

# ‘It would be very strange to make an artificial cut off point at 18 that trauma suddenly isn’t relevant’ – Perspectives of trauma-informed practice in higher education

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## Abstract

Student mental health in the United Kingdom (UK) remains as key priority on the agenda of many Higher Education (HE) institutions. Current mandatory education in the UK provides guidance around supporting the mental health and wellbeing of children and young people, acknowledging that much of the origins of psychological distress and mental illness stems from experiences of trauma. Despite this, trauma-informed practice in HE appears out of sync with mandatory education with no clear national guidance. Therefore, it is of interest to explore HE professionals with teaching responsibilities perspectives of trauma-informed practice in universities, including their awareness of the concept and how applicable and appropriate it is for HE pedagogic practice. The study examines the views of HE professionals from English universities through online or face to face interviews. Seven themes were identified following thematic analysis. These themes represented the recurring discussions, concerns and thoughts outlined by HE professionals in relation to how they perceive trauma informed practice, how or indeed if it is currently applied, and how it can be applied given the concerns about the remit and role of staff and the limitations of HE in UK universities.

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Trauma-informed practice, higher education, mental health, students

**Introduction**

Since the acknowledgement of the impact that trauma and adversity can have on children and young people's outcomes (Felitti et al., 1998) there continues to be a growing awareness of these themes within primary and secondary education (Carello & Butler, 2015). Whilst there remains no specific guidance on trauma-informed practice in education, there is evidence of referring to such practices emerging in policy such as the Working Definition of Trauma-Informed Practice (Office for Health Improvement & Disparities, 2022). There is an apparent greater focus on trauma-informed practice in primary school than in secondary (Avery et al., 2021; Spence et al., 2021), which suggests that the awareness and responsivity to trauma within education decreases as the apparent age of the student cohort increases. To date, there is a lack of integration of clear trauma-informed practice or trauma-informed pedagogy within HE in the UK aside from some trauma informed examples of pedagogy in managing contentious topics. This is of concern, because although the student cohort are adults in HE, traumatic events can still impact these individuals and the repercussions of early exposure to trauma can continue into adulthood (Felitti et al., 1998). Indeed, much of the aetiology of psychological distress in adulthood stems from early adverse experiences and unresolved trauma (McKay et al., 2021). Therefore, there is an evident need for trauma-informed practice to continue in HE in line with mandatory education. To this end, this research sought to explore the perceptions that HE academics and lecturers had of trauma-informed practice in HE. This study will first explore the literature around trauma-informed practice and the applications that this has had to the UK education system before proceeding to outline the method of the project, the findings of the research and a discussion of the implications of this before concluding with future recommendations and the limitations of the current research.

**Rationale**

Trauma-informed practice was created in response to awareness of adversity and trauma, and the impact this can have on an individual throughout their lives and presents a step away from the medicalisation of education which is often reliant on diagnoses and medical understanding of distress to support students (Bodfield & Culshaw, 2024b). Felitti et al.'s (1998) coined the term ACEs or Adverse Childhood Experiences to describe a range of events that can create toxic stress which has links to developing health problems, both mental and physical, later in life. Whilst Felitti et al.'s research has been criticised for its limitations around an unrepresentative study sample in terms of socioeconomic status and its lack of awareness for societal and environmental influences on

adverse childhood experiences (McEwen & Gregerson, 2019), their work has catalysed broader research that has inspired more consideration of the impact of trauma and adversity on life outcomes and indeed the trauma informed movements within education. The prevalence of ACEs or trauma are high, with statistics stating that approximately 8.5 million 18–74-year-olds experienced abuse before age 16 (Office for National Statistics, 2021). Such stark statistics indicate a need for educational provision to address how well children and young people who are exposed to such experiences are supported.

Trauma can be synonymous with adversity, but not every adverse experience is traumatic. It is dependent upon the meaning the individual ascribed to the experience, the severity of the impact upon them, the support they receive in overcoming adverse experiences, and their own resilience in which to manage the difficulty (Furnivall & Grant, 2014). This again highlights the need for educational provisions, such as higher education institutions to increase knowledge and awareness of trauma and adversity on individuals, not just in childhood, but throughout their lives.

The growing awareness of the impact of trauma and adversity throughout an individual's lifespan has contributed to the emergence of trauma informed practice within education (Thomas et al., 2019). As a result, schools have, whether willingly or unwillingly, adopted the role of a haven for support, something Treisman (2016) refers to as a metaphorical 'brick parent', a constant in many people's lives and a site now described as more than a place of academic learning. Whilst there may have been a shift on how schools are viewed, the ability to provide an effective pastoral service has not undergone such a natural transition. Dingwall and Sebba (2018) found that teachers felt wholly unconfident in supporting children who had experiences of adversity and trauma. This is unsurprising when training on these themes is not explicitly taught, despite the Teachers Standards noting a good knowledge of trauma and adversity as a requirement (Department for Education, 2011). Trauma-informed practice is a comprehensive method of practice which includes staff training, reflection and their own needs in addition to those who they support (Conkbayir, 2023). Indeed, according to Lang et al. (2015) systems becoming trauma informed is a necessary paradigm shift to consider the 'prevalence, consequences and costs associated with trauma' (Maynard et al., 2019, p.2). Such findings indicate that trauma informed practice must be more than an approach or intervention, but rather a long-term shift in practice to ensure more equitable outcomes for all involved (Gomez et al., 2021).

Whilst trauma informed practice is fundamentally a person-centred, respectful approach (Zehr, 2002) This may considered to be at odds with the behaviourist 'behaviour management' approach in education where procedures focus on prevention and punishment, and instead acknowledges the role of reflection, self-examination and power operations (Bodfield & Culshaw, 2024a; Foucault, 1988) in being a citizen within a diverse society, where awareness of community and relationships anticipates a growing awareness of how wrongdoing impacts upon this (Zehr, 2002). Indeed, behaviour management within education traverses beyond punishment and consequences, and it too involves accepted discourses in culture, pedagogy and practice.

In HE, behaviour management may not be as explicit as within earlier key stages of education, where the majority of students have reached adulthood and with that comes an expectation of a competent independent learner (MacFarlane, 2018). Regularly applied behaviour management practices such as exclusions and suspensions used within primary and secondary education are almost non-existent within HE; however, power and dominance is reinforced in other ways, namely through the often static structure of HE practice, in which the student must access and navigate through, where their ‘acceptance’ at the university comes with an unspoken agreement that they must adhere and comply with the accepted norms (Foucault, 1988), rules and boundaries in order to succeed. The characteristics of students will determine their ability to succeed in such spheres where students in HE can be categorised in two ways, traditional and non-traditional students. Non-traditional students can embody many variations but characteristics that often apply are students who have SEND needs, students who are first in the family to attend university, students from minority groups and students from low-income families (Cotton et al., 2017). The traditional student is defined as having continuously engaged in education, have parents who have accessed education at third level and have a more favourable socio-economic background (Carreira & Lopes, 2021). The widening participation of non-traditional students grows slowly with an increase from 44.4% to 46.8% in 2021/22 (Gov.uk, 2023); however, students who were eligible for free school meals in their earlier education have a continuation rate of 88.4%, compared to 93.1% of students who were not eligible for free school meals (Office for Students, 2023). Such statistics critique how well the HE environment meets the needs of the student body, regardless of their traditional and non-traditional status and if one group is more suited to its current structure, habitus, field and cultural capital (Bourdieu, 1984) than the other. Whilst many factors might be at play, an important aspect is a student’s sense of belonging within HE and how aspects, outside of academic learning within university, support the wellbeing needs of students. This is where trauma informed practice might work as a suitable approach to meeting the needs of all students, but particularly those who might struggle within the realms of HE practices.

Trauma-informed practices continue to grow momentum in early years, primary and secondary settings; however, such growth has not been yet identified or sufficiently researched in HE (Barros-Lane et al., 2021) despite trauma-informed discussion being evident in the HE sector (Henshaw, 2022; Taylor, 2023). A possible reason may be the complexities of such large and multi-disciplinary institutions, where change requires wide-reaching systematic upheaval conducted in a collective way, something that might be easier to carry out in smaller primary or secondary school settings. Davidson (2017) identifies the possible issues with implementing trauma -informed practice in HE but warns that support must be provided to address the impact of trauma on learning throughout their education to enable them to reach their full potential.

## **Method**

The research presented in the literature review outlines the increasing focus on trauma-informed practice in other elements of education, but a limited focus on its application

within HE. Given the rising focus on student mental health and the need to explore alternative interventions within HE to mitigate student distress, it is equally important to explore how HE academics view and understand trauma informed practice. The sections below outline the methods in which the research team explored the topic and sought to answer the following research question:

- What is the perception and understanding of trauma-informed practice by academics in UK HE institutions and how do the academics perceive its relation to their practice?

### *Participants*

The sample consisted of 16 lecturers based at six universities in the UK. The lecturers taught across a range of disciplines ranging from Education Studies to Psychology. Opportunity sampling was used to approach these participants with the sample comprised entirely of the research teams own connections in academic. The sample was predominantly female ( $n = 12$ ) with  $n = 4$  of the sample being male. All participants were British nationals ( $n = 12$ ) of differing ethnicities were aged between 30–65 years old. Determination of an appropriate sample size was conducted through reference to data saturation. According to [Boddy \(2016\)](#) data saturation is when there are no new themes emerging from the interviews and recurrent themes are evident. [Braun and Clarke \(2019\)](#) have questioned the use of data saturation in reference to reflective thematic analysis. However, as our approach is not reflective in nature but rather inductive, we have deferred to the guidance on data saturation as posited by [Naem et al. \(2024\)](#). Therefore, as our sample is largely homogenous, data saturation should occur at relatively low numbers. All interviews were conducted using Microsoft Teams and transcribed for analysis.

### *Procedure*

The researchers in the research team utilised existing networks of academic colleagues with teaching responsibilities to explore their perceptions of trauma-informed practice in HE. Prospective participants were approached using both emails, text messages, verbal communication in meetings or face-to-face. Prospective participants were forwarded an information sheet and consent form. Following agreement to take part and following signed consent, the research team organised a time and date to conduct the interview.

Participants were interviewed once through Microsoft Teams. The interview used a semi-structure format focusing on their understanding of trauma-informed practice, their perceptions of its appropriateness in HE and how it would be implemented and practised. Example questions that the participants were asked include ‘can you describe what gold standard trauma informed practice in HE might look like?’ and ‘what is your understanding of trauma informed practice’. Following completion of the interviews, the audio was transcribed into a written medium and analysed by the research team. These transcripts were divided between the research team with an initial read through and review to note initial interesting points. Following from this and further reading of the transcript’s

codes were ascribed and collapsed into themes. The researchers then consulted between each other to finalise codes and themes to create the themes presented in this article.

### *Data analysis*

Following the interviews the transcripts were analysed using inductive thematic analysis. Thematic analysis, as suggested by [Braun and Clarke \(2006\)](#), is a method in which the researcher explores meaning within data and is one of the most systematic and transparent forms of qualitative analysis ([Joffe, 2012](#)). Given that the exploration of lecturers' perspectives of trauma-informed practice in HE is under-researched, it is important to first focus on the development and identification of current themes, before exploring more in-depth qualitative projects utilising analyses such as Interpretative Phenomenological Analysis (IPA) or grounded theory. The inductive variant of thematic analysis was used as there is little discussion of trauma-informed practice having a clear application in HE in which to form preconceptions of the academic's own perceptions on trauma-informed practice in HE.

The first step in the thematic analyses of the transcripts involved the research team reading the transcripts to identify initial codes from initial interpretations, identify interesting points and explore significant elements within the texts. This first read through was then reread with codes transformed into emergent themes to capture the qualities of the data. These themes were then discussed with connections identified and explored. Agreed themes were compiled into a table with supporting quotes and codes. This table was utilised further to orient the analysis of other transcripts and finalise the results of the project for dissemination.

### *Ethical considerations*

There are no significant ethical issues to report within this study. All typical ethical conventions were followed including the anonymisation of the academics identities with ascribed pseudonyms when reporting the results of the interview. There were no contentious topics disclosed warranting the breaking of confidentiality. Furthermore, informed consent was collected from all participants in the study, and participants were debriefed following cessation of the project. The topic discussed was not sufficiently sensitive or distressing to any of the participants to require signposting to further support, if distress were to occur a distress protocol was in place that would have seen participants signposted to the wellbeing support within their employing university and made aware of help within the community (such as NHS Talking Therapies).

Ethical approval was granted by (the university) research ethics committee on the 6th of July 2023 (23/EDN/026).

## **Results and discussion**

Thematic analysis of the interview transcripts identified seven themes: 'conceptual knowledge', 'pedagogy and practice: trauma informed skills', 'training', 'systems,

processes and context considerations’, ‘structure and environment’, ‘appropriateness, difficulties and boundaries’ and ‘resources: time and money’. Before proceeding to discuss these themes in further detail, it is important to note some general observations regarding the data gathered from the interview that the researchers believe are important but located outside of conceptualisation within themes. Firstly, all the academics had a favourable opinion of trauma-informed practice and the need for its implementation in some way into the HE system. Indeed, this appears to be a perception that is echoed in other contemporary research (Conkbayir, 2023; Gomez et al., 2021; Maynard et al., 2019). Secondly, all the academics provided similar definitions of what they believed trauma-informed practice is and referenced an awareness of how trauma can impact a student. However, none of the academics referred to trauma-informed practice as a tool to protect staff members from vicarious traumatisation when working with students who may have experienced adversity or trauma. In clinical settings, where trauma-informed practice first emerged, one of its primary focuses was to reduce vicarious traumatisation and therefore compassion fatigue experienced by healthcare professionals (Branson, 2019). Although the role of academics is not to provide clinical input, ever increasing elevated levels of psychological distress in student cohorts mean that such needs can be projected on to them (Henshaw, 2022).

### *Conceptual knowledge*

Conceptual knowledge referred to the understanding that the participants had of trauma-informed practice as a concept and how it could refer and apply to HE. The general level of knowledge amongst the academics was good, with some nuances around specific applications to education. For instance, Peter described trauma-informed practice as, ‘... practices that are cognisant of life experience with the emphasis on life experiences that have been to some extent problematic, and the way people learn from them or don’t learn from them...’. The interview responses corresponded with a general understanding of the potential impact trauma or adversity on an individual but indicated an association with perceptions of what is or what is not traumatic. Such categorisations of trauma or adversity align with Feilliti et al.’s (1998) original view that ACEs fall under 10 categories, and the more ACEs experienced, the more impact that will have on the individual involved. More recent research questions if categorisation narrows the definition of adversity and trauma (Turner et al., 2020) and indeed puts diagnosis and labelling into the hands of the professional rather than the individual.

Despite the similarity in focus on adverse early experiences, there were some notions of confusion and misunderstanding amongst some of the academics. For example, when asked about what trauma-informed practice looks like in action, David said ‘... you’re talking about specialist and I’m afraid I don’t really know the actual nitty gritty of it...’. Similarly, when asked about what trauma informed practice means Lorna explained ‘... I’m not actually sure in terms of what trauma-informed practice should be because I don’t know if there’s a one answer fits all...’. Indeed, the difficulties that some academics had in defining and demonstrating their knowledge of trauma-informed practice was related directly to their awareness of their lack of specialism and knowledge within the area.

Whilst a knowledge of the principles and practice of being trauma-informed will support both educators and students (Carello & Butler, 2015), the need for ‘specialism within the area’ might be more necessary in clinical practice such as where trauma-informed practice originates. When the intent of trauma-informed practice is to adopt the approach into the culture and practice of an institution, such as HE, more recent studies suggest the opportunity for increased relational capacities between staff and students to forge supportive bonds; and an institution wide increase of psychological resources for student wellbeing (Brunzell, 2019).

Ruby outlined that ‘trauma-informed education is something that’s very new to me and I’ve been an educator for 30 years’. This raises an interesting point on if, without related training on aspects such as adversity or trauma, many educators may not have had exposure to anything related to the topic. Indeed, with the UK in particular, the first government-led mention of trauma-informed practice was in 2017 when the Department for Education and the National Health Service associated trauma as key areas to address in schools to better promote school wide mental health and wellbeing for children (Department of Health & Department for Education, 2017). Therefore, there is clearly a notion that the academics interviewed are aware of the concept and the limits of their knowledge. Despite this however, the academics indicate a level of understanding that is largely correct but lack any in-depth specialist knowledge in which to comment on. Indeed, one of the academic had such an awareness that the lack of movement and interest in trauma informed practice in working with adults in HE is contrary to our understanding that they made the following comment, which forms the basis for the title of this work: ‘It would be very strange to make an artificial cut off point at 18 that trauma suddenly isn’t relevant’ – therefore, expressing an understanding that there is a need to develop further understanding of trauma-informed practice across the lifespan and contexts.

### *Pedagogy and practice: Trauma informed skills*

Pedagogy and practice capture the skills, techniques and strategies academics might use to support students in a trauma-informed way. There was a significant emphasis on relational approaches within these skills and practices. Indeed, a few academics referenced this such as Emma explicitly stated that trauma-informed practice was ‘... relational, so it’s understanding the role of relationships in supporting individuals who’ve experienced trauma ...’. Furthermore, Nicola supported this by outlining that ‘it’s got nothing relational to do with subject contents... for me the first thing that I need to do is start building that relationship with the learners...’. This concurs with Brunzell’s (2019) findings on the importance of creating opportunities for relational bonds to occur indicating an awareness of the foundational need for connection in staff student relationships. Alongside a focus and emphasis on relational approaches there was also reference made to explicit techniques and strategies used. For example, Nicola discussed inviting students to ‘just look around and orient themselves in the room because it’s a massive thing’. Such an observation of the need to create time for students to find belonging and grounding could be idealistic however, as the ability to conduct such practice in larger spaces such as a lecture

theatre, and the added possibility that students and staff in HE will access many locations across campus may limit this (Davidson, 2017).

Although there was reference to relational approaches and strategies, the consensus from the academics was that the aim of such strategies and approaches were to foster a feeling of safety specifically within students. Lorna referenced ‘... assume that you don’t know how safe everyone is feeling in the moment and then deal with your approach from there’. Such a pedagogic style indicating a merging of therapeutic and educational practice resonates with a compassion focused pedagogy (Culshaw & Bodfield, 2024) where the social and emotional needs of both students and staff are integral. In a similar vein, Joan stated that a key component of trauma-informed practice is ‘probably personal practice... it’s got to be intrinsically linked with attachment aware practice ... it’s about taking a person-centred approach and creating an environment that understand the needs of individuals and creates a sense of safety’.

Despite there being a consensus around trauma-informed practice being steeped in relationships and amounting to feelings of safety within students, academics also noted an awareness of the different nature of the student cohort in HE that sets trauma-informed practice apart from its use in mandatory education. For example, Ruby explained that ‘... I do apply a trauma-informed approach, but I wouldn’t say that it completely underpins my practice. I do think it is different in HE ... I am teaching young adults or adults, and it doesn’t wholly underpin my practice’. Indeed, Patricia raised some concerns about the potential for trauma-informed practice to be potentially disabling students outlining that ‘it’s a real tricky one ... I do understand that we sometimes have to be really sensitive ... to students needs and... provide like alternative assessments ... but I also think sometimes it goes too far and they’re going out into a working field where everyone isn’t necessarily sensitive to individual needs, and it might be more of a shock’. Such a point is a well-documented argument in relation to trauma-informed practice, where the line between empowerment and disempowerment is often unclear and blurred, where trauma-informed practice can be construed as ‘treatment’ (Sweeney & Taggart, 2018) applied to a vulnerable person.

## Training

Training refers to the explicit need that academics outlined for further training and knowledge regarding trauma-informed practice in HE. Some academics outlined the requirement for training due to the rising need in students and an improvement in pedagogic skills. For example, Dominic stated that staff training is required ‘... So that staff know what students are bringing to them... and what kind of responses are needed from the university’ in addition to staff being ‘... able to deal with challenging behaviour without managing it in an aggressive way or without becoming flustered’. Such reflections concur with Dingwall and Sebba’s (2018) findings where teachers felt unconfident in effectively supporting children who have experienced adversity or trauma in their lives. Furthermore, Patricia outlined that ‘... staff overall need to have some training because ... we’re getting more and more students coming through who may have had trauma in their lives’. Such findings might suggest that at least a basic understanding of trauma and

adversity and the impact such can have on learning and behaviour would be a good starting point for staff, which resonates with [Conkbayir's \(2023\)](#) view that those involved in trauma-informed practice require training to support and acknowledge their own and other's needs.

Although many of the academics outlined the need for training, some also mentioned the problems with accessing training in addition to the apparent novelty of the approach in HE and therefore potential difficulty in sourcing training. Patricia stated that '... I've never heard of it in education, I've heard of it within health settings and social care and to do with children and young people...'. David also said that in relation to providing staff training 'the problems you've got when you're training all the staff is their workload. That would have to be timetabled in...'. Aaron concurred by saying that '... trying to get any kind of CPD or training for staff is difficult'. Such statements indicate potential barriers that time constraints and staff availability may have on the ability to provide institution wide training on trauma-informed practice.

The fundamental understanding of such practice and its applicability to education also requires further embedding due to some professionals seeing it as clinical or social care related. [Stokes and Brunzell \(2020\)](#) stress the need for those who work within education to gain an understanding of the benefits of being trauma-aware before they can actively support such practice.

### *Systems, processes and context considerations*

One of the major considerations outlined by academics in HE in relation to embedding and using trauma-informed practice was related to the function of the university. Peter outlined that the individual nature of trauma-informed practice is contradictory to the comparative and credentialing nature of universities; '... at some point you're going to judge students so no matter how you respond to any issues the way in which those issues will play out still needs to be addressed against that fundamental threshold ... Otherwise, we don't have a credentialing system'. Universities and neoliberal structures prioritise and demand quantifiable success, something that a trauma-informed approach might not immediately produce. A further point highlighted by Lorna was 'I think universities are at a challenge to apply that [trauma-informed practice] because I think obviously the mass education protocol in certainly bigger universities where there are larger lectures, larger workshops and everything's done on a larger scale. I think that's quite a challenge, because how do you sort of check in and check that people are being safeguarded...'. Such aspects have been previously considered in research ([Barros-Lane et al., 2021](#); [Davidson, 2017](#)) where systemic change required and might be easier to conduct in primary or secondary schools which are usually smaller in stature than HE institutions. In addition to this, Peter clearly outlined that '... some of the stuff I've read about it [trauma-informed practice], the application into a teaching environment becomes more problematic, but I'm thinking of a teaching environment from a maths teaching environment not from that more pastoral sort of things, where I could imagine trauma informed practice would sit more comfortable'. Such findings suggests that certain principles of trauma-informed practice align to certain elements of the HE system but not clearly, therefore

presenting the problematic nature of the concept in HE without amendments and adjustments.

Despite some reservations by academics on the application of trauma-informed practice to HE, there was generally acknowledgement that trauma-informed practice has a place within HE and that it is somewhat related to the role of lecturer or academic within HE. Aaron stated that ‘... this is just anecdotal, but universities are playing catch up a bit with this... it’s fairly obviously not a new field of discussion or discourse but I feel like universities have suddenly recognised the importance of it’. The growing interest in trauma-informed practice in HE might also be linked to rising mental health needs, where mental health conditions reported in 2020/2021 was nearly seven times as higher as a decade earlier (Lewis & Bolton, 2023). Though, there presents a juxtaposition in this instance as although there is an awareness of need, the bureaucratic structures of HE continues to increase. Indeed, Clara referenced that ‘... you’ve gone into teaching because you care about people and I feel that in HE that becomes a little bit lost because you’re so busy; workload, demands on time ... it almost becomes a little bit like a business ... I think the human side of it gets lost along the way...’. Similar dilemmas exist within primary and secondary settings, where, due to a lack of policy guidance, training and support, schools must work within the parameters of a largely behaviourist model of teaching and learning that can limit capacity to apply a trauma-informed approach. Without clear policy drivers which explicitly highlight the need for guidance, training and support on trauma-informed practice within education, the ability to successfully do so will remain sporadic across educational provisions.

### *Structure and environment*

Structure and environment relate to how academics believed the principles of trauma-informed practice relate directly to the structure of the university in relation to concrete concepts such as lecture halls and the atmosphere within HE. Some of the academics directly discussed atmosphere where Nicola stated, ‘I suppose it’s about creating an atmosphere in the classroom or in an education environment that is safe ...’. Peter chose a more concrete application of trauma-informed practice relating to ‘... organisational factors as in how the curriculum is delivered and how that might align with some of these more restorative ways of working...’. Such responses demonstrate the wide range of ways in which the academics were considering how the environment and structure might be manipulated to be supportive of trauma-informed practice. There were also clear structural suggestions made by some of the academics that would be relatively easily implemented into HE and potentially beneficial. Dominic made two pertinent suggestions; these were ‘... some kind of work integrated into the curriculum where you’re showing... how to recognise their emotions and again that’s got to be reinforced by staff and done on a consistent basis’. Such aspects could be achieved through basic training where staff could gain an understanding of trauma, adversity and its potential effects on both behaviour and learning. Although such interventions are evident in primary and secondary schools, they might insert an infantilising air and would require further consideration for integration into HE.

### *Appropriateness, difficulties and boundaries*

A recurrent theme was the caution in which the academics viewed and welcomed trauma-informed practice within HE, particularly regarding the appropriateness of its inclusion, the difficulties it might pose and the boundaries within which academics operate in HE. Peter explained ‘... I think in some ways these narratives appear and I think what? Are we in danger of moving so far away from the core activity of a university... and to what extent are some of these issues better suited to other services?’. Such concerns also exist within schools where, due to ongoing austerity and the closure of universal support services (Culshaw & Bodfield, 2024) schools continue to become recognised as places that families can access for support. Treisman (2016) likens education institutions to a metaphorical ‘brick parent’ a space that individuals access regularly and therefore well placed to provide holistic support. Peter elaborated further upon this by stating ‘... I’ve realised, it’s (trauma) talking about really horrible stuff and to what extent can universities deal with that and is it appropriate for that to sit in universities?’. This caution regarding appropriateness was shared by Patricia; however, she did acknowledge that university systems need to improve in relation to this but was unclear who’s responsibility this was; ‘... I think the university mechanisms need to be improved but I don’t think the tutors need to be doing all that’. Such reflections might be indicative of limited knowledge in being trauma informed, where significant trauma and adversity falls outside of this remit but earlier comments around providing safety and security and relational approaches support a nurturing environment are incorporated (Zehr, 2002). Fundamentally, the consensus was that universities need to be doing more to support students who experience adversity by integrating elements of trauma-informed practice; however, they did not bear the same responsibilities as mandatory education because the mostly adult student cohort. Ruby outlined ‘... ultimately, in HE we are working with adults. If all my students are 18 years plus and we expect them to be independent, demonstrate maturity and meet the requirements of the programme in which they are enrolled, I don’t feel that universities do need to rely on or rest upon trauma informed approaches’. A commonly held misconception regarding trauma-informed practice is that the approach lacks accountability, where, because of the lack of sanctions and consequences, those who conducted the ‘wrongdoing’ do not need to take responsibility or be held accountable for their actions. Scott and Jenney (2023) describe trauma-informed practice as ‘safe, not soft’ (p.1088) where the need to provide a safe and secure environment where relationality and restoration are encouraged, reduces challenges that might arise due to feelings of threat or being othered (Weissman, 2015). Further to Ruby’s comment, Peter adds ‘I think there’s going to be tension in any system that at the end of it involves a judgment on performance. There is always a tension to that... education isn’t health and social care. It’s a different entity’. This comment succinctly highlights the potential segregation of academia and wellbeing, where the link between wellbeing and self-actualisation such as in academic success is not considered.

### *Resources: Time and money*

In the final theme of resources, all the academics expressly referred to time and money as key implications in the development, use and roll out of trauma-informed practice in HE. Some references were more flippant such as Ruby who said ‘... time and pressure issues are regularly trotted out’. Some academics offered more of an explanation such as Emma who highlighted time through the acknowledgement of workload, ‘it’s always workload, isn’t it? I think everyone is quite stretched. Emotional and time to capacity to be that support in the middle of everything else...’. Emma did later clarify that this support was a knock-on effect from COVID-19 that staff felt that they were responding to as such it could be assumed that this pressure may ease. This concurs with recent research investigating the impact of the pandemic on HE students where quality of life such as isolation and the lack of ability to socialise had profoundly impacted the wellbeing of some students (McGivern & Shepherd, 2022). Overall, there was a consensus from the academics that culture and appetite were not barriers, it was more resource. Aaron stated ‘I don’t think buy-in or the kind of culture is the issue. It probably is time and money. Having the expertise in the room and then having to revisit regularly because trauma-informed anything is such a massive area’. Despite the majority of academics opining that buy-in wasn’t an issue, Clara did comment that ‘... people and staff are resistant to embed things in their practice when it means the onus is on them to attend further training and because they are so busy, and they have so much to do...’. This suggests that due to the constraints of time on staff members, this could impact on their openness to a new way of working and the time commitments that go with that, despite having no objection in principle to trauma-informed practice.

### *Limitations, recommendations and future directions*

A limitation may be that the academics interviewed were all from northern and midlands-based institutions. This may have presented some potential economic and cultural factors that could influence the answers given. Indeed, a proportion of the academics interviewed worked at universities which have larger cohort of students from deprived areas of the UK such as Liverpool and Manchester. Areas with higher deprivation could be argued to be more in need of trauma-informed practice as the academics within these universities are required to respond more to students who have experienced adversity and/or trauma. This might explain why most of the academics saw the value in trauma-informed practice in universities. Furthermore, the higher representation of female academics in the sample could perhaps be due to gender differences within the disciplines of the academics interviewed; for example, there is a female skew to certain disciplines and an underrepresentation within others in the UK HE system (HM Government, 2019; Westoby et al., 2021). Alternatively, it could be due to selection bias whereby the topic matter is of particular interest to female academics. Regardless of the potential reasons for the overrepresentation, future research could look to capture and focus more on the perception of trauma-informed practice by male academics.

Despite potential limitations of the project, there are some recommendations that can be made. Most pressing and easily implemented is training for staff on trauma-informed practice including the impacts of trauma and adversity on the brain. This should include explanations and definitions of what trauma and adversity is, staff members could perhaps misinterpret or misunderstand the lasting impact of prolonged poverty, for example, as a form of adversity and its impacts on brain development or indeed how this widely affects psychological functioning (Felitti et al., 1998).

In addition to staff training, a key recommendation is time spent around conceptualising how trauma-informed practice might work in HE, if it is deemed appropriate to be embedded. Many of the academics expressed an initial acceptance of the idea but questioned specifics of its implementation and adoption regarding the ethos and function of university and their interpretation of the fundamentals of the practice. Therefore, additional time exploring with experts in the field how it may apply to HE institutions and whether the application is appropriate would be beneficial to develop a baseline and agreed way of working to support students and staff who experience trauma, adversity in their lives.

This final recommendation regarding the establishment of the appropriateness and application of trauma-informed practice in HE forms the basis of the suggestions for future work in this area. It is advised that future research focuses on bringing together experts within the field of trauma-informed practice, both clinically and educationally and academics to discuss how the principles of trauma-informed practice are understood and used within healthcare and mandatory education, and how that might translate into HE. A scoping project could be conducted using focus groups or structured interviews. Ideally, the project might conclude with a template document identifying how trauma-informed practice might work in HE. This template document might include, for example, example policies, systems around assessment and other nuances that can be appraised.

## **Conclusion**

To conclude, the themes presented demonstrate a consistent narrative. The academics interviewed had a consensus of seeing the value in trauma-informed practice but felt the adoption of this needed to be considered in line with the cohort, the remit of the UK HE education system and the boundaries and restrictions of student-teacher relationships. This study presents the first exploration of academics' perceptions of trauma-informed practice in HE and as such presents a narrative of current understanding in the field. Of particular interest in the themes identified is the tension that academics saw between the need for trauma-informed practice in HE, the appropriateness of this within the current remit of HE. Indeed, some academics questioned where this remit sits, which might indicate the emergence of alternative ways of working with students (Scriver and Kennedy, 2016). Although there is contention, there are further considerations regarding time, resources and training to permit a transition to a more trauma-informed way of working. It is therefore clear that further research is required to explore the approaches in which academics integrate trauma-informed practice, and how they adjust the principles of this approach to suitably marry into the limitations and structures of HE in the UK.

Furthermore, additional research should explore the training requirements of academics in HE to equip them to be able to deliver and work in a trauma-informed way. Finally, research and future projects should explore the contradiction between HE policies, procedures and structures and trauma-informed practice to determine areas of difficulty and areas for straightforward implementation.

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