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Student Reactions to Trauma-related Course Content

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Abstract

Higher education courses frequently utilize trauma-related content material as part of the curriculum. In order to reduce the potential for secondary traumatic stress, it has been recommended that instructors be purposeful and cautious with the use of trauma-related materials in the classroom. Most recommendations for implementation of these materials are based on theory, as few empirical studies examine actual student reactions to this content. The current study, guided by Hill's (1949) ABC-X Model, presents mixed methods survey data from undergraduate students enrolled in an undergraduate trauma course across three semesters to measure trauma exposure and subjective reactions to the course materials. Qualitative results indicated a range of emotional reactions to the course content, with both positive and negative effects. Results support the notion that coping resources and appraisal of the content itself may influence how course content is experienced by students. Implications for teaching, policy, and future research are discussed.

Keywords: trauma, trauma-informed, college teaching, pedagogy

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Student Reactions to Trauma-related Course Content

At both the undergraduate and graduate levels, many courses contain content that may be considered “sensitive” or “trauma-related.” These courses are often directly related to the students’ future career (e.g., social work, family therapy), in which trauma-related content is introduced with the specific purpose of preparing students to encounter work that involves trauma and its biopsychosocial effects on individuals, families, and communities. Courses that directly cover the topic of traumatic stress and posttraumatic stress disorder (PTSD) have been historically reserved for graduate students seeking an advanced clinical degree; however, many disciplines outside of human services and clinical training programs also interact with material and curricula that involve trauma-related content (Barlow & Becker-Blease, 2012). Courses related to humanities, literature, art, and journalism often use films, readings, video clips, and guest lectures that contain elements of traumatic experiences, such as sexual assault, interpersonal violence, or war. In recent years, there have been more calls to include both trauma-specific and trauma-informed content in various disciplines across higher education (Beyerlein & Bloch, 2014; Courtois & Gold, 2009; Wheeler & Phillips, 2021), which may provide context as to why trauma-related content is increasingly present in the college curriculum.

The concept of trauma has been more recently broadly construed in general contexts and in the media, leading to a potential for misunderstanding what is considered “traumatic” and what is simply uncomfortable or challenging. The topic of “triggering” classroom experiences has recently made national news, with colleges and universities responding to calls for “trigger warnings” via news publications and/or administrative position statements regarding student safety, learning, and discomfort (Novitch, 2016; Olson, 2016). In the clinical context, traumatic

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stress involves exposure to “actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association [APA], 2013, p. 271). Core elements of traumatic experiences involve exposure to fear, helplessness, horror, and loss of personal control (APA, 2013; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Topics in higher education that relate to common traumatic stressors, such as war, natural disasters, or violence, can therefore be reasonably considered “trauma-related.”

The concern that trauma-related content in college classrooms may “trigger” the students’ own personal experiences (for an example, see Dufresne, 2004) has been noted by several educators (Gladden et al., 2022; O’Halloran & O’Halloran, 2001). This concern is rooted in the theory of secondary traumatic stress (STS), in which indirect exposure to trauma (such as witnessing or hearing about traumatic events) can produce symptoms similar to PTSD (Figley, 1995). In order to balance the need for academic freedom without compromising the presentation of challenging topics in higher education with the need to respond to student reactions in an informed and supportive manner, more research is needed to understand the extent of these reactions to guide recommendations for instructors.

Despite concerns that students may experience adverse reactions to sensitive and trauma-related content, research that examines teaching trauma-related content is still sparse. Various recommendations have been made to instructors regarding the introduction of sensitive materials in the classroom, though these are generally based on theory rather than empirical study. In a recent systematic review by Gladden and colleagues (2022), the authors point out that more research is needed to examine the effectiveness of trauma-informed teaching methods. Studies addressing the topic of teaching trauma and trauma-informed teaching practices are limited in both number and scope. Few studies to date have examined the impact of these classes on

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undergraduate students or the potential reactions that students may experience while interacting with course materials that specifically discuss traumatic stress as its primary topic. Thus, the current mixed methods study sought to explore the reactions and experiences of students in an undergraduate trauma-related course.

Student Trauma Exposure and PTSD

To underscore the need for understanding how college students may (or may not) be affected by trauma-related content, it is important to discuss how and when students may be exposed to trauma. As a note, “trauma exposure” refers to whether a person has had a traumatic experience in their history, and does not imply any specific adverse reaction or clinical diagnosis.

College students represent a group that is particularly at risk for having directly experienced some type of trauma. In university settings, approximately 85% of undergraduate students report having experienced at least one lifetime trauma (Frazier et al., 2009), which is comparable to estimates of 90% in the general population (Kilpatrick et al., 2013). Many students directly experience a traumatic event while in college (Frazier et al., 2009), and some have argued that young adults may be more likely to experience certain interpersonal traumas, such as sexual assault (Felson & Cundiff, 2014) or alcohol-related incidents (Firkey et al., 2023). Additionally, younger age is associated with higher risk of posttraumatic stress disorder (PTSD) after trauma exposure (Brewin et al., 2000; Trickey et al., 2012).

Following exposure to trauma, some students may experience clinically significant distress. Estimates of PTSD prevalence in college students vary. Lauterbach and Vrana (2001) found that an estimated 6% to 17% of college students met criteria for PTSD. A more recent study comparing criteria outlined in two versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV and DSM-5) estimated a range of between 5% and 8% of college

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students meeting criteria for PTSD (Elhai et al., 2012), which is comparable to estimates of the national population (Kilpatrick et al., 2013).

Personal trauma may not be the only way students encounter trauma in the college environment. As previously reviewed, students may be exposed to trauma through their own direct personal experiences or potentially for the first time in the classroom via indirect exposure. Although research has not specifically examined whether previous trauma history may put students at a higher risk for reactions to trauma-related course content, there are several related lines of inquiry that support this notion. First, those with previous histories of trauma exposure have been shown to be at increased risk for reactivity to trauma-related research (Jaffe et al., 2015; Newman & Risch, 2006). Next, there is a known association between personal trauma history and secondary trauma symptoms in helping professionals (e.g., therapists, case workers) that has been well documented (Bride et al., 2007a; Bride et al., 2007b; Cunningham, 2004; Deighton et al., 2007). There is a case, therefore, to examine how students' personal history of trauma exposure and current trauma symptoms may influence how they experience a course that focuses on trauma-related content.

Hill's ABC-X Model of Family Stress and Trauma Theory

Hill's (1949) ABC-X Model of Family Stress provides a useful framework from which to consider this issue. According to the model, the resultant effect of stress (the X factor) is affected by the cumulative strength of three factors: the stressor (A), resources (B), and the perception of the stressor event (C). This formulaic understanding of stress ($A+B+C = X$), though potentially simplistic, has been applied to numerous scenarios of stress and trauma, including traumatic stress in military couples, intimate partner violence, and war (Abbott, 2009; Khaw, 2021; Nelson Goff & Smith, 2005). The utility of this model is particularly highlighted in the separation of

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several dimensions that affect resulting levels of stress and trauma in both family and individuals, allowing for a consideration of the intensity of the stressor, the resources available and utilized in response to the scenario, and the overall perception of the meaning of the event.

Applying this model to the college classroom, the trauma-related content can be seen as the stressor (A). The intensity of this content may potentially affect the overall stress response. Additionally, resources available to the student (B), either externally or internally, may also have an effect on the overall stress response. Examples of internal resources may include student factors that promote coping, such as resilience, hardiness, or positive cognitive appraisals. Examples of external resources in the college environment could include direct support from the instructor or peers, or support services such as counseling and advising services. The perception of the stressor (C) may also vary from person to person. We have observed through direct experiences that while some students may see trauma-related content as overwhelming, others may understand the utility of its inclusion in the curriculum and embrace it, even if it causes some discomfort. The overall combination of the effect of the trauma-related content, informal and formal resources, and perception of the content in students could reasonably be expected to vary between persons; thus, more research is needed in order to understand whether certain students are predisposed to experiencing more stress (X) and which factors may increase their risk.

The ABC-X Model has been expanded and adapted in various ways since its original conception. Notably, McCubbin and Patterson (1983) expanded the model to include the consideration of the “post-crisis” environment (after the initial stressor has already occurred) in attempts to conceptualize how the original stress response may lead to either maladaptation or bonadaptation as the system copes in the face of a new, subsequent stressor. Of particular interest

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in the current work is to understand whether students who have prior trauma exposure (ABC-X) may be more likely to experience trauma-related content in the classroom (the new stressor), in a way that leads to more stress or is accommodated by resilient coping strategies developed in the past.

Purpose of the Current Study

This study represents a preliminary step toward filling the gap in the literature between pedagogical recommendations for using traumatic materials in the classroom and empirical data describing undergraduate students' actual reactions to course content that is trauma-related. Supported by the ABC-X Model and the Double ABC-X Model (Hill, 1949; McCubbin & Patterson, 1983), the current study addressed the various factors that may affect how undergraduate students experience trauma-related content. Specifically, we used a mixed methods design (Creswell & Plano Clark, 2018) to investigate the following overarching questions: How do undergraduate students react to trauma-related course materials? Are there significant differences in reactions between students with and without a history of trauma? Specific research questions were:

RQ1. Are there significant differences between students who report reactions to the course content and those who report having no reactions to the material?

RQ2. How do undergraduate students describe their reactions to trauma-related materials introduced as course content?

RQ3. What strategies do undergraduate students use to cope with possible stress reactions associated with trauma-related course content?

Method

Procedure

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In order to investigate the research questions, this study utilized a mixed methods online survey at the beginning of the course and again at the end of the course. Participants were undergraduate students enrolled in a university course on trauma and traumatic stress. Students enrolled in the class across three semesters were given the opportunity to participate in the survey for extra credit. Students who opted not to participate were provided an alternative extra credit assignment option. Since the course included both online and on-campus sections, all students were provided the option to participate in the online survey. Students enrolled in the course were assigned anonymous code numbers that were used to match participant data across the pre and post surveys.

The course from which students were recruited was a 16-week (academic semester) class that focused on providing students with a foundational understanding of the nature of trauma and traumatic stress. Examples of topics covered in the course included the nature and prevalence of trauma, potential biopsychosocial responses to trauma (such as somatic symptoms, depression, or withdrawal from others), an overview of trauma-related diagnoses and disorders (including PTSD), the impact of trauma on interpersonal relationships, and conducting research with trauma-exposed populations. The course was taught collaboratively with an instructor and graduate teaching assistant, who provided support to students with mastering course content and assisting with grading assignments. The course structure was set up to be flexible, as students were allowed to select which assignments they would (and would not) like to participate in to gain points toward their final grade. Example optional assignments included writing papers to demonstrate comprehension of course concepts, participating in on-campus or online discussions, and reviewing alternative methods of trauma treatment. Two sections of the course were offered each semester, one in-person and one utilizing an online format. This course was a

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required part of a larger undergraduate trauma studies minor program at a large Midwestern university. All components of the study, including recruitment messages, survey measures, and design were reviewed and approved by the university's Institutional Review Board (IRB).

Mixed methods survey

The mixed methods survey was provided to on-campus and distance students. All data were collected using Qualtrics, an online survey system that uses an anonymous and secure server to facilitate data collection. This survey was distributed to students during the beginning of each semester (in the first four weeks) as well as at the end of the semester (during the last four weeks) during three academic semesters. Students were recruited from 3 total classes. The survey was distributed to all students via email, in which information about the study and a link to the web-based survey was provided. Participants who opted to complete the survey were provided an online informed consent, which was obtained before participants proceeded to the survey. This survey contained several psychological measures as well as open-ended qualitative questions to assess participants' exposure to traumatic and adverse life events, reactions to participation in the course, coping and stress management skills, current trauma symptoms, as well as demographic information. Participants were allowed to earn extra credit for submitting anonymous proof of survey completion. An alternative extra credit assignment, which required a similar amount of time and effort to complete, was also made available to students who opted to not participate in the study, to reduce potential coercion of participants.

The following open-ended qualitative questions were included in the online survey to elicit responses from students about their experiences in the course: *What emotional reactions have you had to the course materials? Did these reactions have a positive or negative effect on you? Describe how you have dealt with these reactions including any actions you took, and, In*

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hindsight, are there any actions you wish you would have taken in response to your reactions to the course material? Demographic questions to capture participant age, ethnicity, and student standing were also assessed.

Measures

Reactions to course participation

The Reactions to Research Participation Questionnaire-Revised (RRPQR; Newman et al., 2001) is a measure that was created to assess research participants' potential reactions to trauma-related research. Since the creation of the original measure, revisions have been created in order to assess potential reactivity to research in parents and children (Kassam-Adams & Newman, 2002). Because this measure has been used widely to assess reactivity to secondary trauma exposure, it was revised to be relevant to the classroom setting for the current study, with permission from the original author of the measure. This questionnaire first asks participants to rank the top three reasons for their participation in the course, from 1 (*most important*), 2 (*second most important*), and 3 (*third most important*). Participants could select from the following reasons: *I was curious*, *To prepare myself to help others*, *To help myself*, *It was required*, *I don't know*, and *Other*. Those who chose "Other" were provided a space to provide an explanation. The second part of the questionnaire is a 25-item scale, in which responses were on a 5-point Likert scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). For the purposes of the current study, four of the original five subscales were included in the quantitative analyses, with modification made to the wording to reflect reactions to the trauma course. More information on this measure is provided in Appendix 1.

Childhood adversity and trauma exposure

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Experiencing adverse events in childhood was measured using items from the original Adverse Childhood Experiences study (ACE; Felitti et al., 1998). Participants were asked to respond either 1 (*yes*) or 0 (*no*) to 17 items asking whether or not a specific event occurred before the age of 18. Items assessed experiences such as physical abuse, sexual abuse, living with a substance abusing person or family member with mental illness, and witnessing violence in the home. Similarly, participants' exposure to traumatic events was measured using the Traumatic Events Questionnaire (TEQ; Vrana & Lauterbach, 1994), a scale in which participants respond 1 (*yes*) or 0 (*no*) to 15 items asking whether or not a specific potentially traumatic event has occurred in their life. For both of these measures, a composite score is calculated by totaling the number of times a participant responds *Yes*, with higher scores indicating having experienced more adversity or trauma. While some questions on the TEQ overlap with the ACE measure, the TEQ measures trauma exposure in adulthood, including exposure to war, major industrial accidents, and natural disasters, with ACE capturing a better picture of general adversity in the formative years. Both measures have been widely used to assess exposure to difficult or traumatic events in a person's past and to predict adverse outcomes in later life. More information on these measures is provided in Appendix 1.

Trauma/PTSD symptoms

The Trauma Symptoms Checklist-40 (TSC-40; Elliott & Briere, 1992) is a 40-item measure to assess current symptoms that may be trauma-related. Participants are asked to rate how often they have experienced symptoms such as headaches, anxiety attacks, feelings of tension, and feeling that things are unreal over the past two months. Items are scored on a 4-point Likert scale from 0 (*never*) to 3 (*often*); scores range from 0 to 120, with higher scores indicating a higher presence of symptoms. Symptoms of posttraumatic stress disorder (PTSD) within the

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past month were assessed using the PTSD Checklist for DSM-5 (Weathers et al., 2013). This measure contains 20 items that correlate to the 20 DSM-5 symptoms of PTSD. Items are scored on a 5-point Likert scale from 0 (*not at all*) to 4 (*extremely*). Scores are calculated using a total symptom severity score with potential scores ranging from 0 to 80, in which higher scores indicate higher symptom severity, or by symptom cluster severity, in which the ranges of scores vary based on the four symptom clusters of the disorder. The clinical cut score has been determined to be 33 (Blevins et al., 2015). More information on these measures is provided in Appendix 1.

Quantitative Analysis and Results

Across three academic semesters, 59 participants provided responses to the web-based survey at the post-test. Of these participants, the majority were female ($n=54$; 91.5%), with only a few male participants ($n = 5$; 8.5%). The mean age of participants was 23 years ($SD = 7.52$; Range = 19-59). Mean trauma exposure for the sample was 1.22 events ($SD = 2.03$) and mean adverse childhood experiences was 1.38 ($SD = 2.30$). See Table 1 for participant demographics and correlation data.

Participants were divided into groups based on their responses to the binary post-test survey question, *Have you had any emotional reactions to the course materials?* Participants who answered “yes” were considered the “reactions” group, and those who answered “no” were considered the “no reactions” group. There were significant demographic differences between the groups in two areas. The reactions group ($M = 25.28$, $SD = 10.90$) was older in age than the no reactions group ($M = 21.33$, $SD = 2.15$) ($t(56) = -2.03$, $p < .05$), and the reactions group ($M = 1.96$, $SD = 1.24$) reported attending more colleges than the no reactions group ($M = 1.41$, $SD =$

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.61) ($t(57) = -2.24, p < .05$). There were no other significant demographic differences between the groups.

One aim of this study was to determine whether there were significant group differences between those who reported reactions to course content and those who did not. To determine significant group differences, two separate multivariate analyses of covariance (MANCOVAs) were conducted. The first MANCOVA was conducted to determine the differences in trauma history (TEQ and ACES) and trauma symptoms (TSC and PCL) by group. Results of this analysis showed no statistically significant differences between groups, $F(4,43) = .125, p = .30$, partial $\eta^2 = .10$. The second MANCOVA was conducted to determine differences in student reactions to class participation (personal benefits, emotional reactions, perceived drawbacks, and global evaluation) by group (reaction to the course or no reaction to the course). Overall MANCOVA results of this analysis were statistically significant when controlling for sex, $F(4,48) = 3.48, p < .05$, partial $\eta^2 = .23$. Univariate analyses revealed significant differences between the groups for only the emotional reactions subscale when controlling for sex, $F(1,56) = 7.71, p < .01$, partial $\eta^2 = .13$. Thus, in the quantitative data, students who reported a reaction to the course only differed in emotional reactions from those who did not report a reaction; the groups did not differ on trauma history or trauma symptom variables, nor on other class reaction variables (personal benefits, perceived drawbacks, or global evaluation).

Qualitative Analysis and Results

All responses obtained from open-ended questions on the survey were treated as qualitative data. These responses were coded using an emergent, open thematic coding strategy guided by grounded theory analysis techniques (Corbin & Strauss, 2015). Data were coded and verified by two faculty member researchers in order to identify and agree on themes in student

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responses. In cases in which researchers did not code the data in the same or similar ways, both members engaged in a discussion of the results in the context of each open-ended question, including relevant ties to theory, in order to resolve any code discrepancies.

Emotional reactions

Of the 59 survey respondents, 25 (42.4%) indicated having emotional reactions at the post-test. Those who reported experiencing an emotional reaction were asked follow-up questions to describe their specific reaction, whether the reaction had a positive or negative effect, how they dealt with the reactions, and whether in hindsight there were actions they wished they had taken. Codes identified, as well as prevalence and percentages are provided in Appendix 2.

Specific reactions

Participants who indicated having an emotional reaction shared details about their specific reactions. The most prevalent emotional reaction described by participants was sadness ($n = 5$), followed by empathy ($n = 5$). Several participants expressed discomfort ($n = 3$), stating they were uncomfortable, or feeling pain or hurt. Others expressed emotional reactions stated participants were upset ($n = 1$), or disgusted ($n = 1$), stating they found the material sickening to encounter. Some participants indicated experiencing physiological reactions ($n = 3$), such as crying, increased heart rate, and holding their breath. The subject of these reactions was either specific to course content or related to their personal trauma experiences. Participants ($n = 9$) who mentioned the course content as the source of their emotional reaction mentioned specific videos and movies shown in class, while two vaguely referred to the sensitive content as topics that were uncomfortable or sad. Six participants specifically mentioned personal trauma

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histories as the reason for their emotional reactions to course content. Finally, four respondents also mentioned that they expected this reaction in response to the course content.

Positive or negative effect

Participants who indicated experiencing an emotional reaction to the course content were then asked whether or not the reaction had a positive or negative effect. Six responded only that the effect was positive, and two responded that the effect was only negative. Several participants ($n = 7$) indicated that their emotional reactions had both a negative and a positive effect, with four mentioning that they gained personal insight to their own experiences as a part of their emotional reactions. Interestingly, eight respondents reported that their emotional reactions were “necessary to learn,” helping them understand the course content and preparing them for their future professional work.

Actions taken

The most common response to the open-ended item asking participants to describe coping actions taken in response to their emotional reactions was “I didn’t do anything/nothing” ($n = 9$). While some participants simply replied by typing “nothing,” others explained that they did not believe their reaction was severe enough to warrant taking action. The next most common response was reaching out to social support either in the form of friends and family ($n = 3$) or the course instructor ($n = 3$). Other actions reported included taking time for personal reflection ($n = 2$), taking breaks and practicing self-care ($n = 2$), and relying on religious/spiritual practices ($n = 1$). Lastly, participants were asked if, in hindsight, they wished they had taken other actions in response to their reactions to the course content. Most respondents ($n = 15$) indicated that there was nothing they wished they would have done. A few students ($n = 2$)

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mentioned they wished they would have reached out to talk to someone, and one participant shared that she wished she would have “dealt with it sooner.”

Discussion

This study represents a step toward closing the gap between research data and pedagogical recommendations as it relates to teaching sensitive course content. In order to assess student reactivity to course content in an undergraduate trauma-related class, this study utilized a mixed methods survey with data from 59 student participants across three academic semesters. One purpose of this study was to compare groups of students based on self-reported reactions to the course content in order to understand potential differences between those who reported having a reaction to the course and those who did not. No significant differences were found between students who reported reactions and those who did not in terms of personal trauma history or current trauma symptoms. No differences were found between groups in their responses to specific reactions to the course in quantitative measures of personal benefits, perceived drawbacks, and global evaluation of the course. There was a significant difference between the groups based on a quantitative measure of emotional reactions to the course; as the groups were split based on self-reported reactions, this was expected.

Another purpose of the study was to gain a preliminary understanding of student experiences in an undergraduate trauma course by examining how they described their reactions to the course content, as well as how they coped with their reactions. Student perspectives of the course were generally reported to be favorable. Although most students (58%) in the current study did not indicate having an emotional reaction to the course content, a significant portion of participants did (42%). Considering the number of college students exposed to trauma (Frazier et al., 2009), as well as the fact that some students may exhibit a higher level of reactivity than

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others, instructors of courses that include sensitive or trauma-based content should carefully and thoughtfully implement these materials. Because most college instructors may not know a student's history of trauma exposure (or non-exposure) prior to the course, steps should be taken by instructors to prepare students for potentially triggering material and support students in the event of any adverse reactions (Black, 2006; Carello & Butler, 2014).

In this study, some students reported emotional reactions to the trauma-related course content. Quantitative results provide the context that personal history of trauma and current trauma symptoms did not necessarily contribute to students' reactivity to the content, as there were no significant quantitative differences between the groups on trauma history or trauma symptoms. Taken in context with the study's qualitative results, it seems there are many factors that may relate to a student's reactions to a trauma-related course, and emotional reactions to material does not suggest increased impairment or negative impact on students. In fact, even students who reported having an emotional reaction to the course indicated positive benefits from their reactions, which aided their learning or provided personal insights. Thus, as others have indicated in research on the impact of participating in trauma-based empirical research not being traumatizing to participants (Jaffe et al., 2015; Newman & Risch, 2006; Newman et al., 2001), results from the current study provide preliminary evidence that participating in trauma-related course content should not be considered traumatizing, triggering, or overwhelming to students, even those with personal trauma histories or active trauma symptoms.

The results from the current study highlight the need for systematic pedagogy specific to teaching trauma, as proposed by Author (2017). While several recommendations are already in place for instructors who teach trauma-related course content (see Black, 2006; Cunningham, 2004; Giller et al., 2006; Harrison et al., 2023; Kostouros, 2008; McCammon, 1995; O'Halloran

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& O'Halloran, 2001), these recommendations should be taken into consideration along with empirical findings in order to provide instructors with accurate and supported information. This study provides support and guidance for pedagogically-focused work in the area of teaching trauma-specific and other sensitive content. Given the present finding that student reactivity to course content was varied, no single instructional strategy may be considered adequate in order to effectively respond to a range of student needs. For example, the Trauma-informed Classroom Care Model (Author, 2017) described the need for assessment and awareness of the various needs of students based on potential reactivity. Further development of this and other models to guide course design that treats students as individuals is necessary.

Although this study was designed specifically to better understand potential negative reactivity to course content, qualitative results indicated that not all students who experienced an emotional reaction reported this reactivity as a negative experience. In fact, several students commented that emotional reactions were helpful for their learning and training as future helping professionals. This fits with previous research that has noted experiencing emotions in the classroom is both potentially negative and positive for learning (Heidig et al., 2015; Rowe & Fitness, 2018). However, instructors of courses that include trauma-related materials should consider the range of potential positive and negative consequences of reactions to course content in a classroom. While some students may benefit from their emotional experience, the risk for experiencing overwhelming emotions and triggering students' past trauma does not disappear.

Results in the context of ABC-X and Double ABC-X Models

The results of the present study, in the context of the ABC-X and Double ABC-X Models (Hill, 1949; McCubbin & Patterson, 1983) reveal some interesting points. First, even though a significant percentage of students reported experiencing some type of emotional reaction during

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the course, these reactions may have been tempered by both the resources (B) and perceptions (C) of these students. This seems to speak to the fact that while the course content as the stressor (A) seemed to have a varying effect on students (some reported emotional reactions, others did not), the overall impact of the content was not overwhelming (X). Though not measured for each participant in this study, researchers can share that very few students were unsuccessful in achieving a passing grade in the course, which may also indicate that though some reactions were present, they did not necessarily lead to an outcome of impairment.

Coping strategies, when understood as resources, can help to provide context into these students' experiences. A variety of coping strategies were reported by those who had emotional reactions to the course content. Many strategies were indicated to be personal behaviors, while others were relational, such as reaching out to the instructor. Additionally, many students reported doing nothing in response to their own emotional reactivity. These resources (B), or even a dearth of need for resources, may reflect a low level of intensity of the stressor (A) and/or that sufficient resources led to a low level of overall stress impact (X).

Overall, students in the present study reported favorable views of the course, regardless of their own levels of reactivity. In fact, some student perceptions from qualitative responses directly speak to the benefit of the content, even though it was sometimes perceived as stressful. Of particular interest may be the students who reported that their own reactivity was an important part of their learning process. Future research may benefit from more in-depth studies (such as case study or narrative inquiry designs) that can shed more light on the mechanisms underlying the role of emotional reactivity and its effect on learning about traumatic stress.

The Double ABC-X Model, which proposed that either maladaptation or bonadaptation is affected by previous experiences of stress, was more elusive to understand given these results.

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Because we found no difference between those with and without a previous history of trauma, previous experiences cannot be interpreted as either advantageous or disadvantageous to students in learning environments that may require some level of coping with sensitive or distressing content. Future studies with more diverse populations may shed more light on how historical factors affect students in courses that contain trauma-related content.

The original framework of the ABC-Model (Hill, 1949) may be helpful for instructors to keep in mind. The formulaic nature of the model may prompt instructors to consider which appropriate resources and coping strategies (B) can help students respond to any stressful content (A). Instructors may actively make statements that help students to form adaptive perceptions of course content in the context of their own learning (C). Taking these steps, keeping in mind the appropriate intensity of content that may be stressful to students (A), may promote a net effect of minimal stress (X) that empowers students to fully engage in the learning environment. This approach can be considered proactive and can be applied in many contexts in higher education that encourages students to continue interacting with a wide array of content and topics.

Study limitations and implications for research and practice

Several limitations exist within this study. First, limited diversity in the current sample is critical, with the majority of participants being white females in their early 20s with low reported levels of trauma exposure and trauma-related symptoms. A greater number of male participants and a more racially diverse sample of participants with a greater variability in age and trauma exposure is needed in future research. Another limitation which may be important to note is that qualitative responses were only obtained from those students who indicated having experienced an emotional reaction to course content. Because open-ended questions were only prompted by

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affirmative responses to a binary question, important qualitative data may have been missed due to this methodological oversight.

Future research should explore student reactions using larger and more diverse samples in order to increase external validity. It may also be important for future studies to address potential reactivity in students who have higher levels of known trauma exposure and trauma-related symptomatology, as the trauma exposure and symptoms in the current population, although consistent with national exposure estimates, was relatively low. This may be relevant for courses and institutions with a large number of at-risk populations, such as military students or students from low socioeconomic backgrounds. Next, the instructors of these courses were both female and trained in a clinical therapy profession, who were sensitive to the potential for student reactions, which influenced their teaching style. Future research should examine potential student reactivity in courses with instructors who use various teaching styles. Regarding method, this study utilized a mixed methods design to gain a preliminary understanding of one group of students' experiences. Future research would benefit from incorporating more in-depth qualitative methods that would allow for a deeper understanding of the nuances and particulars of student experiences in courses that teach sensitive content. Finally, this study examined student reactivity in the context of an undergraduate course on trauma and traumatic stress. Future research should examine student reactivity in other courses that may utilize sensitive content, such as classes that discuss violence, race relations, and political issues. More empirical study in this area has the potential to strengthen our understanding of what it means for students to learn about topics that may be stressful in nature.

The current study found that, in general, teaching about trauma is not traumatizing or distressing for undergraduate students. While the need for teaching psychological trauma has

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been noted in the field (Courtois & Gold, 2009), several programs at both the undergraduate and graduate level do not offer such courses. The findings of this study seem to indicate that while precautions should be taken for students who may have adverse reactions to the course material, the fact that the content was not found to be overwhelming for the majority of students may perhaps ease concerns instructors and administrators could have about offering courses that contain sensitive material. Other studies have also found that levels of distress in courses on sensitive topics are low (Cebula et al., 2022). As most participants in this study did not show high levels of adverse reactivity, and some emotional reactions were actually described as positive for learning, programs should not hesitate to add these courses to regular and required curricula, while establishing necessary elements of guidance and support for students. This finding may contribute meaningfully to the current debate on “trigger warnings” (see George & Hovey, 2020) and supports that academic freedom can be maintained through the inclusion of sensitive topics with an emphasis on instructor courtesy and student mental health support.

Several practice implications may be gleaned from the current study. As several instructors teach courses that utilize sensitive content, academic departments and institutions may wish to consider the ability and readiness of instructors to respond to student needs and concerns. For example, while not required, several universities offer ally trainings specifically designed to help meet the needs of lesbian, gay, bisexual, and transgender students (Woodford et al., 2014). Trainings exist that specifically inform course instructors of the signs of mental health problems in students, as well as the appropriate actions to take to connect students with on-campus resources and referrals (for example, see: <https://ccc.kognito.com>); however, these trainings are rarely required by the institution and it is the instructor’s discretion whether to pursue additional trainings that are available. Informing and equipping university faculty and

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staff to effectively respond to the needs of students, especially in the context of programs and courses that include sensitive content, is a crucial responsibility.

Development of course-level policies may be helpful in response to the potential for student reactivity. For example, clarifying the potential for adverse reactions to course content, creating and communicating an incomplete grade policy, and practicing both formative and summative assessment across the semester (e.g., providing both midterm and final course evaluations and student feedback opportunities) may allow for normalization and early detection of both negative and positive reactions to course material (Author, in press). It may also be helpful to check-in with students who are not engaged in the course or who are not attending class in order to identify students who may be reacting to course content or need support. Additionally, specific policies and practices should be considered in regard to online and distance-learning courses, in which student reactivity may be overlooked due to the lack of in-person interaction between students and instructors. Future research may examine differences between campus and distance learning courses and student reactions to trauma-related material to more specifically inform distance course design.

Conclusion

In conclusion, this study found few differences between students with trauma histories, trauma symptoms, and reactions to trauma-related course materials. Qualitative responses enriched survey results by providing insight into the potential benefits and hazards of learning about trauma in an undergraduate course. Using a framework of the ABC-X and Double ABC-X Model (Hill, 1949; McCubbin & Patterson, 1983), the net effects of student resources and perceptions of the material seemed to outweigh concerns that sensitive course content would be too stressful. For most students in this study, the “X” factor in this model seemed to indicate low

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levels of overall stress. This research represents a first step in filling a gap in the literature on student reactions to course content and may provide a foundation for future research to expand knowledge on students' emotional experiences in college courses, as well as the impact of trauma-exposure on the learning process as a whole.

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