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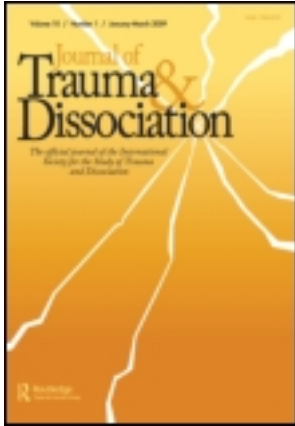
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Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching

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This article explores why and how trauma theory and research are currently used in higher education in nonclinical courses such as literature, women's studies, film, education, anthropology, cultural studies, composition, and creative writing. In these contexts, traumatic material is presented not only indirectly in the form of texts and films that depict traumatic events but also directly in the form of what is most commonly referred to in nonclinical disciplines as trauma studies, cultural trauma studies, and critical trauma studies. Within these areas of study, some instructors promote potentially risky pedagogical practices involving trauma exposure or disclosure despite indications that these may be having deleterious effects. After examining the published rationales for such methods, we argue that given the high rates of trauma histories (66%–85%), posttraumatic stress disorder (9%–12%), and other past event–related distress among college students, student risk of retraumatization and secondary traumatization should be decreased rather than increased. To this end, we propose that a trauma-informed approach to pedagogy—one that recognizes these risks and prioritizes student emotional safety in learning—is essential, particularly in classes in which trauma theories or traumatic experiences are taught or disclosed.

KEYWORDS *trauma, college students, trauma studies, trauma-informed care, retraumatization, secondary traumatization, written emotional disclosure*

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The following is excerpted from the “Information & Goals” section of a syllabus for a freshman writing course, one of two required to fulfill general education requirements. Because only a standard course description appears on the college’s online registration site, it is likely that most students who enroll in this section are unaware of the themes described here until the first day of class:

We will examine how the families we are born into and the community environments in which we live produce or enable traumatic experience. We will explore the existential crisis in children, adolescents and young adults who are forced to endure chronic traumatic experience. We will also address the tension between survival coping mechanisms and the development and emergence of the adult self within the context of post-trauma recovery. (Strauss, 2008)

At another college, an assignment for an undergraduate English course asks the following: “Have you ever seriously thought about suicide? Did you ever tell anyone you were feeling suicidal?” “How did you feel about my discussion of my friend’s suicide? Did it change your impression of me?” “Did this assignment put you at risk?” (Berman, 2001, p. 283). Students in this course are also invited to “write about a personal experience involving sexual abuse” and to “write about a painful or shameful experience that left you feeling vulnerable or exposed” (p. 282). The course instructor acknowledges that most students “enrolled because they needed a three-credit writing course that was scheduled at a convenient time” (p. 15). In other words, most students took the course to fulfill a general education requirement and may have had no idea they would be asked to disclose such personal and potentially painful experiences.

TEACHING ABOUT TRAUMA ACROSS THE CURRICULUM

It is ironic that though the call to integrate trauma into the clinical training curriculum (Courtois & Gold, 2009) has gone largely unheeded, trauma appears to be taught in a variety of nonclinical courses across the curricula of American universities, as illustrated in the examples above.¹ Considering modern trauma theory’s origins in psychoanalysis (e.g., Freud, 1896/1989) and in anti-war and anti-rape protest (e.g., Herman, 1997), the growing interest in trauma outside of clinical professions is not surprising. In fact, over the past two decades, trauma has become one of the most prominent fields of study in the humanities (Berger, 2004) and cultural studies (Visser, 2011). In these contexts, traumatic material is presented not only indirectly in the form of texts and films that depict traumatic events but also directly in the form of what is most commonly referred to in nonclinical disciplines as *trauma studies*, *cultural trauma studies*, and *critical trauma studies*.

As in the clinical disciplines, considerable debate about trauma theory and practices exists within and between fields of study (e.g., see Berger, 2004; Radstone, 2007; Visser, 2011). Generally speaking, however, trauma studies practitioners are interested in the aesthetic and political representation of trauma and can be grouped into two main categories: (a) those engaged in the analysis and criticism of extant personal, cultural, and historical trauma narratives—typically in disciplines such as literature, women’s studies, film, education, anthropology, and cultural studies; and (b) those engaged in helping students create their own trauma narratives—typically in composition and creative writing coursework. Some educators, of course, engage in both types of research and practice.

As Goldsmith and Satterlee (2004) observed, nonclinical disciplines have valuable insights to offer regarding trauma. The study of trauma in these fields differs from the study of posttraumatic stress and dissociation in clinical fields such as psychology, psychiatry, neurology, social work, and counseling most prominently in the way that it concerns itself more with the effects of trauma on society than on individuals. As Berger (2004) observed, “Trauma studies examines cultural products—novels, films, political tendencies—more than it does individual behaviors; or it examines individual behaviors as instances of broader cultural symptoms,” diagnosing “traumatized cultures” rather than traumatized individuals (p. 565).

Discussion continues over the ethics and benefits of the disclosure of personal traumatic experiences in clinical research (e.g., Cromer, Freyd, Binder, DePrince, & Becker-Blease, 2006; Newman, Walker, & Gefland, 1999), clinical training (e.g., DePrince, Priebe, & Newton, 2011), and nonclinical classroom settings, particularly among creative writing and literacy educators (e.g., Berman, 2001; Hood, 2005; Horsman, 2000; Swartzlander, Pace, & Stamler, 1993). However, the extent and effects—both positive and negative—of exposure and disclosure *in the classroom* are unknown because to date, other than ethnographic accounts, no empirical research has been published outside of clinical disciplines, and disclosure in the classroom often goes unreported because, as MacCurdy (2007) pointed out, “many teachers are understandably too nervous to reveal what their students are actually writing about” (p. 4).

Certainly there are risks in *not* engaging the topic of trauma in and out of the classroom, such as perpetuating shame, secrecy, or stigma (Becker-Blease & Freyd, 2007; Jolly, 2011); this is why we both teach and conduct research on trauma in various disciplines. We contend, however, that in addition to integrating information about and discussion of trauma where appropriate, educators should aim to *reduce* rather than *increase* the risk of retraumatization and secondary traumatization for students exposed to this material. To this end, in the following we differentiate teaching about trauma from trauma-informed teaching, explain why students are at risk, describe what we view as potentially perilous pedagogical practices, explore

reasons why these practices are occurring, and propose principles to inform classroom practice.

THE TRAUMA-INFORMED PERSPECTIVE

Before describing what we view to be problematic pedagogical practices, and to frame our discussion hereafter, we need to introduce the concept of trauma-informed care. This framework was developed to improve clinical practice and social service delivery (Harris & Fallot, 2001), but we believe it is also highly relevant to educational settings. To be *trauma-informed*, in any context, is to understand how violence, victimization, and other traumatic experiences may have figured in the lives of the individuals involved and to apply that understanding to the provision of services and the design of systems so that they accommodate the needs and vulnerabilities of trauma survivors (Butler, Critelli, & Rinfrette, 2011; Harris & Fallot, 2001). A central tenet of this view is that individual safety must be ensured through efforts to minimize the possibilities for inadvertent retraumatization, secondary traumatization, or wholly new traumatizations in the delivery of services.

The first two of these possibilities are of particular relevance to our discussion. *Retraumatization*, which refers to the triggering or reactivation of trauma-related symptoms originating in earlier traumatic life events, is a clear risk for those confronted with new traumatic material or cues reminiscent of an earlier adverse event. For example, retraumatization experiences have been reported, among those not personally victimized, following the widespread media coverage of events such as the September 11th terrorist attacks (e.g., Kinzie, Boehnlein, Riley, & Sparr, 2002). The concept of *secondary traumatization* (or *vicarious traumatization*) is also germane to learning others' stories of loss and victimization (Pearlman & MacIain, 1995). In this case, exposure to traumatic narratives—particularly in circumstances in which the listener is highly empathic or trying to be (Figley, 2002)—can yield trauma-related symptoms in the listener. It is an occupational hazard for therapists (Saakvitne & Pearlman, 1996), but it may be experienced by anyone confronted with the tragedies of others.

Although change is typically recommended at every level of an organization for a trauma-informed approach to be fully effective (see Massachusetts Advocates for Children, 2005, for an example of a trauma-sensitive K–12 school initiative), at this time it is unclear whether or when colleges and universities—or even individual departments—will move toward developing and implementing a comprehensive trauma-informed framework. In the meantime, traumatic material continues to be taught in courses across the curriculum and may be having deleterious consequences. Consequently, in this article we endeavor to present a statement of the problem: that there is

a potential risk of student retraumatization and secondary traumatization in current educational practice. Furthermore, we urge educators to take the first step in adopting a trauma-informed approach in their teaching: “First, do no harm.”

WHY STUDENTS ARE AT RISK

By the time youth reach college, 66% to 85% report lifetime traumatic event exposure and many report multiple exposures (Frazier et al., 2009; Read, Ouimette, White, Colder, & Farrow, 2011; Smyth, Hockemeyer, Heron, Wonderlich, & Pennebaker, 2008), with the peak age range of exposures being 16–20 (Breslau et al., 1998) and the most common events being a life-threatening illness and the unexpected death of a loved one (Frazier et al., 2009; Read et al., 2011). Read and colleagues (2011) found that approximately 9% of trauma-exposed college freshman met criteria for posttraumatic stress disorder (PTSD), whereas others (e.g., Bernat, Ronfeldt, Calhoun, & Arias, 1998) have reported a probable PTSD rate of 12%, and at least as many more may suffer subsyndromal symptoms (Smyth et al., 2008). According to Frazier and colleagues’ (2009) study, lifetime exposures to sexual assault, unwanted sexual attention, and family violence are associated with the highest levels of distress among undergraduates. Non–Criterion A1 traumas, such as unsupportive or hurtful interpersonal events, have also been related to negative student outcomes, including increased PTSD symptoms, other distress, and poorer physical health (Anders, Frazier, & Shallcross, 2012).

Not only do most students arrive at college with a trauma exposure history, but some also experience trauma while there. College women with a sexual victimization history are at higher risk for revictimization (Griffin & Read, 2012), and violence on campus (e.g., rape or assault) increases student risk of developing PTSD (Borsari, Read, & Campbell, 2008). In addition, up to 79% of college students may be exposed to at least one experience of psychological abuse, 31% to at least one incident of physical abuse, and 36% to at least one incident of sexual abuse in an intimate relationship (Avant, Swopes, Davis, & Elhai, 2011). Higher levels of cumulative trauma are associated with greater rates of negative personal/emotional adjustment in college students (Banyard & Cantor, 2004); trauma and other negative event exposures put undergraduate students at greater risk of developing posttraumatic stress, depression, substance use disorders, and other psychological problems (Anders et al., 2012; Read et al., 2011; Turner & Butler, 2003).

Although there are limited studies supporting trauma’s direct effects on academic performance, students with a childhood history of sexual assault, or who have experienced two or more kinds of abuse (physical, sexual, or emotional), or who report PTSD at the start of their freshman year are

more likely to drop out (Duncan, 2000). In addition, negative adjustment can result in poor school performance and may be related to attrition (DeBerard, Spielmanns, & Julka, 2004). The development of PTSD during freshman year is related to lower grade point averages (Bachrach & Read, 2012), as is having a higher rate of past negative life events (Anders et al., 2012).

Although the effects of being exposed to traumatic material in coursework have not yet been investigated among college students (Zurbriggen, 2011), nor have studies compared such effects for students who have trauma histories versus those who do not, personal histories of trauma are known to increase the risk for retraumatization and/or secondary traumatization among mental health workers faced with the traumatic material reported by clients (Neumann & Gamble, 1995; Pearlman & MacIain, 1995; Saakvitne & Pearlman, 1996). In short, students with trauma histories may be susceptible to experiencing retraumatization, and all students may be at risk for secondary traumatization through exposure to trauma narratives shared in the classroom. When not handled effectively, such classroom exposures and disclosures may in turn cause students to do poorly, miss classes, or drop out (Horsman, 2000; Lindner, 2004; Swartzlander et al., 1993). It would seem self-evident that the significant potential for retraumatization or secondary traumatization among college students should give instructors pause.

POTENTIALLY PERILOUS PEDAGOGIES

Instructors' own accounts of their pedagogical practices suggest that their students are in fact experiencing retraumatization and/or secondary traumatization in response to coursework. Berman (2001), the instructor described in our introduction who asks students to write about suicide, sexual abuse, and painful/shameful experiences, promotes this "risky writing" while at the same time acknowledging that students who engage in such writing "may find themselves retraumatized" (p. 10). Indeed, he found that 14% of his 105 students who self-disclosed personal traumatic experiences reported "feeling anxious, panicky, depressed, or suicidal—feelings serious enough to warrant clinical attention" (p. 236).

Lindner's (2004) account of her interactions with two creative writing students provides another example. Lindner acknowledged that she went too far in insisting that one write about her rape and that the other "see and feel [her] mother's suicide all over again" (pp. 11–12) in order to revise her essay. After some initial upset and class skipping, the first student was able to complete the course; however, the second student had to seek emergency counseling services and take an antidepressant in order to finish that semester because, according to Lindner, "as a real therapist could have predicted, [she] had become retraumatized" (p. 12).

Such concerning examples are not limited to writing classes. Felman (1991) recounted her literature students' response to viewing interviews with Holocaust survivors as "a shattering experience" (p. 62). In the days and weeks following their exposure, students exhibited symptoms of retraumatization and secondary traumatization. Similarly, MacCurdy (2007) invited Holocaust survivors to speak to an honors class and observed that her students "found themselves experiencing in miniature some of the emotions the speakers were implying—fear, anger, pain, sadness" (p. 162).

Exposure to traumatic disclosures can also be triggering for instructors. As Horsman (2000) documented, course content can cue students' trauma experiences and lead them to disclose, invited or not, and instructors are often ill prepared for these disclosures. Lindner (2004) explained that she "started to bawl" (p. 10) when a student confided her trauma story because the story activated Lindner's memories of her own experiences with violence. Similarly, Berman (2001) acknowledged that he worries at times not only about whether students will be traumatized when disclosing or hearing others disclose but also about his own reactions. He found a student's essay about his father's suicide "so wrenching" that he "could not read it without choking back tears" (p. 107) and linked his reaction not to empathy but to his own prior trauma history.

That students and instructors are moving beyond empathy to, in some cases, develop symptoms of secondary traumatization and retraumatization in response to trauma exposure and disclosure is concerning. Even more alarming are indications that some educators appear to interpret these symptoms as evidence of effective teaching and learning rather than as potentially harmful or undesirable. Felman (1991), for example, described that she was surprised by her students' reactions to traumatic material she presented—including students' feelings of being overwhelmed, disconnected, and shattered—yet this did not prompt her to step back and reconsider her methods. Instead she noted how students worked through and resolved the experience as evidence of the pedagogical success of the exercise. Berman (2001) characterized "risky writing" as a kind of inoculation, explaining that "some classroom assignments and texts may induce symptoms not unlike those experienced when receiving a flu vaccination" (p. 251).

WHY THIS IS HAPPENING

Although these educators appear to appreciate some of the force and significance of traumatic experience, their practice does not reflect an understanding of the implications of trauma, retraumatization, or secondary traumatization for student adjustment and academic performance. Several factors may help explain why risky pedagogical practices are used and promoted by some instructors.

Underlying Assumptions About Teaching and Learning

Testimony and *witness*, coined by Felman and Laub (1992), are hallmark theoretical concepts—as well as political, ethical, legal, and pedagogical acts—promoted by many educators in these fields as necessary for personal and cultural recovery from trauma. Like good literature, testimony—what Felman (1991) described as “bearing witness to a crisis or a trauma” (p. 13)—seeks to create a vicarious experience for the listener. Laub (1992) explained:

The listener of the trauma comes to be a participant and co-owner of the traumatic event: through his very listening, he comes to experience the trauma in himself . . . and the latter comes to feel the bewilderment, injury, confusion, dread and conflicts that the victim feels. (p. 58)

In order to properly carry out the task of witnessing, however, one must understand that one’s experience overlaps with the victims’ but that one is not the victim.

Such practice, however, assumes that students are capable of regulating their responses in this way. As Rak (2003) observed, it also assumes that trauma can and should be used to “shock students into feeling ‘appropriate’ responses to atrocity” (p. 64); that transformation is always possible, desirable, and ethical; and that the methods used to accomplish this are unquestionable. In addition, defining teaching as such risks conflating or confusing trauma with learning. We know of no evidence to indicate that experiencing fear, horror, and helplessness are precursors to effective learning or that the development of PTSD symptoms is evidence of effective teaching.

Some educators also assume that pain can be a precursor to health (e.g., MacCurdy, 2007) and that they can determine how much pain students should express and can withstand. A former colleague of MacCurdy (2007) “used to ironically describe three piles that her students’ essays would fall into, like the three bowls of oatmeal Goldilocks found when she entered the bears’ house—not enough pain, too much pain, just the right amount of pain” (p. 71). Others, such as Allen (2000), assume that this type of practice is self-regulating—that students will only write about what they can manage. This ignores the fact that some students will write to please the instructor, as their mentor and as an authority figure, and that pushing beyond their limits can be dangerous for some students. Zembylas (2008) pointed out additional risks: Some students may respond not with empathy but with pity, guilt, vengeance, or disinterest as a result of desensitization. It is likely that instructors would also be at risk for such responses.

Boundary and Role Confusion and Devaluation

Though many educators make an effort to distinguish themselves from counselors and therapists, some acknowledge their role conflict. Berman (2001), for example, explained the negative reaction of a student whom he pointedly referred to as “Dora” thusly: “Like Freud, with whom I identify in so many ways, I was not only playing the role of therapist to ‘my’ Dora but also judging her, contrary to my stated intentions” (p. 228). Some instructors conflate the role of therapist and educator, viewing the line between therapy and teaching as arbitrary and unreal (Horsman, 2004). Lindner (2004) even asserted, “I have confidence—hubris, if you will—in my ability to trespass into mental health’s territory” (p. 9). Others narrate success stories of students who have previously been in therapy but who attribute their healing to their writing class (see, e.g., Allen, 2000; Berman, 2001). As Hood (2005) noted, such educators are convinced that their courses “can accomplish students’ transformations in fifteen weeks that trauma therapists cannot claim for their clients over much longer periods of time” (p. 4). Desser (2006) attempted to merge “writing teacher as healer” and “writing teacher as political agent” (p. 95); unfortunately, it appears that “writing teacher as writing teacher” remains a devalued role.

Some explain that they find this type of interaction with students more enjoyable than the actual teaching of writing: For example, Lindner (2004) has written, “I must also confess that my dialogues with traumatized students prove more interesting to me than the nuts and bolts of writing instruction” (p. 9). Moran (2004) shared a similar observation: “I always secretly enjoyed reading my students’ personal essays much more than their conventional academic ones” (p. 98). Swartzlander et al. (1993) observed that students are aware of this bias and believe that papers recounting events of high emotion and drama earn the highest grades.

Misunderstanding and Misappropriation of Clinical Research

Many educators (e.g., Berman, 2001; Henke, 2000; Lindner, 2004; MacCurdy, 2007; Moran, 2004) cite research on written emotional disclosure (WED), particularly Pennebaker’s (1990/1997) book *Opening Up*, to explain how they achieve therapeutic benefits without conducting therapy, noting that expressive writing has been correlated with physical and psychological health benefits. Indeed, the benefits of WED have been well documented (see Frattaroli, 2006); however, the negative effects have also been well documented, particularly for those experiencing moderate to severe trauma symptoms or carrying a PTSD diagnosis (Hockemeyer, Smyth, Anderson, & Stone, 1999; Sloan & Marx, 2006; Sloan, Marx, & Greenberg, 2011). Though it is widely known that WED is not a panacea (Pennebaker, 1990/1997), it is often treated as such.

Generalizing the findings of experimental disclosure studies to classroom settings is also risky, especially considering other dissimilarities between the lab and classroom. Expressive writing in controlled studies is confidential and anonymous and constrained by the stipulations of human subject review boards that require participation to be entirely voluntary and provide withdrawal as an unqualified right that can be exercised without penalty. Also, in clinical WED studies, benefits are associated with writing privately about a traumatic experience (vs. a neutral topic) for 15–20 min over three to four consecutive sittings. By contrast, WED that occurs in classroom settings is not anonymous and may involve *required* coursework assignments, with failure to participate resulting in grading penalties. Also, students spend considerably more time writing and revising trauma narratives and then share their writing with the instructor and often with other students.

Gidron, Peri, Connolly, and Shalev (1996) conducted a study in which participants with PTSD symptoms were randomized to either a traumatic event writing condition or a daily event writing control condition, completed the writing task at home, and then elaborated orally on their event in the presence of an experimenter. It is noteworthy that study participants in the trauma condition reported an *increase* in their avoidance symptoms as well as in their number of health care visits (while the control condition decreased in both). This is consistent with more recent WED studies that have found that individuals in the early stages of grieving or those who meet criteria for PTSD, depression, or borderline personality disorder may not benefit from WED; that some even get worse, at least in the short term (Littrel, 2009); and that WED of sexual trauma (Ullman, 2011) and betrayal trauma (Freyd, Klest, & Allard, 2005) may actually exacerbate negative physical and psychological symptoms, as do oral or written disclosures that are met with negative social reactions (Ullman, 2003).

Disciplinary Differences

Misunderstanding of clinical research may occur because nonclinical educators are typically not trained in clinical research methods but instead in methods of creating knowledge valued in their disciplines. Though some educators cite clinical literature to justify these risky teaching practices (e.g., Berman, 2001; Lindner, 2004), others eschew the clinical literature to avoid reinforcing the medical narrative (Horsman, 2000), which many believe pathologizes, stigmatizes, dehumanizes, and silences individuals (see also DeGenaro, 2007; Payne, 2000). Kansteiner and Weilnböck (2010) pointed out that yet others, particularly proponents of what they referred to as deconstructive trauma theory (e.g., Caruth, 1995; Felman, 1991), selectively use psychological and psychoanalytic terms but rarely consult current clinical literature on trauma practice and theory.

BRINGING A TRAUMA-INFORMED PERSPECTIVE TO EDUCATIONAL PRACTICE

As educators we undoubtedly need to teach about trauma; at the same time, we must also *be mindful of how we teach it* as well as how we teach trauma survivors. We disagree with those (e.g., Berman, 2001; Felman, 1992) who hold the view that increasing risk increases the potential for student transformation and empowerment. Trauma may be endemic to our present political, social, and private worlds, but marching it into the classroom to be prodded, provoked, and endured—in the ways that some of the educational practices described herein appear to—is, we believe, not to transform trauma but to potentially recapitulate it. Even given that, as some educators maintain (e.g., Berman, 2001; Duto, 2011; Horsman, 2000; Lindner, 2004), students want and need a place to discuss their personal traumatic experiences—thus calling attention to a need in families and society—this argument does not provide a sound rationale for *requiring* personal disclosure of trauma in classroom settings, nor does it discount the need for a trauma-informed approach for effectively dealing with traumatic material in the classroom.

Clinical educators such as Newman (2011) provide evidence that it is possible to safely integrate trauma into the curriculum and teach students how to effectively listen and respond to pain (see also Foynes & Freyd, 2011). Zurbriggen (2011) offered useful recommendations for clinical education, such as limiting overall exposure levels, varying the intensity of material, and providing information on self-care, and Mattar (2011) provided suggestions for developing culturally competent approaches to teaching trauma. However, more interdisciplinary research is clearly needed in this area, as most of the available literature is anecdotal and based on clinical training, and it does not explicitly adopt a trauma-informed framework. As theory and research concerning this topic develop, and the ethical necessity to protect student safety becomes more widely recognized, resources and guidance will ideally become available to aid instructors to become trauma-informed in the classroom, just as there are materials currently accessible to journalists concerning the reporting of violence and tragedy and the treatment of victims (e.g., <http://dartcenter.org/>).

In the meantime, we propose that educators consider the following principles (inspired by Harris & Fallot, 2001, and Elliot, Bjelac, Fallot, Markoff, & Reed, 2005) as initial steps to reduce risk and to make their educational practice more trauma informed: (a) Identify learning as the primary goal and student emotional safety as a necessary condition for it; (b) recognize that many students have trauma histories that may make them vulnerable to exploitation by authority figures and highly susceptible to symptom recrudescence, and integrate that knowledge into your educational practice; (c) be prepared to provide referrals to your institution's counseling services or emergency care if needed (e.g., Branch, Hayes-Smith, & Richards, 2011); (d)

appreciate how a trauma history may impact your students' academic performance, even without trauma being a topic in the classroom; (e) become familiar with the scientific research on trauma, retraumatization, and secondary traumatization, and note the serious psychosocial and educational sequelae associated with each; (f) become familiar with the clinical literature on traumatic transference and countertransference (Herman, 1997; Neumann & Gamble, 1995) to better understand your students' and your own reactions to traumatic material; (g) understand the limitations and potential pitfalls of generalizing laboratory research to other contexts; and (h) check any assumptions that trauma is good (or even romantic), even though some good may be found by those who successfully adapt to the fallout of such experiences. Teaching about trauma is essential to comprehending and confronting the human experience, but to honor the humanity and dignity of both trauma's victims and those who are learning about them, education must proceed with compassion and responsibility toward both.

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NOTE

1. And also in the 70 syllabi dating from 1997 to 2012 for undergraduate and graduate courses in 34 nonclinical disciplines that included the word *trauma* in the course title, description, objectives, student learning outcomes, or course readings we located through a Google search using terms such as *trauma*, *syllabus*, and *trauma studies*.

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