# TRAUMA-INFORMED TEACHING STRATEGIES AT A PRIVATE UNIVERSITY: FALLOUT OF COVID-19 PANDEMIC

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**Abstract**
*The idea of teaching through a trauma-informed lens has become particularly important in schools due to the effects of COVID-19, especially the associated lockdown. Trauma-informed teaching was adopted to mitigate stressors associated with poverty, abusive homes or parents, violence, substance use, and criminal behaviours, all fallouts of the COVID-19 pandemic. Within Nigeria's educational ecosystem, most schools did not adopt a systematic way to screen, assess, or offer counselling or referrals for students upon returning to school. Thus, students who were experiencing traumatic stress had difficulties managing their condition. Training sessions were organised for Faculty members and staff on recognising and dealing with students upon resumption, having engaged with them online for some months. This study adopted the survey design incorporating both the quantitative and qualitative data collection methods. The data for this study was collected from Faculty members, staff of the Student Affairs Unit, the Medical Centre, and the students. For this study, the researchers extracted only the student qualitative data. The study concludes that students exposed to traumatic and adverse experiences suffer detrimental effects that impair their functioning educationally and in other facets of life. This study shows the need for schools to facilitate trauma-informed practices by providing environments that are trauma-sensitive and compassionate about the needs of all traumatised students. Thus, schools may organise periodic seminars and workshops for teaching and non-teaching staff on recognising and mitigating the effect or influence of trauma. Schools at all levels should make the classroom and general school environment conducive for both teaching and learning.*

**Keywords:** Trauma-informed teaching, stress, COVID-19, teachers, students, University

## Introduction

There are no official statistics on trauma in Nigeria, but in the United States, two-thirds of individuals have been exposed to one or more traumatic events in childhood. These exposures to trauma can place children at risk for emotional, physical and functional impairment (Marsac *et al*.,

2016). Although there are many definitions of trauma, the most commonly referred to definition is from the Substance Abuse and Mental Health Services Administration. They define trauma as "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being" (SAMHSA, 2014, 2016). Although this definition provides context for healthcare professionals, it is important to note that trauma is a subjective experience; how an individual responds to trauma may evolve and change over time into adulthood (Boles, 2017).

Trauma-informed practice (TIP) seeks to acknowledge the past experiences of individuals in a way that supports healing and avoids re-traumatisation (Isobel & Edwards 2017). The idea of teaching through a trauma-informed lens has become particularly important in schools due to the effects of COVID-19, especially in the aftermath of the associated lockdown. The lockdowns are associated with significant social and economic burdens, which are inequitably distributed, with the poor and daily wage workers having the worst experience. Anda *et al*. (2010) provided some examples of exposure to trauma such as stressors associated with living in poverty, being direct targets of abuse, witnessing violence, substance use and abuse or criminal behaviour, among several other adversities. Robert Block, the former president of the American Academy of Pediatrics, in a testimony to the Senate in 2011 stated that based on these outcome of studies, childhood trauma, including abuse and neglect, may be the leading cause of poor health among adults in the United States.

Naturally, the school is a place where students learn academic content and the teacher's main role is to provide content area instructions. However, the school and the educators must understand that some students may require emotional and behavioural instruction and support due to varied reasons. Diamanduros, Tysinger, and Tysinger (2018) noted that students exposed to traumatic experiences face several barriers that will significantly impair their learning. Trauma-informed teaching is thus needed to assist students who are experiencing difficulties managing traumatic stress effectively. Ko *et al*. (2008) prescription is expedient that schools should not only face academic matters. Rather, schools should recognise that many students need assistance coping with their trauma and stressors to engage in educational activities.

Trauma-informed teaching considers how trauma impacts learning and behaviour. Trauma can slow down or completely stop our ability to learn. Students experiencing trauma are more likely to fall behind in class or get in trouble for behaviour issues. Thus, trauma-informed education helps leaders and teachers understand the impacts of adverse childhood experiences and then proactively plan effective interventions (in learning, behaviour and socially) not just in the classroom, but all through the school environment (Christian-Brandt, Santacrose & Barnett, 2020).

Extant pieces of literature (Chafouleas *et al*., 2016; Crosby, 2015; Day *et al*., 2015; Perfect *et al*., 2016) show that trauma-informed teaching starts with an understanding of how trauma can impact learning and behaviour. With this approach, educators think about what student behaviour may be telling them. They reflect on their teaching practices to find ways to better support students who may be experiencing trauma. Trauma can slow down or completely stop our ability to learn. When our bodies sense a threat, energy rushes toward brain regions specialised in averting danger; this is essential for keeping us alive. However, it also means that energy shifts away from the brain regions

that help us learn. When students are experiencing trauma, they might be more distracted or take longer to complete tasks. They may be more irritable or jumpy. Also, they are more likely to fall behind in class or get in trouble for behaviour issues. Goddard *et al*. (2021) noted that Trauma-Informed Education (TIE) is an emerging area of research and practice. It has grown out of the need for new responses at all levels of education to effectively provide education for trauma-affected students, many of whom arrive at school with significant unmet learning and social-emotional needs. These unmet needs have been exacerbated in recent times, with continuing global uncertainty, increasing social inequality, and the impact of racism and COVID 19 on communities.

A working example of the need for trauma-informed engagements in school was gleaned from Schwartz-Henderson (2016). it says –

> *You have a new child in your classroom. Her name is Celia, and when you meet her, she averts her eyes. She never speaks in class or to other children, puts her head on her desk during lessons and seems to be off in her world, unreachable. You have another new student, Max, who is always fighting and disrupts classes by calling out. It seems like he is always moving his body when he shouldn't be, and he is often sent home by a frustrated administration. Another student, Maria, seems bright and interested in classroom content but misses multiple days of school in a row without explanation.*

This is one example of how schools are ill-informed regarding how to handle students with a `history of trauma. According to Simonich *et al*. (2015), students are more likely to access mental health services through their schools or primary healthcare providers, making schools a crucial participant in screening and treatment. Thus, educators must become familiar with the symptoms and impact of traumatic stress and help to create supportive environment for all students.

**Statement of Research Problem**

Although we often know about early childhood to create wonderful environments for typically-developing children, understanding trauma enables us to rethink our classroom engagements and ideas. Memories and emotions from trauma can often resurface unpredictably in response to triggers in the environment. A pertinent question is whether all teachers, Faculty members and staff are trained therapists. The answer is no, but all teachers, Faculty members and staff must be given the tools to work with traumatised students. One does not need to have experience in therapy to help students with trauma. What is required is for the school management to provide a safe environment, support and coping strategies. Bath (2008) noted that trauma prevention is always the goal. Still, how school staff respond to students who have already experienced trauma can potentially impact these students, positively or negatively. This information begged the question concerning the effects these experiences have on children, in their everyday lives and school and how those with direct contact with children, such as therapists or school staff, could and should alleviate the symptoms and prevent the negative lasting effects.

Schools have an ethical obligation to intervene on behalf of students struggling to deal with the effects of trauma. Though trauma has been examined for decades, trauma-informed education is relatively new, particularly regarding its application in schools. Teachers and other school staff face a great deal of pressure in their work due to increasing student numbers in class, changing

curriculums and other expectations. They are expected to teach each student in his or her classes, regardless of academic, emotional, social or behavioural issues. Many of the more challenging students have behaviour issues because they have experienced trauma and may have difficulty coping with it (Rossen & Hull, 2013). According to Perfect *et al*. (2016), about two-thirds of students have experienced at least one traumatic experience by age 17. Few teacher training programmes include trauma-informed strategies in the curriculum, so teachers may be left feeling unprepared to handle the added stress of dealing with traumatised students (Wong, 2008). Due to the universality of trauma-informed care practices (Long *et al*., 2022) and the initiative educators are taking to learn and implement this new skill in their classroom, it is important to hear from teachers about the perception of the impact these practices are having on students.

**Method**

The larger study sample consisted of Faculty members, staff of the Student Affairs Department and students from the four Colleges in Covenant University. However, for this study, the student's qualitative data was employed. Most of the participants were female. Participants completed an initial survey for selection purposes. Questions on the interview guide pertained to exploring whether students felt they were knowledgeable about trauma and its prevalence and whether they felt the school was well prepared for the commencement of physical classes.

Questions on the survey pertained explored whether school staff were knowledgeable about trauma and its prevalence and whether they were competent to work with students who have a trauma history. In addition, the survey explored whether the staff perceived the culture and climate of the school as being supportive of becoming trauma-informed. It was hypothesised that the participants would respond positively in each case, perceiving themselves to have learned about trauma, gained competence in dealing with traumatised students and positively perceive the school culture and climate as supportive in their endeavour to become trauma-informed.

**Face and Content Validity**

To establish face validity, internal experts in clinical and counselling psychology reviewed each item to assess the degree to which it would measure each of the three (3) factors: KAP related to TIC. Internal expert qualifications included serving as a Faculty member, having peer-reviewed publications related to mental health and trauma, or presenting papers on childhood trauma at national or international conferences.

**Reliability: Internal Consistency**

We followed the prescription of Odukoya *et al*. (2018) and MacCallum, Browne & Sugawara (1996) on ascertaining the psychometric properties of a scale. The internal consistency was assessed by calculating the Cronbach's alpha for each of the three factors. Using a combination of CFA and Cronbach's alpha for survey tool validation is consistent with similar research in the field (Hooper, Coughlan & Mullen, 2008; MacCallum *et al*., 1996).

**Participants**

This present study is qualitative and exploratory. It is designed to provide new insights and understanding of trauma, the aftermath of COVID-19 and the consequent lockdown. Twelve students and fifty-seven Faculty members and staff (student's data presented) participated in the study. Purposive sampling was used to select participants because it is a form of sampling which

allows the researcher to choose his sample based on the criteria that best fit the study. It took a detailed explanation of the research's rationale for the students to cooperate and participate in the study fully. This may be because issues surrounding COVID-19 are always very sensitive and personal.

**Ethical considerations**

For ethical considerations, the principle of voluntary participation, which requires that people should not be coerced into participating in research, was employed by explaining the purpose of the study to each participant. Also, the participants agreed to the request of the researcher to record the sessions. After that, the participants signed a consent form. The participants were assured of confidentiality and all the interviews were conducted in the English language. Pseudo names were used to protect the identity of participants.

**Procedure**

The interview commenced after obtaining the necessary permission from the participants. A non-scheduled, structured interview was employed. It is structured because it is based on an established set of questions with fixed wording, but it is non-scheduled because the interviewer can ask other questions that may add to data collection (Bless *et al*., 2006). The participants were allowed to discuss their knowledge and attitude towards COVID-19 and the stress occasioned by the pandemic. The participants responded in a way that aligns with a study which reported that some factors such as lack of awareness and close contact with infected people were the root cause of the spread of COVID-19 (Amoo *et al*., 2020). The questions were open-ended, which allowed each participant to express their thoughts freely. The individual sessions were tape-recorded (part of the consent form), with participants assured confidentiality and anonymity.

**Results**

The research questions were converted to the following headings to analyse the interviews:

1. What was the Influence of Covid-19 on your lifefi
2. Describe the impact of Covid-19 on your mental health and family relationship.
3. Describe Covenant University's preparedness to mitigate Covid-19 and its associated trauma.

**QUESTION 1: WHAT WAS THE INFLUENCE OF COVID-19 ON YOUR LIFE?**

The participants displayed both positive and negative attitudes towards the Influence of Covid-19 on their lives:

**Participant A.** Covid-19 honestly was a shock to me. Thankfully, I never got it or experienced it, but people I know died due to this virus. So Covid-19 was not all that pleasant, as some of my friends caught the virus also. It brought new changes to my life.

**Participant B.** Covid-19 made me put more effort into my hygiene and also made it compulsory to spend time with my family (which rarely happened). I also got a lot close to my friends even though we were far from each other. And my relationship with God got stronger.

**Participant D.** Covid-19 influenced my life more negatively than positively. Being on lockdown, I went through a rollercoaster which led to a certain level of growth and development. But Covid

brought about immense fear for myself, my loved ones and what the world and future will be like. I became extra careful, dived into negative things, and made wrong decisions. I still regret some things…

**Participant E.** Covid-19 had a great influence on my life, but according to the Epictetus, it matters not what happens to you, but how you react to it. I let Covid-19 influence me positively as I began to utilise every moment during that period. I got closer to God, and I did more baking and read more books at the same point. It was hectic and very frustrating, but I always kept looking at the bigger picture. The impact Covid-19 had on my health status was alarming because, at a point, I totally broke down, and there was nowhere to go. It influenced my whole life, made me see things differently, appreciate people, place more, cherishes every moment I spent with people, develop myself concept, less dislike, but rather spread love everywhere I go.

**QUESTION 2: DESCRIBE THE IMPACT OF COVID-19 ON YOUR MENTAL HEALTH AND FAMILY RELATIONSHIP**

**Participant B.** It caused me a lot of panic attacks, sleepless nights, and anxiety, mostly because I knew someone who got the virus. I was also very pained. My siblings, my older brother is a doctor, so he had to work regardless, but he was doing well enough. My younger brother didn't care because he's just ten years. He had fun. My father (single parent) was not happy about not going to work and being idle, so he sometimes took it out on my younger brother and me. But generally, he was ok.

**Participant D.** Covid-19 made me extremely paranoid. I was always panicking, or most of the time, thinking I had the virus or thinking about what would happen if my family got it or we died, or my parent died or any of my sisters. Watching the news and seeing how people were dying made me very sad and afraid. I had a lot going on in my head.

**Participant E.** COVID affected our family's mental health. I come from a family of five, and during Covid-19, we were all locked down at different places. Mentally, I was unstable for at least the first three months, before we could devise means to keep up with each other. I stayed with a family which was used to just staying together as a family during weekends and then work begins on weekdays, so this Covid-19 was quite unstable for them as they saw and discovered more things about themselves, mental health-wise.

**Participant G**. I don't think the pandemic had much of an influence on my mental health, save for the fact that it drained me mentally (not knowing what to do/not knowing where to go). However, I tackled it properly with a support system and with/through my relationship with God.

**QUESTION 3: DESCRIBE COVENANT UNIVERSITY'S PREPAREDNESS TO MITIGATE COVID-19 AND ITS ASSOCIATED TRAUMA**

**Participant A**. Covenant University (CU) did not care about the virus. I believe they did not fully care because they were still willing to open up the school in April when the virus was still very hot. But I guess eventually, they calmed down and started lectures late. But one thing is that CU did not consider what most CU students went through during the period. They just came with their workload and exams.

**Participant B.** I believe the school handled the situation to the best of its ability. The workload was a whole lot on the part of the students, though, but I am sure the staff and Faculty also had so much pressure on them on how to make things easier for everyone

**Participant C**. Covenant University was able to use the Moodle platform that had already been in existence. They collaborated with Coursera which was helpful and did not make us feel like we missed anything as it came in the form of a classroom medium that did not replace what we were taught virtually.

**Participant E**. Covenant University's reaction to Covid-19, I feel they were surprised that it would change the entire calendar, coupled with the fact that it is an organised system. Hence, they were disorganised in giving out information because they were as confused as everyone. To an extent, I respect their decisions and the various moves involved in getting both national and international students back.

**Participant G**. I believe the institution reacted like a nation attacked by enemies, but thoroughly unprepared for battle.

**Discussion**

The study revealed that participants had so many stressors, ranging from being paranoid to having negative emotions to deal with. Attitude to the COVID-19 was positive and negative, which speaks to the participant's threshold and holistic view of life. COVID-19 and the resultant lockdown gave some of the participants time to heal from the mental baggage they were carrying. They were able to unpack and properly compartmentalise. However, the sad news of death, especially around the world, was devastating and anxiety-provoking. Themes that emerged from the qualitative study include but are not limited to 1: COVID-19 provoked anxiety, made the students closer to God, made them appreciate life and exposed dysfunctional family relationships.

**Conclusion and Recommendations**

Students exposed to traumatic and adverse experiences suffer detrimental effects that impair their functioning educationally and generally. This study shows the need for schools to facilitate trauma-informed practices by providing environments that are trauma-sensitive and compassionate about the needs of all traumatised students. The rationale behind implementing trauma-informed practices is to benefit not only traumatised students, but also staff members. Experience at Covenant University, the locale of the study, revealed that trauma occasioned by COVID-19 impacted students' academic performance. This study recommends that periodic seminars and workshops should be organised for teaching and non-teaching staff on how to recognise and mitigate the effect or influence of trauma. Schools at all levels are to make the classroom and general school environment conducive for both teaching and learning.

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