma—which emerged from a feminist, sociopolitical understanding of trauma—is almost entirely absent from the higher education literature. Apart from my own, I located only two publications that explicitly mention complex trauma in the context of higher education, both of which focus on graduate-level education (Edge, 2025; Rahmandani et al., 2025).

Survivor Voice

The voices of survivors are likewise largely missing from the higher education literature, although a handful of studies have engaged with student survivors of gender-based violence and the child welfare system (e.g., Burke et al., 2025; Child & Marvell, 2024). Survivors in these studies emphasized not the neurobiology of trauma but the practical and material challenges they faced, such as the assumption by universities that all students have a home and family where they will spend the holidays (Child & Marvell, 2024) and the student debt accumulated when violent partners make it impossible for them to continue courses (Burke et al., 2025). Students also spoke about shame, which was exacerbated by victim-blaming discourses and stigma (Burke et al., 2025).

Online Higher Education

Virtually no empirical research on trauma-informed practice for online higher education has been published. In fact, apart from my own publications (Schmidt, 2023, 2024, 2025), I located only a single study (Byrne et al., 2025), which focused

on the development and validation of a survey instrument to assess students' perceptions of the degree to which a course aligns with a specific model of trauma-informed online teaching. In addition, a handful of publications have explored trauma-informed practice for online higher education from a theoretical or practice-based perspective (e.g., Chan, 2022; Moses et al., 2023), and a recent publication examined trauma-informed training for K to 12 teachers offered in an open/online setting (Watt et al., 2025).

Prior publications from the wider research project on which this paper is based have highlighted the impacts of complex trauma on the experience of online learning from the perspective of survivors; survivors' competence and capability in navigating these impacts; the intrinsic value they place on education and their pride in engaging in it; and their desire to be both seen and unseen (Schmidt, 2023, 2024, 2025).

Method

Research Design Overview

This study used an instrumental multiple (collective) case study design (Stake, 1995), and every step of the research was informed by SAMHSA's (2014) guiding principles for a trauma-informed approach. This included use of content warnings prior to initial screening, a non-pathologizing screening mechanism, participant choice of modality and level of engagement, participant review of data analysis, and incorporation of participant feedback (Schmidt, 2025, 2026).

Following initial screening, three adult complex trauma survivors who learn online were selected to engage in the case study. Participants completed a semi-

structured online interview or a detailed online questionnaire and shared digital artifacts pertinent to their experiences as adult online learners with a history of complex trauma. Data analysis encompassed several methods of coding as well as direct interpretation (Saldaña, 2016; Stake, 1995).

Participant Recruitment and Selection

Participants were recruited via the online student portal at a Canadian open/online university. After reviewing the letter of information and informed consent form, participants completed an online screening survey, which included the Adverse Childhood Experiences International Questionnaire (ACE-IQ; WHO, 2020a) and several additional questions. Of note, the ACE-IQ is more inclusive than the original ACE questionnaire (Sawyer et al., 2024), and it does not inherently pathologize trauma survivors as it focuses on experiences rather than impacts. Inclusion criteria included an ACE-IQ score of 4 or higher, minimum age of 18, enrolled in an open/online course within the previous 12 months, and answering “yes” to several additional questions (whether they considered themselves to have experienced significant childhood trauma; whether the trauma continued to affect them in adult life; and whether they were interested to complete an interview or detailed questionnaire).

The initial screening survey received 118 responses in May and June 2023. Of these, 29 respondents answered “no” to one or more screening questions and were eliminated. ACE-IQ scores were calculated for the remaining 89 potential participants using both the binary method and the more stringent frequency

method (Wang et al., 2022; WHO, 2020b). All 89 had an ACE-IQ score of 4 or higher using at least one of the two scoring methods.

In accordance with Schoch's (2020) guidance for collective case studies, a target of three to four case study participants was established. Participants were selected primarily on the basis of their responses to a question asking why they would like to participate. Demographics and ACE-IQ score were also considered, with the aim of selecting diverse participants (particularly with respect to age, gender, and ethnic or cultural background) and those with higher ACE-IQ scores.

Ten potential case study participants were selected, representing a range of ages, gender identities, and ethnicities. Invitations were issued on a rolling basis in May and June 2023. Of the ten invited participants, three did not respond, two agreed to be interviewed but did not attend, one responded past the deadline, and one was out of the country during the relevant timeframe. The three remaining participants engaged in the case study.

Study Participants

The case study participants all attended a Canadian open/online university, two at the undergraduate and one at the graduate level. Their ACE-IQ scores ranged from 10 to 13 (the maximum possible score), double to triple the minimum inclusion criterion. Participants were invited to select their own pseudonym: one chose initials, one chose a name, and one elected to use their own full name; an additional informed consent was completed to support this choice.

Participant 1: MS

At the time of data collection, MS was a 28-year-old undergraduate who worked as a nongovernment employee. A Grade 12 graduate and licensed Red Seal tradesperson, MS expressed her commitment to “shed some light on the challenges and help someone else in future” by participating in the study. Demographically, MS identified as female, “Euro-Canadian,” and as a parent and partner.

Participant 2: Ryan Handy

A 41-year-old nonbinary masculine graduate student, Ryan chose to be identified by their own name rather than a pseudonym. They held both a high school equivalency certification and a standard high school diploma, which they completed at the age of 24. A successfully and highly experienced online learner, Ryan completed an undergraduate degree through a different Canadian open/online university. Similar to MS, they expressed that they “would like to assist in any way possible” by participating in the study.

Participant 3: Willow

Willow was a 32-year-old undergraduate student at the time of data collection. Her prior education included a high school equivalency certification (GED), and her studies were her primary occupation. She identified as female and “Canadian/Caucasian” and was married with no children. In her screening survey, she shared that she wanted to “help however I can.”

Data Collection

MS elected to be interviewed, and the interview was completed online in May 2023, using a semi-structured interview guide with a series of open-ended questions. Data included an audio- and videorecording. Willow and Ryan both chose to complete the detailed questionnaire, which included the same open-ended questions as the semi-structured interview guide. All three were asked if they would be willing to share documents or digital artifacts to help illustrate their perspectives. MS and Ryan provided an array of artifacts (published articles, personal academic work, email communication, and more).

Throughout the project, I kept a research journal; during the formal data analysis phase, I wrote a series of analytic memos. Together, the journal and memos supported reflexivity and the process of interpretation (Olmos-Vega et al., 2023; Saldaña, 2016; Stake, 1995).

Analysis

I reviewed the data as they came in, created brief summaries of each interview and detailed questionnaire, and recorded possible interpretations and patterns in my research journal (Stake, 1995). Data were analyzed using a combination of direct interpretation and formal aggregation (Stake, 1995). Manual coding was completed in several stages: precoding, in vivo coding, emotion coding, and values coding (Saldaña, 2016). The codes were not predefined but emerged from the analysis. Autocoding was then completed in NVivo 12 and compared with the manual coding.

Triangulation, member checking, and thick, rich descriptions were used for validation (Creswell & Poth, 2018; Lindheim, 2022; Stake, 1995). Triangulation consisted of cross-case comparison and comparison of multiple forms of data within and between cases. Member checking included providing participants with rough drafts of the analysis for review and feedback (Lindheim, 2022); participants' comments were incorporated into subsequent drafts. I created rich, thick descriptions by revising raw data shortly after its collection and incorporating insights from my analytic memos (Creswell & Poth, 2018).

Findings

The findings focus on two main areas: participants' perspectives regarding what is most and least helpful to them as adult online learners with a life history of complex trauma; and the way in which they would like to see trauma-informed practice implemented in open and online higher education. These findings are discussed in the following three sections: advocacy, access, and assistance; communication and interaction; and trauma-informed educational practice.

Advocacy, Access, and Assistance

Participants were highly skilled in navigating impacts of their life histories of complex trauma (Schmidt 2023, 2025). They clearly identified what worked for them and what did not as adult open/online postsecondary learners. Notably, the most helpful elements extended well beyond the classroom; some were systemic or based on larger policy decisions; some stemmed from the participants' own internal and other resources; and some related to university staff (as opposed to

faculty). Only a few were directly related to faculty-driven or pedagogically focused actions and decisions.

Self-Advocacy

One participant (MS) identified her own strengths in self-advocacy as the most helpful element to her as an adult online learner with a history of complex trauma. For example, she described her communication with university departments such as financial aid or program advising in the following way: “right off the hop, I explain that I’m going to have challenges navigating the system, I don’t know what I’m doing, and to please help me. Just stating that, I seem to get a fairly positive response.” MS has the self-awareness and confidence in her worth and value to recognize that her status as a first-generation learner, coupled with her complex trauma history, makes navigating the system uniquely challenging for her, and that she has the right to assistance. She consistently advocates for her own needs, including providing feedback to the university when her needs are not met.

Of note, MS’s advocacy efforts extend to her community. She described herself as “well versed in trauma-informed care,” and stated that she “push[es] for it at my kids’ schools.” Participation in the study was another form of advocacy for MS: as previously noted, she expressed a strong desire to “shed some light on the challenges and help someone else in future” through her participation.

Ryan also highlighted the importance of self-advocacy, emphasizing that they developed this skill as an online graduate student. Similar to MS, they made use of their advocacy skills both within and beyond the education system: for example, advocating for scientific accuracy in course materials after encountering

misinformation about HIV within a course, and self-advocacy as they navigated the medical system as a disabled, HIV-positive, nonbinary artist.

Access

Willow emphasized that the most helpful element of open/online postsecondary learning was “the ease in which you are accepted.” She shared that she was “too afraid and unsure how to apply to in[-]person courses.” At the university where Willow studies, the admission process is open and noncompetitive, and first-year courses rarely have prerequisites. As a GED holder, Willow would have faced few barriers to acceptance in contrast to many traditional universities with complex and competitive acceptance processes.

Another form of access was one of the most helpful elements for Ryan: access to learn in “privacy and solitude,” allowing them to “focus on my studies without distraction, hyper-vigilance or fear of violence.” They stated plainly that “adult online learning has allowed me to access school work I would otherwise not be able to attend or complete.” Ryan’s “history of trauma and medical challenges makes it almost impossible for me to sit in a room with people, so adult online learning has given me opportunities of intellectual and academic growth I thought was never possible.” Within the asynchronous online format, Ryan emphasized that unpaced or independent study courses were “much easier [for them] to navigate” than paced, group-study courses which require interaction with other learners via online asynchronous discussions. Willow echoed Ryan’s comments about the importance of privacy and solitude: “being able to write an exam in my own space” was one of the most helpful elements for her as a learner.

“Access to digital textbooks and lessons” was another most helpful element for Ryan. Not only are “visual (and audio materials) . . . way easier to learn from than sitting in a class,” they also serve as an “absorbing distraction” when needed. For Ryan, “having my textbook read aloud to me [by software] is very helpful, especially if I am experiencing PTSD visual and/or auditory flashbacks.” Access to digital materials “helps me accommodate [my] mental health challenges and overcome symptoms of trauma in order to engage with content.”

Assistance

Ryan identified “safe and respectful forum moderation” as another most helpful factor as an adult online learner with a history of complex trauma. For Ryan, respectful moderation of online discussions was essential: it “creates a safe space . . . that makes the process of peer interaction more palatable. Conflict may still happen in online learning situations, but with respectful moderation conflict can be directed towards meaningful dialogue.” This form of assistance is sometimes taken for granted as an element of online courses, but depending on the delivery model, its extent or existence and whether it is carried out primarily by faculty members or students can vary widely (Kipling et al., 2023).

MS identified another form of assistance as a most helpful element: support from student advisors. Help with program selection and “balancing my semesters so that they’re weighted appropriately, so it’s not a really overwhelming semester” were particularly helpful. MS also described an advisor who met her need to “understand the whole picture and why we do the steps.” MS says: “We spent 40 minutes just talking about how everything links together, which was REALLY helpful for me because now I know what I’m doing, I’m not just blind. That was

VERY helpful.” As a first-generation learner with a history of complex trauma, understanding the “whole picture” and “how everything links together” is essential to MS’s success.

Communication and Interaction

As with the most helpful elements explored above, participants ably identified what did not work for them as adult open/online postsecondary learners with histories of complex trauma. Broadly speaking, the least helpful elements fall under the theme of communication and interaction, both within and outside of courses.

Lack of Communication and Transparency

MS identified uncommunicative student-facing departments and a lack of transparency regarding institutional processes as the least helpful element for her. She shared an anecdote as an example: prior to beginning her first semester, MS made multiple attempts to communicate with the university’s financial aid department. “I just kept calling . . . because I needed to know that I hadn’t forgotten to do something. I needed to know that everything was done on my part, and no one could [or would] give me that answer.” MS did not receive a response to her calls until about a week before classes began, when she received an email congratulating her on her course registration. Making use of her self-advocacy skills, MS “emailed back, explaining that this was not helpful and that this should have been sent months prior.”

The university's lack of communication and transparency left MS struggling to decode the steps required to complete administrative tasks, a struggle intensified by "not having the executive functioning to be able to, to manage . . . When you have some executive functioning impairment, it's challenging." Of note, one of the artifacts shared by MS was a paper from the National Scientific Council on the Developing Child describing the way in which early adversities may disrupt the development of executive function, such as working memory; MS experienced herself as having been impacted by such disruptions. In addition, her status as a first-generation learner meant she lacked knowledge of how university systems work (Institute for Higher Education Policy, 2012). First-generation learners are disadvantaged by this lack of knowledge (Institute for Higher Education Policy, 2012), and when that disadvantage is amplified by challenges with executive function, crystal clear university communication and transparent processes are even more crucial to support student success.

Online Discussion Forums

Another element of communication and interaction was the least helpful element for Ryan: the requirement to participate in online discussion forums within paced, cohort-based asynchronous courses. They described discussion forums as their "greatest challenge," although as noted above, "safe and respectful forum moderation" was one of their most helpful elements.

Of note, Ryan's "ability to post to forums with ease has decreased as I have progressed" through their program. This is a result of sensitization through repeated exposure: "grouped courses [that require weekly posting] . . . have caused my ability to interact academically with peers to digress over time." Ryan

clearly identified peer interaction as a trauma response trigger, and repeated exposure may increase trauma responses rather than promoting familiarity and ease (van der Kolk, 2014).

Lack of Interaction and Structure

Willow's least helpful element echoed MS's insight regarding lack of communication and transparency. For Willow, the lack of interaction with tutors/faculty members and other students within her courses contributes to challenges "stay[ing] on track. I start strong, lag in the middle, and then [sic] finish under pressure." She observed that "if you are someone who has never had a lot of structure, it requires a lot of self control to complete things" and that this is particularly the case in self-paced courses with limited interaction.

MS made a similar observation about the importance of peer support, transparency, and structure: "A peer support [program] where people who have previously taken a course could sit down and explain general overviews" would "really, really help me."

Trauma-Informed Educational Practice

All case study participants were previously familiar with the fundamental principles of trauma-informed care. Participants were invited to select the element or elements of SAMHSA's (2014) six principles for trauma-informed care and identify which were most important to them, or felt they would make the biggest difference to them when implemented.

The six elements include:

- safety
- trustworthiness and transparency
- peer support
- collaboration and mutuality
- empowerment, voice, and choice
- cultural, historical, and gender issues (SAMHSA, 2014)

The three participants selected safety, trustworthiness and transparency, and empowerment, voice, and choice as the most important principles for them and briefly discussed how they would like to see them implemented.

Empowerment, Voice, and Choice

Willow identified empowerment, voice, and choice as the most important element for her: “It would be great if it [the university] could implement a variety of choices for ways that courses can be completed. For example, if someone struggles with writing, being able to record an audio or write a test instead could be useful for them.” Willow’s comment highlights the inadequacy of formal accommodations processes, which make options similar to those Willow describes available to those with documented disabilities. Accommodations at Willow’s university require a diagnosis and extensive documentation and paperwork. Such processes may be inaccessible to complex trauma survivors for multiple reasons: lack of trust or unwillingness to engage with medical professionals or the healthcare system, particularly for those who have previously experienced institutional betrayal (de Boer et al., 2022; Smith, 2017; Smith & Freyd, 2014); feelings of shame and fear (WHO, 2022); the complexity of navigating the process,

heightened by challenges with executive function; and inability to access needed healthcare services (Statistics Canada, 2022).

Survivors who pursue a trauma-related diagnosis to receive accommodations face additional challenges. While complex PTSD is recognized as a unique entity within the International Classification of Diseases (WHO, 2022), it is not recognized in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), which is used by the majority of Canadian health professionals to diagnose mental illness (Kogan & Paterniti, 2017). In addition, 82% of Canadians who meet criteria for PTSD have difficulty accessing needed health care services due to unavailability of appointments or exorbitant cost (Statistics Canada, 2022). Perhaps for this reason, nearly 40% of Canadians with probable PTSD are undiagnosed (Statistics Canada, 2022).

In view of the challenges accessing formal diagnosis, the accommodation process may act as a systemic barrier for complex trauma survivors, fuelling inequity and widening gaps for those most severely affected by trauma. An alternative approach could involve implementing Universal Design for Learning, which makes choices available to all students to improve and optimize learning for everyone (CAST, 2024).

Both Willow and MS also suggested that empowering and giving voice to students could be achieved in part through changes in faculty and staff actions and behaviour. Willow suggested that “establishing consistency between tutors” to ensure they are “supportive and help develop your learning” could help give voice to students who have “struggled with communication”; she noted “large variation”

in attitude and approach between tutors. Similarly, MS said it would be helpful if university staff across departments were “more just receptive to the fact” that some learners have experienced complex trauma.

Safety, Trustworthiness, and Transparency

Ryan identified safety, trustworthiness, and transparency as interdependent concepts and saw them as the most important elements of trauma-informed practice. For Ryan, “safety and trustworthiness . . . must be the basis of all education situations and makes the most difference to me as an online learning [sic].” As noted above, Ryan experienced a violation of their trust when they encountered inaccurate scientific information in a course at another institution: the claim in a textbook that HIV and AIDS are unrelated. They explained that this statement “can cause much harm as HIV retroviral medications are required to prevent AIDS. If I followed the advise [sic] in my book and doubted the success and truth of HIV causing AIDS, I could go off my medication and risk death. I could die if I trusted the information.” Moreover, Ryan clearly identified this inaccurate information as an example of “HIV/AIDS Stigma and unproven conspiracy theories.” In view of this, they stated that “if there is no trust, there can be no safety. Without safety, trauma can be retriggered.” Ensuring all course material is accurate and free of stigma and bias is necessary to establish safety and trust.

For MS, trust and transparency were the most important elements of established trauma-informed practice and are closely entwined with issues of communication. MS noted that when her queries are not acknowledged by the university, this “stirs up trust issues.” In her view, “the transparency and communication . . . [along with] the trust” could be strengthened through an

institutional commitment to “proactive communications” and “quick responses.” MS clarified that the responses need not be immediately substantive: even “just saying hey, we’ve got your request, someone will get back to you” is very helpful.

Discussion

As previously noted, this paper draws on findings from a wider research project examining the experience and needs of adult complex trauma survivors who learn online (Schmidt, 2023, 2025). This paper’s central contribution is its exploration of survivors’ needs through their own eyes: what they find most and least helpful as they learn online, and their priorities for implementation of trauma-informed practice in open and online higher education.

Participants’ expressed needs contrast sharply with the recommendations in much of the higher education literature, which have tended to focus on pedagogical interventions such as trigger/content warnings, reducing secondary or vicarious traumatic stress, promoting “resilience,” teaching self-care strategies, and de-escalation techniques (e.g., Anderson, 2025; Berry & Nutter, 2025; Bitanihirwe & Imad, 2023; Cavener & Lonbay, 2024; Holden & Bruce, 2024). None of these interventions were raised by participants as either wants or needs; their perspectives align more closely with Golden’s (2020) recommendation that teachers build strong relationships with traumatized learners. In addition, these findings extend beyond the classroom to administrative departments and underscore the importance for financial aid officers, registration and admissions staff, advisors, and others to carefully and deliberately create the strongest and most trusting relationships possible with learners.

In addition to wanting a greater degree of understanding and recognition of trauma and its impacts from both faculty and staff, participants expressed a desire for enhanced peer support. This would require a shift in institutional thinking: as Golden (2020) has described, when institutions understand trauma and care as sociological phenomena (rather than as individual biomedical phenomena), learners have the opportunity to both give and receive potentially life-changing care and support.

One participant spoke to the challenges inherent in required peer-to-peer communication in online discussion forums, which acted as a trigger for them, and emphasized the importance of “safe and respectful” discussion forum moderation. In a time of fiscal constraint and escalating faculty workloads, when unfacilitated discussions may be more commonly used or facilitation treated as a student responsibility, this is an important consideration. It also highlights the inadequacy of typical approaches to trigger/content warnings, which generally do not recognize that any interaction or content may act as a trigger (Newcomb & Venning, 2024).

Another participant (MS) highlighted her own skill in self-advocacy as the element most helpful to her, a clear expression of her expertise in navigating the impacts of her trauma as an online learner (Petroni & Stanton, 2021). Ensuring faculty and staff appropriately receive and respond to survivors’ self-advocacy efforts, within an environment of safety that invites and welcomes survivor advocacy, is a baseline component of systemic trauma-informed practice (Becker-Blease, 2017). This systemic approach and recognition of survivor expertise contrasts sharply with an interventionist orientation, which rests on the unspoken assumption that the “problem” of trauma lies within the traumatized individual

rather than the systems in which they learn and which may be rooted in saviorism and deficit ideology (Golden, 2020; Miller & Flint-Stipp, 2024; Shevrin Venet, 2021).

Willow spoke explicitly about open access as the most important element for her, with MS and Ryan echoing her comments. Open access (that is, access that does not require high school graduation or completion of specific prerequisites, and that is not tied to time or place) is of crucial importance for complex trauma survivors, who have double the risk of not completing high school (Hardcastle et al., 2018), may be carrying past experiences of institutional betrayal, and may be facing multiple complexities and inequities in their current circumstances, including caregiver status, ill health, lack of financial resources, precarious housing, and much more. Providing survivors with the opportunity to calibrate the degree, intensity, and timing of interaction with others is essential for survivors such as Ryan and speaks to the value of asynchronous forms of online learning for these learners.

Implementing systemic trauma-informed educational practice requires buy-in from power brokers in the higher education setting, significant institutional commitment, and support for faculty and staff (Harper & Neubauer, 2021; Wilkinson, 2025). Consideration must also be given to the ways in which the university or college itself inadvertently harms traumatized students, rather than proceeding from the assumption that the university does no harm (Petroni & Stanton, 2021; Shevrin Venet, 2021). Systemic approaches to implementation should include consultation with faculty, staff, students, and community, and demonstrate commitment to collaboration with survivors (e.g., Hargrove et al., 2024; Johnson &

Gianvito, 2022; Letendre Jauniaux & Lawford, 2025). Recognition that survivors are present in all roles in a university (i.e., as faculty, staff, and administrators, as well as students) is also essential (Harper & Neubauer, 2021).

Strengths and Limitations

This article stemmed from a small qualitative case study, the first peer-reviewed research of which I am aware to engage with complex trauma survivors studying at an open/online university. The findings highlight the crucial importance of engaging with survivors as a first step toward trauma-informed practice in higher education and considering their needs through their own eyes. They also point to elements unique to the open and online learning environment, and highlight the importance of this modality in supporting access for survivors of complex trauma.

The study has several significant limitations. First, caution must be exercised in transferring the findings, given the very small size of the study and given that all participants were drawn from a single institution. In addition, participants' recollections may have been inaccurate, and self-selection bias may have played a role (Każmierczak et al., 2023; Ross & Bibler Zaidi, 2019). Survivors of complex trauma experienced exclusively in adulthood were excluded by the use of the ACE-IQ for screening, as were survivors of forms of complex trauma not included in the instrument (e.g., torture, slavery). Finally, no participants who have withdrawn or otherwise not persisted in their studies were included.

Future Research

With the paucity of survivor-centred research in online and open higher education, numerous future pathways can be identified; a few of the most impactful are described here. First, survivors who have not persisted in their educational pursuits could be engaged, as well as survivors who would like to engage in higher education but have been unable to; these survivors' perspectives could help illuminate the structural and other challenges that keep them out, or push them out, of higher education. Survivors in non-student roles in open and online higher education (i.e., faculty, staff, and administrators) could help shine a light on additional areas of need for systemic trauma-informed practice in higher education (Harper & Neubauer, 2021). A broader and more diverse group of survivor-participants could contribute to the understanding of how different identities and life experiences amplify or alter their needs (Schmidt, 2025). Using participatory methods, survivors could co-create a framework for trauma-informed educational practices to be used in open and online higher education, with the specific aim of achieving equity. The framework could then be piloted and its impact studied.

Conclusions

Complex trauma survivors are experts in navigating the impacts of their trauma; it is essential for educators to collaborate with them prior to and during implementation of trauma-informed practice (Petroni & Stanton, 2021; SAMHSA, 2014). The results of this small qualitative study reinforce the importance of open

and online higher education as a pathway for complex trauma survivors and underline the necessity of consultation and collaboration to move towards equity for this marginalized group.

References

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. <https://doi.org/10.1007/s00406-005-0624-4>
- Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the adverse childhood experience score: Strengths, limitations, and misapplications. *American Journal of Preventive Medicine*, 59(2), 293–295. <https://doi.org/10.1016/j.amepre.2020.01.009>
- Anderson, R. K. (2025). Toward a theory of trauma-informed pedagogy in higher education. *Teaching in Higher Education*. Advance online publication. <https://doi.org/10.1080/13562517.2025.2571913>
- Anderson, R. K., Landy, B., & Sanchez, V. (2023). Trauma-informed pedagogy in higher education: Considerations for the future of research and practice. *Journal of Trauma Studies in Education*, 2(2), 125–140. <https://doi.org/10.32674/jtse.v2i2.5012>
- Becker-Blease, K. A. (2017). As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation*, 18(2), 131–138. <https://doi.org/10.1080/15299732.2017.1253401>
- Berne, P., Morales, A. L., Langstaff, D., & Invalid, S. (2018). Ten principles of disability justice. *WSQ: Women's Studies Quarterly*, 46(1), 227–230. <https://doi.org/10.1353/wsqa.2018.0003>
- Berry, S. N., & Nutter, E. (2025). An equity-centered trauma-informed approach to nursing education. *Journal of Nursing Education*. Advance online publication. <https://doi.org/10.3928/01484834-20250530-05>
- Bitanihirwe, B., & Imad, M. (2023). Gauging trauma-informed pedagogy in higher education: A UK case study. *Frontiers in Education*, 8, Article 1256996. <https://doi.org/10.3389/feduc.2023.1256996>

- Botha, M. (2025). Critical realism, community psychology, and the curious case of autism: A philosophy and practice of science with social justice in mind. *Journal of Community Psychology, 53*, e22764. <https://doi.org/10.1002/jcop.22764>
- Burke, P. J., Coffey, J., Parker, J., Hardacre, S., Cocuzzoli, F., Shaw, J., & Haro, A. (2025). 'It's a lot of shame': Understanding the impact of gender-based violence on higher education access and participation. *Teaching in Higher Education, 30*(1), 116–131. <https://doi.org/10.1080/13562517.2023.2243449>
- Byrne, V., Mondrey, M., Folami, A., Moeyaert, M., & Licata-Hoang, C. (2025). Designing a valid and reliable measure of trauma-informed online teaching practices for asynchronous undergraduate courses. *Online Learning, 29*(4), 237–256. <https://doi.org/10.24059/olj.v29i4.5176>
- CAST (2024). *CAST UDL guidelines*. <https://udlguidelines.cast.org>
- Cavener, J., & Lonbay, S. (2024). Enhancing 'best practice' in trauma-informed social work education: Insights from a study exploring educator and student experiences. *Social Work Education, 43*(2), 317–338. <https://doi.org/10.1080/02615479.2022.2091128>
- Chan, A. B. (2022). Using andragogy for trauma-informed practice in online environments. *Journal of Trauma Studies in Education, 1*(2), 59–71. <https://doi.org/10.32674/jtse.v1i2.4831>
- Charlton, J. (2000). *Nothing about us without us: Disability oppression and empowerment*. University of California Press.
- Child, S., & Marvell, R. (2024). Care-experienced students in higher education: A case for re-figuring higher education worlds to widen access and further social justice. *British Educational Research Journal, 50*(2), 474–494. <https://doi.org/10.1002/berj.3905>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.
- Davidson, S. (2024). *Trauma- and resilience-informed practices for postsecondary education: A guide*. Education Northwest. <https://educationnorthwest.org/resources/trauma-and-resilience-informed-practices-postsecondary-education-guide>

- Davies, E., Read, J., & Shevlin, M. (2022). Childhood adversities among students at an English University: A latent class analysis. *Journal of Trauma & Dissociation*, 23(1), 79–96. <https://doi.org/10.1080/15299732.2021.1987373>
- de Boer, K., Arnold, C., Mackelprang, J. L., & Nedeljkovic, M. (2022). Barriers and facilitators to treatment seeking and engagement amongst women with complex trauma histories. *Health & Social Care in the Community*, 30(6), e4303–e4310. <https://doi.org/10.1111/hsc.13823>
- Edelman, N. L. (2023). Trauma and resilience informed research principles and practice: A framework to improve the inclusion and experience of disadvantaged populations in health and social care research. *Journal of Health Services Research & Policy*, 28(1), 66–75. <https://doi.org/10.1177/13558196221124740>
- Edge, L. (2025). Safety in cultures of precarity: Complex trauma and the value of ‘trauma-informed’ PhD supervision. In A. Lynes, L. Miles, M. Azad, & S. Jones (Eds.), *Embracing the Unknown: Experiences of Studying for a PhD in the Social Sciences* (pp. 123–134). Bristol University Press. <https://doi.org/10.46692/9781447373919.014>
- Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2022). PTSD and complex PTSD in sentenced male prisoners in the UK: Prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, 52(13), 2794–2804. <https://doi.org/10.1017/S0033291720004936>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & 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. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Giano, Z., Wheeler, D. L., & Hubach, R. D. (2020). The frequencies and disparities of adverse childhood experiences in the U.S. *BMC Public Health*, 20, Article 1327. <https://doi.org/10.1186/s12889-020-09411-z>
- Gilin, B., & Kauffman, S. (2015). Strategies for teaching about trauma to graduate social work students. *Journal of Teaching in Social Work*, 35(4), 378–396. <https://doi.org/10.1080/08841233.2015.1065945>
- Golden, N. (2020). The importance of narrative: Moving towards sociocultural understandings of trauma-informed praxis. *Occasional Paper Series*, 2020(43). <https://doi.org/10.58295/2375-3668.1344>

- Hardcastle, K., Bellis, M. A., Ford, K., Hughes, K., Garner, J., & Ramos Rodriguez, G. (2018). Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: Findings from a retrospective study. *Public Health, 165*, 106–116.
<https://doi.org/10.1016/j.puhe.2018.09.014>
- Hargrove, S., Schuette, S., Zerubavel, N., Holton, J., & Kinghorn, W. (2024). The value of student voice and choice: A guide for trauma-informed participatory action research in the university setting. *Journal of Participatory Research Methods, 5*(1).
<https://doi.org/10.35844/001c.94139>
- 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>
- Harsey, S. J., & Freyd, J. J. (2022). Defamation and DARVO. *Journal of Trauma & Dissociation, 23*(5), 481–489. <https://doi.org/10.1080/15299732.2022.2111510>
- Haslanger, S. (1995). Ontology and social construction. *Philosophical Topics, 23*(2), 95–125.
<https://doi.org/10.5840/philtopics19952324>
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence – From domestic abuse to political terror*. Basic Books.
- Herman, J. L. (2023). *Truth and repair: How trauma survivors envision justice*. Basic Books.
- Holden, S., & Bruce, J. (2024). Trauma-informed practices and leadership education: A literature review. *Journal of Leadership Education, 23*(1), 1–14.
<https://doi.org/10.1108/JOLE-01-2024-0016>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health, 2*(8), e356–e366.
[https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Imad, M. (2021). Transcending adversity: Trauma-informed educational development. *To Improve the Academy: A Journal of Educational Development, 39*(3).
<https://doi.org/10.3998/tia.17063888.0039.301>

- Imad, M. (2022). Trauma-informed education for wholeness: Strategies for faculty & advisors. *New Directions for Student Services*, 177, 39–47.
<https://doi.org/10.1002/ss.20413>
- Institute for Higher Education Policy. (2012). *Supporting first-generation college students through classroom-based practices: A report by the Institute for Higher Education Policy*. <https://www.ihep.org/publication/supporting-first-generation-college-students-through-classroom-based-practices/>
- Johnson, N., & Gianvito, I. (2022). *Cultivating trauma-informed spaces in education: Promising practices manual*. Sheridan College. https://bp-net.ca/wp-content/uploads/2025/04/Cultivating-Trauma-Informed-Spaces-in-Education_-_Promising-Practi.pdf
- Kaźmierczak, I., Zajenkowska, A., Rogoza, R., Jonason, P. K., & Ścigała, D. (2023). Self-selection biases in psychological studies: Personality and affective disorders are prevalent among participants. *PLOS ONE*, 18(3), e0281046.
<https://doi.org/10.1371/journal.pone.0281046>
- Kelly, P., & Mills, R. (2007). The ethical dimensions of learner support. *Open Learning*, 22(2), 149–157. <https://doi.org/10.1080/02680510701306699>
- Khasnabis, D., & Goldin, S. (2020). Don't be fooled, trauma is a systemic problem: Trauma as a case of weaponized educational innovation. *Occasional Paper Series*, 2020(43), 44–57. <https://doi.org/10.58295/2375-3668.1353>
- Kipling, R. P., Stiles, W. A. V., de Andrade-Lima, M., MacKintosh, N., Roberts, M. W., Williams, C. L., Wootton-Beard, P. C., & Watson-Jones, S. J. (2023). Interaction in online postgraduate learning: What makes a good forum? *Distance Education*, 44(1), 162–189. <https://doi.org/10.1080/01587919.2022.2150391>
- Kogan, C. S., & Paterniti, S. (2017). The true north strong and free? Opportunities for improving Canadian mental health care and education by adopting the WHO's ICD-11 classification. *Canadian Journal of Psychiatry*, 62(10), 690–696.
<https://doi.org/10.1177/0706743717717253>
- Koseoglu, S., Ozturk, T., Ucar, H., Karahan, E., & Bozkurt, A. (2020). 30 years of gender inequality and implications on curriculum design in open and distance learning. *Journal of Interactive Media in Education*, 2020(1), Article 5.
<https://doi.org/10.5334/jime.553>

- Lecy, N., & Osteen, P. (2022). The effects of childhood trauma on college completion. *Research in Higher Education, 63*(6), 1058–1072. <https://doi.org/10.1007/s11162-022-09677-9>
- Letendre Jauniaux, M., & Lawford, H. L. (2025). Mapping out a Canadian university's trauma-informed landscape: A preliminary exploration. *Global Public Health, 20*(1), 2445826. <https://doi.org/10.1080/17441692.2024.2445826>
- Lindheim, T. (2022). Participant validation: A strategy to strengthen the trustworthiness of your study and address ethical concerns. In G. Espedal, B. Jelstad Løvaas, S. Sirris, & A. Wæraas (Eds.), *Researching Values: Methodological Approaches for Understanding Values Work in Organisations and Leadership* (pp. 225–239). Springer International Publishing. https://doi.org/10.1007/978-3-030-90769-3_13
- Lockwood, J., & Webber, D. (2023). *Non-completion, student debt, and financial well-being: Evidence from the survey of household economics and decisionmaking*. Board of Governors of the Federal Reserve System. <https://doi.org/10.17016/2380-7172.3371>
- Madigan, S., Deneault, A.-A., Racine, N., Park, J., Thiemann, R., Zhu, J., Dimitropoulos, G., Williamson, T., Fearon, P., Cénat, J. M., McDonald, S., Devereux, C., & Neville, R. D. (2023). Adverse childhood experiences: A meta-analysis of prevalence and moderators among half a million adults in 206 studies. *World Psychiatry, 22*(3), 463–471. <https://doi.org/10.1002/wps.21122>
- Mauder, R., & Hunter, J. (2021). *Damaged: Childhood trauma, adult illness, and the need for a healthcare revolution*. University of Toronto Press.
- Miller, K., & Flint-Stipp, K. (2024). The unintended consequences of integrating trauma-informed teaching into teacher education. *Teaching Education, 35*(4), 424–442. <https://doi.org/10.1080/10476210.2024.2307360>
- Moses, J. D., Bayne, H. B., & Moore, R. L. (2023). Guiding course development: Trauma-informed rubrics for asynchronous online learning environments. *The Journal of Applied Instructional Design, 12*(2), 87–101. <https://doi.org/10.59668/722.13025>
- Newcomb, M., & Venning, A. (2024). Defending discomfort: A critical social work case against trigger warnings. *Journal of Social Work Education, 60*(4), 565–575. <https://doi.org/10.1080/10437797.2024.2387711>

- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, *45*(3), 241–251. <https://doi.org/10.1080/0142159X.2022.2057287>
- Otero, C. (2021). Adverse childhood experiences (ACEs) and timely bachelor's degree attainment. *Social Sciences*, *10*(2), Article 44. <https://doi.org/10.3390/socsci10020044>
- Peter, S., Park, L. S.-C., & Beddoe, L. (2025). Emancipatory research in social work: What does critical realism offer? *Journal of Social Work*. Advance online publication. <https://doi.org/10.1177/14680173251336089>
- Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, *86*, 178–183. <https://doi.org/10.1016/j.chiabu.2018.09.018>
- Petrone, R., & Stanton, C. R. (2021). From producing to reducing trauma: A call for “trauma-informed” research(ers) to interrogate how schools harm students. *Educational Researcher*, *50*(8), 537–545. <https://doi.org/10.3102/0013189X211014850>
- Radford, A., Toombs, E., Zugic, K., Boles, K., Lund, J., & Mushquash, C. J. (2021). Examining adverse childhood experiences (ACEs) within Indigenous populations: A systematic review. *Journal of Child & Adolescent Trauma*, *15*(2), 401–421. <https://doi.org/10.1007/s40653-021-00393-7>
- Rahmandani, A., Subandi, M. A., & Utami, M. S. (2025). A single case study of an emerging adult complex trauma survivor pursuing a graduate degree. *Journal of Child & Adolescent Trauma*. Advance online publication. <https://doi.org/10.1007/s40653-025-00783-1>
- Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on Medical Education*, *8*(4), 261–264. <https://doi.org/10.1007/s40037-019-00530-x>
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE.
- Sawyer, K., Kempe, S., Carwana, M., & Racine, N. (2024). Global and inclusive considerations for the future of ACEs research. *Child Protection and Practice*, *3*, Article 100054. <https://doi.org/10.1016/j.chipro.2024.100054>
- Schmidt, H. (2023). *Survivors of complex trauma as adult online learners: A case study* [Master's thesis, Athabasca University]. <http://hdl.handle.net/10791/423>
- Schmidt, H. (2024). Survivors of complex trauma as adult online learners. *OTESSA Conference Proceedings*, *4*(1). <https://doi.org/10.18357/otessac.2024.4.1.378>

- Schmidt, H. (2025). "I can do this!": Survivors of complex trauma as postsecondary open/online learners. *Journal of Trauma Studies in Education*, 4(2), 41–64. <https://doi.org/10.70085/jtse.v4i2.234>
- Schmidt, H. (2026). Yes, you can: Research with adult trauma survivors who learn online. *OTESSA Conference Proceedings*, 5(1). <https://doi.org/10.18357/otessac.2025.5.1536>
- Schoch, K. (2020). Case study research. In G. J. Burkholder, K. A. Cox, L. M. Crawford, & J. H. Hitchcock (Eds.), *Research design and methods: An applied guide for the scholar-practitioner* (pp. 245–258). SAGE.
- Shevrin Venet, A. (2021). *Equity-centred trauma-informed education*. Norton.
- Smith, C. P. (2017). First, do no harm: Institutional betrayal and trust in health care organizations. *Journal of Multidisciplinary Healthcare*, 10, 133–144. <https://doi.org/10.2147/JMDH.S125885>
- Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, 69(6), 575–587. <https://doi.org/10.1037/a0037564>
- Stake, R. (1995). *The art of case study research*. SAGE.
- Statistics Canada. (2022). *Survey on mental health and stressful events, August to December 2021*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220520/dq220520b-eng.htm>
- Substance Abuse and Mental Health Service Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. National Center on Substance Abuse and Welfare. https://www.nctsn.org/sites/default/files/resources/resource-guide/samhsa_trauma.pdf
- Thompson, L. (2021). Toward a feminist psychological theory of "institutional trauma." *Feminism & Psychology*, 31(1), 99–118. <https://doi.org/10.1177/0959353520968374>
- Tseris, E. (2019). *Trauma, women's mental health, and social justice: Pitfalls and possibilities*. Routledge.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

- Venson, R., & Korb, A. S. (2025). Trauma-informed pedagogy in forensic science education: Scoping review of and reflection on (very limited) available evidence. *Science & Justice*, 65(1), 21–26. <https://doi.org/10.1016/j.scijus.2024.12.003>
- Walters, A. J., Notebaert, L., Van Bockstaele, B., Meeten, F., Todd, J., & Clarke, P. J. F. (2024). Occurrence of potentially traumatic events, type, and severity in undergraduate students. *Australian Psychologist*, 60(1), 43–53. <https://doi.org/10.1080/00050067.2024.2404983>
- Wang, L., Yu, Z., Chen, W., Zhang, J., & Bettencourt, A. F. (2022). Higher exposure to childhood adversity associates with lower adult flourishing. *BMC Public Health*, 22(1), 612. <https://doi.org/10.1186/s12889-022-13063-6>
- Watt, C., Krishnamoorthy, G., Ong, S., & Rees, B. (2025). Trauma-informed education in open online courses: Lessons from teacher continuous professional development during COVID-19. *The International Review of Research in Open and Distributed Learning*, 26(3), 1–21. <https://doi.org/10.19173/irrodl.v26i3.8233>
- Werkmeister, S. A. (2024). Investigating learning environment preferences in students with trauma history. *Journal of Educational Sciences & Psychology*, 14(2), 251–266. <https://doi.org/10.51865/JESP.2024.2.21>
- Wilkinson, E. (2025). Feminist pedagogy in the neoliberal university: On violence, vulnerability and radical care. *Gender and Education*, 37(4), 474–489. <https://doi.org/10.1080/09540253.2025.2471286>
- Windle, M., Haardörfer, R., Getachew, B., Shah, J., Payne, J., Pillai, D., & Berg, C. J. (2018). A multivariate analysis of adverse childhood experiences and health behaviors and outcomes among college students. *Journal of American College Health*, 66(4), 246–251. <https://doi.org/10.1080/07448481.2018.1431892>
- World Health Organization. (2020a). *Adverse childhood experiences international questionnaire (ACE-IQ)*. [https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-\(ace-iq\)](https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq))
- World Health Organization. (2020b). *Adverse childhood experiences international questionnaire (ACE-IQ): Guidance for analysing ACE-IQ*. https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/ace-iq-guidance-for-analysing.pdf?sfvrsn=adfe12bb_2

World Health Organization. (2022). *6B41 Complex post traumatic stress disorder*.
<https://icd.who.int/browse11/l-m/en#/http%253a%252f%252fid.who.int%252fid%252fentity%252f585833559>

Author

Hilary Schmidt  <https://orcid.org/0000-0002-3501-5240>

Hilary Schmidt is a PhD student at the University of Victoria and instructional designer with the Open Learning Division at Thompson Rivers University. Her major research interests lie in the areas of equity-centred trauma- and violence-informed educational practice, complex trauma survivors as learners, gender issues in open and online learning, and open and online higher education. This article was developed from her master's thesis, and she is grateful to her thesis supervisor, Dr. Cynthia Blodgett-Griffin, and her committee members, Dr. Pamela Walsh and Dr. Emily Doyle, for their support and guidance. She offers her deep thanks to the survivor-learners who participated in this research.

Correspondence concerning this article should be addressed to Hilary Schmidt, Department of Curriculum and Instruction, Faculty of Education, University of Victoria, PO Box 1700 STN CSC Victoria, BC V8W 2Y2. Email: hilaryschmidt@uvic.ca

Notes

¹ Those with an Adverse Childhood Experiences (ACE) score of 4 or higher are considered complex trauma survivors (Anda et al., 2006; Facer-Irwin et al., 2022; Felitti et al., 1998; Maunder & Hunter, 2021; Schmidt, 2025), with the recognition that the ACE instrument does not capture all experiences of complex trauma.

² Note that these are population-based statistics and not deterministic or predictive of individual outcomes (Anda et al., 2020; Sawyer et al., 2024).