

Empathetic Educational Environments: Advancing Cultural Sensitivity of Trauma
Through Storytelling in the Secondary-level English Classroom

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Scholarly Abstract

This exploratory sequential mixed methods study addresses the critical gap in trauma-informed educational research by centering trauma survivors' voices as foundational knowledge for developing pedagogical interventions. First, through comprehensive evaluation of a teacher preparation program, classroom observations across diverse Virginia schools, educator professional development ($n = 7$), and in-depth interviews trauma survivors ($n = 15$), this research reveals significant deficits in trauma-informed practices within secondary education settings. The study introduces "misbehaving forms," alternative narrative structures that deliberately resist conventional academic constraints to accommodate the non-linear nature of trauma expression. This concept emerged with survivor narratives describing how traditional formats failed to capture their authentic experiences. These qualitative findings then informed the development of a storytelling intervention, which was implemented in three sections of a secondary English class and measured through an adapted Self-Determination Theory questionnaire assessing autonomy, competence, and relatedness. Two sections of the English class ($n = 39$) received the intervention, and one section remained as the control ($n = 16$). With this questionnaire, quantitative results demonstrated statistically significant improvements in the intervention participants' student autonomy ($p = 0.0309$), competence ($p = 0.0069$), and creative expression ($p < 0.001$). The integration of qualitative and quantitative findings validates the effectiveness of survivor-informed pedagogical approaches while establishing a methodological framework for centering marginalized voices in educational research. The research challenges traditional

academic hierarchies that exclude survivor wisdom while providing practical strategies for creating trauma-informed learning environments that support both academic achievement and emotional healing.

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General Audience Abstract

This study explored how schools can better support students who have experienced trauma. Various research methods, including observations, a pilot study, and 15 interviews, showed that many teachers lack the training and tools to help these students effectively. A key finding was that traditional school assignments, such as standard essays with strict formats, do not work well for authentic expression, something that trauma survivors need. This is because trauma memories do not follow a neat, linear pattern, making it more difficult to engage in a consistent retelling. Based on what survivors said they needed during the interviews, an innovative storytelling intervention was adapted that gave students more freedom and flexibility. It was tested with 55 high school English students: 39 participated in the unique creative expression assignment while 16 continued with classroom lessons that did not use the innovative storytelling approaches. The results were promising. Students in the storytelling intervention reported feeling more independent in their learning, more confident in their abilities, and more creative in their expression. These improvements were statistically substantial, meaning they were not just due to chance. This research shows that when educators listen to trauma survivors and design teaching methods based on their experiences, students benefit academically and emotionally. It provides practical ways for teachers to create classroom environments where healing and learning can happen together.

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Chapter 1: Introduction

Entropy. Readily identified as statistical randomness or an increase in systems' disorder, this concept permeates several fundamental contexts of reality, including physics, biology, or economics, and permits the observed chaos to be formally acknowledged. A box checked, a nod from colleagues, a page turned: unpredictability has been quantified. Entropy exists by means of disconnection or isolation, expands with the forward movement of time, and is most evident in closed systems where energy dissipates as *particles drift apart like distant stars*. And, though entropy reigns in computational and scientific disciplines, it is additionally abounded in humans' social and emotional existence. It manifests in the unpredictable trajectories of human relationships, each connection forming and dissolving with its own chaotic rhythm. The mathematics of disorder is found in fallible narrative memories, where sharp edges of recollection gradually blur into a haze of the past. Entropy serves as both the artist and the critic, concurrently constructing and deconstructing the patterns we struggle to understand about the world, about each other, about ourselves.

On August 26th, 2017, minutes after the clock on the microwave read 10:00 AM, I lay suspended in the metaphysical dark. Earth's gravity was abandoned as my body was held without support in a weightless repose. I saw myself caught in this liminal space with my arms near my sides, fingers relaxed, knees slightly bent, and feet splayed away from each other. A mediative expression of deep sleep or profound peace relaxed my face. Simultaneously, I was *in my body*, encased in a warmth that may only be found in a mother's womb. As I watched the dark discard all purpose of cardinal directions, time elongated and became fluid, bending around my floating form. The dark held me *like a secret*, neither revealing nor concealing, simply existing in harmony with my suspended state.

You are here. I knew only this indeterminate vacuum.

You are free. The wild discord that raged before I slipped into the darkness was gone.

You are safe. This shelter devoured chaos.

Yet, in its timeless embrace, I began to feel a push, a slight pressure as if another entity had entered the dark and was looking for me. I strained my eyes to find the source of this, any recognizable shape or even the trace of phosphenes, but my vision was swallowed by the void. *Was light ever real?* The dark was a tangible nothingness that paradoxically filled everything with its emptiness.

Until the pressure became too great. With an audible, overwhelmingly wet resistance against air, like mud reluctantly releasing a boot, the sudden return to *sound* pulled at my ears and *reverberated* through my mind. Amorphous noise indifferently surrounded my body, and, as my eyes found that light was in fact real, a face searched mine for consciousness. I blinked, and the entropy of what I believed to be my last breaths violently returned to me.

By a man who had internalized years of relational abuse and neglect, I became a trauma victim. This man, who was my then-fiancé, stabbed me in the throat with the full intent of permanently silencing and, ultimately, killing me. After he aggressively wrestled me, face down, to the floor of the laundry room, he wrapped his hand around my hand which haphazardly held a chef's knife. Slowly, he pushed the knife through the length of my throat, tracing the vital mechanisms of life, into my mouth, past my tongue, and into the fragile bone of my sinus. Almost the entire height of my skull was occupied by the knife's blade. With the same deliberate draw of the implement, he pulled it out of my bone, my muscle, *my flesh*.

He pushed off me and sat back on his heels. The red of his bicycling jersey perfectly matched my blood which was smeared on the floor, his hands, my hands. Instinctively, I pushed the hood of my sweatshirt into the gaping wound and mouthed my last words, "What have you

done?” He then wrapped my neck in his scarred, meaty arm and strangled me, giving me to the dark.

But I was alive, released from the dark, and still on the bloody floor of the laundry room. An EMT met my gaze, but due to the loss of blood, I weaved *in and out of consciousness* as my now immobilized body was rushed to the waiting ambulance outside and on to the hospital. I wanted to lean into the confusion, the fear, but I recognized that I needed to make a wise choice: wastefully panic or stay visually latched onto the EMT’s impressive moustache. The oxygen mask slipped from my nose several times, and the EMT intentionally readjusted it. The dizziness was growing, but from navigating a plethora of debilitating anxiety attacks throughout my life, I practiced a strategy that eased the sensation of *spiraling like a wingless plane*. I reached for the closest stable thing and grabbed the EMT’s knee to find a sense of control. He placed his hand over mine. Much different from the embrace my hand had experienced previously that morning.

At the bay of the Emergency Room, nurses and surgeons met us and sprinted me inside. The oxygen mask had slipped again. I was struggling to breathe. A nurse ripped a pair of surgical scissors up my pant leg, through my underwear and my sweatshirt, throwing open the fabric panels to reveal my naked body. My hands started seizing up, and I felt myself begin to gasp for air. Another nurse inserted a rape kit. The EMT caught my eye and projected a message of sincere protection. My body was going into shock, bouncing and shaking against the gurney’s restraints, and my vision started to swim, *darkness eating the edges*.

You need to let go.

There wasn’t a next breath. I no longer was the architect of my life.

For a second time that day, I gave into the dark.

Hours passed.

Yet, for a second time that day, I returned to consciousness.

You're alive. How?

Only now, I was full of medical-grade balloons, staples, stitches, and tubing.

Whether or not I had a second to decide, I faced the entropy with dissociation.

Navigating Trauma

Dissociation lies at the heart of trauma, serving not merely as a symptom but as its fundamental mechanism (van der Kolk, 2014). It represents the mind's contradictory strategy for self-preservation: achieving wholeness through fragmentation. By hiding or burying, dissociation protects parts of the self. It is suggested that dissociative symptoms serve as protective mechanisms against overwhelming emotional distress (Loewenstein, 2018). When fight-or-flight responses prove impossible or ineffective, dissociation emerges as a biological survival strategy (Baldwin, 2013), shaped by evolution to help individuals endure otherwise unbearable experiences. It is of particular interest to note that the relationship between dissociation and childhood trauma is particularly great (Hébert et al., 2018). However, as time passes, trauma's effects often intensify, manifesting in post-traumatic stress disorder's multifaceted symptomatology: heightened threat perception, an overactive limbic system, and increasingly disorganized coping mechanisms (Zaleski et al., 2016). Trauma survivors may experience a range of triggered responses, including irritability, lethargy, and hypervigilance (van der Kolk, 2000), as they typically avoid situations that parallel their traumatic experiences, whether consciously or unconsciously, and continue to seek a sense of control through dissociation. Survivors often oscillate between states of hyperarousal, which is marked by heightened reactivity and vigilance, and hypoarousal, characterized by emotional numbness and withdrawal (Frewen & Lanius, 2006). This pendulum of extreme states, combined with dissociative coping

mechanisms, can create a devastating effect, making individuals more vulnerable to additional traumatic experiences throughout their lives. The mind's protective response to early trauma can offer temporary escape while potentially setting the stage for recurring patterns of trauma exposure (Leri et al., 2024).

Like many survivors, I had unknowingly relied on dissociation as a survival strategy for most of my life, disconnecting from overwhelming experiences without recognizing the pattern. This unconscious coping mechanism, while offering immediate relief, had silently shaped my responses to stress and trauma for years before I understood its presence, *its depth*. Nevertheless, my experience with trauma unexpectedly became an asset when I returned to teaching high school English. It gave me a kind of sixth sense, like x-ray vision or the ability to detect stress hormones, that helped me recognize trauma's subtle signs. When I resumed teaching after months of surgeries, endoscopies, and therapies, I realized that most of my students were trauma survivors. Though they came from different backgrounds and had unique experiences, their post-traumatic behaviors and needs followed *strikingly similar patterns* (Shalev, 2009).

Intersecting Identities

The boundaries between researcher and researched have long been contested terrain in academic discourse, including fields examining trauma. My position as both survivor and scholar creates a unique vantage point from which to examine the intersections of trauma, education, and narrative. It is one that challenges traditional academic distancing while offering new possibilities for knowledge creation and meaning making.

When I enter a classroom or research space, I carry with me both the embodied knowledge of trauma and the theoretical frameworks to analyze it. This dual positioning creates what Gloria Anzaldúa might call a “borderland,” a space where different ways of knowing

collide, integrate, and generate new understanding (Al-hayali & Atallah, 2022). The survivor in me recognizes *the visceral truth* of a student's hesitation before speaking or engaging in an educational setting; the researcher in me sees patterns in these moments of pause, connecting them to broader theoretical discussions about voice, agency, and power in educational spaces.

This intersection of identities is not without its complexities. The academy has historically privileged objective distance (Park et al., 2020), viewing personal experience as potentially contaminating to the research process. Yet, my work argues for a different kind of rigor: one that acknowledges how lived experience can deepen rather than compromise scholarly inquiry (Beames et al., 2021). My surviving-self brings an intimate understanding of trauma's impact on cognition and narrative formation; my researching-self provides the theoretical frameworks and methodological tools to systematically examine these phenomena. So, through this dual lens, I have come to understand trauma not just as an object of study but as a complex incident that demands multiple ways of knowing. The survivor's visceral understanding of triggering environments informs the researcher's development of trauma-sensitive practices (Goodare & Lockwood, 1999). Thus, my researcher-self's grasp of neurobiological responses to trauma helps my survivor-self contextualize personal experiences within broader scientific frameworks. These identities do not compete but rather engage in constant dialogue, each enriching and challenging the other's perspective (Mehrabadi et al., 2024).

This positioning also demands acknowledgment of power dynamics within academic spaces. As a survivor-scholar, I actively navigate the tension between institutional authority and experiential knowledge, between academic discourse and embodied truth. This navigation has led me to advocate for the development of methodological approaches that honor both rigorous scholarship and survivor wisdom. These approaches can recognize how personal narratives

illuminate academic understanding while academic frameworks help process and contextualize personal experiences. The choice-based narrative methodologies central to my research emerge from this intersection of identities as they reflect both the survivor's need for agency in telling their story and the researcher's commitment to ethical, empirically sound practices. This approach challenges traditional academic boundaries while maintaining scholarly integrity, demonstrating how lived experience can inform methodological innovation.

My position as survivor-scholar also shapes my understanding of ethical research practices. My survivor-self's awareness of vulnerability informs the researcher's development of protective protocols; my researcher-self's knowledge of trauma-informed practices guides survivors' navigation of triggering content. This dual consciousness creates a heightened sensitivity to both the possibilities and responsibilities inherent in trauma research, thus strongly influencing how I conceptualize knowledge creation and validation. My work argues for an expanded and more integrated epistemology by recognizing that multiple forms of knowing do inform each other. This inquiry of the mind's relation to reality is justified by embodied, experiential wisdom of survival, subjective social interaction, intuitive reasoning, and pragmatic utility. This approach challenges traditional theoretical landscapes of univariate objectivity while proposing new frameworks for understanding how different kinds of knowledge can validate each other.

As both survivor and researcher, my positioning does not represent a conflict to be resolved but rather a productive tension that generates new insights and approaches. This dual identity informs every aspect of my work, from theoretical framework development to methodological choices, from classroom practices to research ethics. It represents a commitment

to scholarship that honors both personal truth and academic rigor, recognizing how these different ways of knowing can enrich and challenge each other in *the pursuit of deeper truth*.

Exploratory Questions

As my search for grounded trauma-informed practices intersected with my lived-experience as a survivor, deliberate questions firmly guided my pursuit.

1. How do personal trauma narratives inform academic and social understanding?
2. What role can choice-based narratives play in trauma-informed education?
3. How can interdisciplinary approaches enhance trauma studies?

I was no longer examining my classroom, my school division, my community, my own life as just a survivor. My role had firmly evolved into researcher-practitioner.

Current Landscape of Trauma Studies

The field of trauma studies has evolved significantly over the past fifty years (MacIntosh & Whiffen, 2005), moving from a deficit-based model focused on symptom management to a more holistic understanding of trauma's impact on development. Adverse Childhood Experiences (ACEs) research provided a crucial foundation for trauma-informed care by demonstrating the profound connection between early traumatic experiences and long-term health, behavioral, and social outcomes (Ranjbar & Erb, 2019). This understanding supported practitioners' recognition that many challenges their clients, especially those receiving pediatric care, faced may stem from early trauma rather than character flaws or choices (Garner et al., 2012). Having this context invited a shift from asking "What's wrong with you?" to "What happened to you?"

Current research has begun to draw heavily from neuroscience, particularly the work of Drs. Bruce Perry and Bessel van der Kolk. Their findings on how trauma affects brain development and learning capacity have revolutionized the understanding of student behavior

and academic performance. Early adverse experiences can greatly impact language development, attachment, self-regulation, and even developmentally appropriate physical growth (Perry & Szalavitz, 2017). Furthermore, contemporary trauma studies increasingly incorporate critical theory and social justice perspectives, recognizing that trauma often intersects with systemic oppression and institutional violence (Williams et al., 2023). This framework, influenced by scholars, like Patricia Hill Collins and bell hooks, examines how institutions can either perpetuate or help heal trauma through their policies and practices. Moreover, due to the complexity of traumatic events, their effects, and the intersectional nature of trauma, the advancement of studying cumulative trauma and polytrauma continues to inform researchers, educators, and families about the amplified effects of multiple traumas and their interconnectedness (Rose & Johnson, 2025). Early life victimization can increase additional traumas, and each trauma can further build upon and intensify post-traumatic effects.

While attention to and research on trauma has progressed clinical interventions and supporting scholarship, a comprehensive understanding of survivorship, specifically survivors' resilience, is still lacking. Resilience is mystified or, worse, assumed to not be impacted by environmental deficits or conflicts (Koshy et al., 2022). With that said, the most significant gap in trauma studies is in the inclusion of survivor voices (Alyce et al. 2023) and experiential knowledge. This is particularly problematic given the intersectional nature of trauma (Baird et al., 2021). To this, current research methods often prioritize quantitative measures of trauma impact (Champine et al., 2022), failing to capture the nuanced ways trauma affects social experiences.

Storytelling

Despite my goal of blending back into the “normal routine” of work, hoping my scar would quickly fade from wandering eyes, my story of abuse, assault, and survival was broadcasted by my city’s only newspaper.

Without my consent.

Three times in the matter of one month.

Reporters graciously ranked my trauma as “the city’s worst domestic violence ever reported.” Any chance of anonymity was immediately *stripped away*.

“You’re that girl that ‘fell on the knife’!” A reference to one of many quotes the paper captured from my assailant.

“I can’t believe you’re doing so well! We thought you’d just stop teaching all together.”

“What is that saying...? When something bad happens to you, you end up doing bad things. Better watch out, huh?”

“Everyone knows to not grab a weapon when you are being assaulted. Especially a knife! I wish someone had told you that before.”

“When are you going to be empowered? Why aren’t you mad yet?”

The city, in which I had been born and raised, issued a sentence more detrimental than the scant handful of years the man who stabbed me would remain behind bars: disbelief, blame, shaming. My experience with this form of betrayal echoes through countless other survivors’ stories, revealing yet another pattern. When survivors disclose experiences of interpersonal violence, negative social reactions and stigma lead to poorer mental health and lowered pursuits for help (Delker et al., 2020). So, entropy increased; dissociation grew.

My inner fractures deepened like fault lines, but I crafted an unbreakable mask, polished and perfect, as I pulled into the school parking lot each morning. The newspaper’s version of

events haunted me like a shadow I could not outrun, coloring every gesture and tainting each word that left my lips. Nevertheless, something unexpected emerged through the haze of scrutiny. This burden seemed to exist only in the wary glances and hushed conversations of my fellow educators, the administrative staff, the parents.

In my classroom, a different reality bloomed. My students, with their uncanny wisdom and raw honesty, carved out a space where authenticity could breathe. I, in turn, created a sanctuary within those four walls where their truths could echo freely. Gradually, they began unfurling their own stories of darkness and struggle. As they waded through the depths of their young but heavy lives, through family splits, through losses that came too soon, through battles fought behind closed doors, something remarkable happened. Their pain, once written down or found in another's words or spoken aloud, began transforming into flickering moments of self-discovery and acceptance. The suffocating silence that had pressed down upon them started to lift like morning fog. When silence is imposed, it strips away power and identity (Fivush, 2010). And as the silence evaporated, their *voices emerged*, tentative at first, then steadier, stronger, finally their own.

When trauma isolates us, chaos grows within. Like a closed system trending toward disorder, our internal world scatters without the energy of connection and support. But through storytelling, even fractured storytelling, we begin to break this isolation. As stories emerge in their own time and sequence, patterns surface from seeming randomness. The very act of speaking our dispersed truths creates its own order, not through forced chronology, but through authentic emergence (Faulkner et al, 2023). Entropy is real, but our inability to recognize its underlying patterns makes it appear more chaotic and unmanageable than it truly is.

In my classroom, I witnessed how this organic storytelling process restored agency. Students claimed control not by imposing artificial order, but by honoring their stories' natural rhythms. Their narratives, like tributaries finding their way to the sea, gradually carved meaningful channels through chaos. This wasn't just storytelling; it was energy exchange, connection rebuilding, isolation breaking. With each shared fragment, each circling back, each hesitation and surge forward, entropy's grip loosened. Order emerged, not despite the nonlinear telling, but through it.

Educational Psychology

Through careful observation of my students' journey with informal storytelling interventions, I came to understand that their growth, both personal and academic, hinged on more than just the act of narrative sharing. The educational environment itself emerged as a crucial catalyst for transformation, shaped by deliberate choices and careful preparation that often remained invisible to casual observers. The classroom became a container for their stories, but its walls were built from more than brick and mortar. Each day, I brought not just lesson plans and writing prompts but also an acute awareness of trauma's complexities, an understanding of how safety is constructed moment by moment, and a willingness to meet my students in vulnerable spaces. This preparedness wasn't accidental; it was the product of some very rudimentary studying on trauma's impact combined with my own lived experience of navigating spaces as a survivor.

What became increasingly clear was that authentic storytelling in educational settings requires more than simply creating time and space for narrative sharing. The success I witnessed emerged from a carefully cultivated ecosystem of trust, built on a foundation of trauma-informed practices, and sustained by ongoing attention to the subtle dynamics of power, vulnerability, and

autonomy in the classroom. My own willingness to be vulnerable served as a critical element in this ecosystem, but it wasn't vulnerability for vulnerability's sake. Rather, it was vulnerability anchored in professional knowledge, a delicate balance of openness and boundaries that demonstrated both the possibility and the parameters of safe disclosure. This careful calibration highlighted how storytelling interventions, when implemented without sufficient preparation and understanding, risk becoming performative exercises that may do more harm than healing.

The implications are clear: educational institutions cannot simply adopt storytelling practices as a quick-fix intervention. Effective implementation demands comprehensive professional development that goes beyond basic trauma awareness. Educators need in-depth training in trauma's neurobiological impacts, the complexities of recovery processes, and the specific pedagogical practices that create and maintain psychological safety in learning environments. They must understand how to realize, recognize, respond, and resist retraumatization (SAMHSA, 2024); how to maintain appropriate boundaries while fostering authentic connection; and how to handle disclosures in ways that promote rather than compromise healing. This realization underscores a broader truth about trauma-informed education. It's not just a set of techniques to be implemented but a fundamental shift in how we understand the relationship between trauma, agency, learning, and narrative. The success I witnessed in my classroom was not just about giving students permission to tell their stories. It was about creating an environment where those stories could be shared, heard, and held with the care they deserve.

The disconnect between theoretical frameworks and classroom implementation in trauma-informed education represents one of the most pressing challenges in contemporary pedagogical practice. While robust theoretical models do exist (Harper & Neubauer, 2021),

drawing from neuroscience, psychology, and educational research, the translation of these frameworks into actionable classroom strategies remains problematic. These sophisticated understandings often fail to translate into practical classroom tools. Educators frequently report understanding the *why* of trauma-informed practice (Frazier & Moffett, 2020), indicating that some form of trauma might present in their classrooms, while struggling with the *how* of daily implementation. The top-down approach, from Assistant Superintendent to Curriculum Director to educator, of disseminating knowledge about big issues in education, such as trauma and its impact on student learning, provides educators with “buzz words,” gap-riddled models, and a severe lack of thorough information. Educators need to be experts on these issues in order to expertly address them daily.

Early life trauma profoundly shapes neurodevelopment, creating cascading effects that ripple through cognitive, emotional, and physiological systems (Cross et al., 2017). Research in developmental neuroscience has revealed how early traumatic experiences fundamentally alter brain architecture and function, particularly during critical periods of development (Tomoda et al., 2024). Cognitive implications include information processing, executive functioning, and memory (Petkus et al., 2018) while development trajectories, such as neural pruning (Dayananda et al., 2023), attachment formation (Zagaria et al., 2024), frontal lobe development (Begemann et al., 2023), can be interrupted and slowed.

Some trauma survivors need targeted therapies only offered by specialists, such as Eye Movement Desensitization and Reprocessing (EMDR), *to begin recovery*. However, other therapeutic approaches, such as neuroscience-informed methods, attachment-based treatments, and somatic processing work, can parallel learning accommodations, executive-functioning scaffolding, and emotional regulation support and be cultivated in educational settings. With

specific and complete training, trauma-informed practices can be added to an educator's toolbox. The most accessible methods to engage trauma-informed practices is by providing intentional opportunities for student choice and agency (Conner et al., 2022), as found with narrative approaches in the classroom.

The Role of Narrative in Healing and Meaning Making

Stories of trauma resist orderly telling. Like water finding its path, they flow, pool, rush forward, and circle back. While literary or film creators might view nonlinear narrative as artistic choice (Kim et al, 2018), in trauma recovery it emerges as necessity. Each pause, spiral, and sudden surge serves healing.

My own nonlinear storytelling exploration would begin a few years after my return to teaching. I found myself pulled to use non-traditional narrative poems. By refusing the constraints that prose imposes on narrative, poetry mirrors the fragmented nature of traumatic memory and honors gaps or incompleteness as valid parts of the story. Poetry allows you

to

shatter expectations

of

order.

Unique form can liberate content (Lepore & Smyth, 2002), and unconventional approaches can ease the abrasive regurgitation of memory. Poetry and other forms that shake rigidity, margins, and uniformity can create accessible temporal maps of traumatic experiences. Through these, survivors can identify trigger-response patterns, document defense mechanisms, map relationships, and recognize dissociative practices. This externalization process is a critical step in healing. While non-linear narratives may face criticism for appearing too subjective or

lacking standardized procedures in academic and therapeutic settings, their inherent flexibility and responsiveness to individual trauma experiences make them uniquely suited for trauma recovery work. Just as trauma itself defies linear progression and neat categorization, these narrative approaches honor the complex, iterative nature of healing.

Narrative approaches offer powerful tools for addressing the gaps in trauma studies while promoting healing (Poon, 2007) and meaning making in educational contexts. Drawing from Epston and White's narrative therapy and from constructivist frameworks, a narrative approach recognizes storytelling as a fundamental human process for making meaning of experience (Joranger, 2023). Stories serve as powerful reflections of social reality, offering deep reconstructions of lived experiences. Our fundamental nature as humans is intrinsically tied to storytelling and narrative (O'Toole, 2018). Through storytelling, we gain insights into both individual and collective ideologies and belief systems, particularly in how they relate to social marginalization and privilege (Bietti et al., 2019; Paneru, 2023). Creative storytelling, especially through written forms, enhances our comprehensive understanding of life's complexities. In fact, Baker (2009) suggests that the emotional authenticity within stories can carry more significance than strict historical accuracy. Stories frequently explore themes of transformation and learning to embrace uncertainty (Zimmermann, 2002). As narratives evolve from specific linguistic elements to memory-based structures and finally to dialogic insights, they create opportunities for both storytellers and audiences to engage on multiple levels: cognitively, emotionally, evaluatively, and reflectively (Smorti et al., 2010; Lwin, 2019).

In trauma studies, narrative work provides a framework for understanding how individuals construct and reconstruct their experiences of trauma and healing. This approach emphasizes agency and choice in how individuals tell their stories, challenging traditional power

dynamics in both therapeutic and educational settings. Traditional therapeutic approaches sometimes inadvertently reinforce power imbalances by positioning the care provider as the expert who interprets the client's experience (Fors, 2021). In contrast, narrative approaches recognize trauma survivors as the experts of their own lives. This shift is particularly significant because trauma often involves a profound loss of control and agency (Dorothy & Hughes, 2023). By allowing individuals to choose how, when, and what aspects of their story to share, narrative work helps restore a sense of control over their own story and, by extension, their healing journey. This aligns with contemporary trauma theory's emphasis on restoring power to trauma survivors (Suleiman, 2008). Narrative approaches highlight the importance of survivors having control over what aspects of their experience to share or keep private while determining how their stories are represented in different contexts. When individuals can shape their own trauma narratives, they begin to transform fragmented traumatic memories into coherent stories that they can better understand and integrate into their broader life experiences. Through narrative work, individuals can reconstruct their sense of self after trauma (Marin & Shkreli, 2019), develop more complex and nuanced understandings of their experiences, and build connections between past experiences and current strengths.

Innovative Choice-Based Narratives

When individuals have *choice* in how they tell their stories, it fundamentally shifts any palpable power dynamics and creates conditions where they can feel truly heard. Choice-based narrative refers to storytelling where individuals have active authority over how their stories are told, shared, and interpreted. This approach can positively impact an individual's feelings of trust and empowerment, leading to deeper truths being revealed. In constructing these narratives, individuals actively choose what elements of their story to reveal, how to organize their

experiences, what significance to attribute to events, and which audiences to trust with their story. These deliberate choices shape not just the content, but the meaning and impact of their narrative.

This approach stands in contrast to more traditional narrative forms where stories might be directed or shaped by others, such as educators, researchers, or therapists. In choice-based narrativity, the storyteller retains control over their narrative, deciding not just what to share, but how their story fits into larger contexts and how it should be understood (Ghavibazou et al., 2022). These unconventional approaches to storytelling, or what might be playfully termed "misbehaving forms," deliberately transgress expected narrative boundaries while honoring the storyteller's authentic voice. The term "misbehaving" here carries a sense of creative rebellion rather than wrongdoing; these forms misbehave only insofar as they refuse to conform to prescribed structures that may not serve the storyteller's needs. Like a child who colors outside the lines not from carelessness but from creative vision, misbehaving forms represent intentional choices to work beyond conventional constraints. The mischief isn't frivolous; it's necessary. When a student writes a recipe for surviving abuse or maps their healing journey onto the anatomy of a household object, they're not being cute. They're recognizing that sometimes the only way to tell a truth is to break the container that won't hold it. The gentle rebellion inherent in the term captures both the creative transgression and the authentic necessity of choosing narrative forms that can actually hold the weight of one's story. Alternative framings might include "boundary-crossing narratives," "transgressive storytelling," or "rebellious forms." Though, each carries its own implications: some perhaps too academic and others too confrontational. The gentle mischief implied in "misbehaving" captures both the playful experimentation and the quiet resistance inherent in choosing one's own narrative path.

Yet, despite the clear benefits of this approach, choice-based narratives remain relatively uncommon in educational and therapeutic settings, often due to institutional preferences for more standardized methods and the challenges of implementing personalized narrative frameworks. Additionally, while some innovative practitioners have begun incorporating these techniques, the lack of formal training programs and established protocols has limited their widespread adoption in professional practice. The methodology of “misbehaving” forms requires intentionality in identifying and strategically subverting the conventions of established narrative structures. This process begins with recognizing the rules that govern familiar forms, then deliberately choosing which conventions to honor and which to transgress in service of authentic storytelling. For instance, convention assumes a letter will be delivered to its intended recipient; “misbehaving” forms might retain the intimate, direct address of letter-writing while breaking the delivery expectation. This creates letters meant never to be sent and allows for honesty impossible in actual correspondence. Similarly, recipe writing provides instructions for creating something consumable; a “misbehaving” narrative recipe might instead list ingredients for survival, steps for healing, or instructions for navigating grief. This methodical approach to form-breaking emphasizes that these choices are careful adaptations that serve the storyteller's specific needs. The following table includes several categories of choice-based “misbehaving” narrative. However, it should go without too much deliberation that the individual pursuing a choice-based “misbehaving” narrative practice (Table 1-1) needs to choose which narrative style they wish to use, further exploring the freedom to create a new, previously unidentified category as well.

Table 1-1. Choice-based Narrative Practice

Category	Definition
Poetry Cycles	Series of poems that can be read in different orders.

Transform the Mundane	Common item with universal formatting, and map story elements to object features.
Letter Collection	A series of letters to examine different aspects of self or experience.
Journal Fragments	Specific entries that tell a larger story.
Memory Lists	Chronological or non-chronological lists of significant moments.
Perspective Shifts	Using one or all perspectives (1 st , 2 nd , or 3 rd person) tell sections of story.
Representative Recipe	With the familiar structure of cooking instructions, make complex emotional processes or abstract experiences tangible.
Interactive Narrative	Multiple mapped-out storylines that pose various choices that affect the plot outcome.
Vignettes	Short, focused scenes that build a larger narrative.
Recorded Conversations	Informal monologues or dialogues that follow natural flow of thoughts.
Memory Boxes	Physical spaces that hold labelled story elements.
Object Collage	Gather and purposefully arrange meaningful items that represent a larger story.

Choice-based narratives can moreover act as a grounded theory research methodology, relying on participatory elements to integrate first-hand knowledge and experience. Grounded theory aims to generate theoretical frameworks explaining social behaviors by systematically analyzing participant data (Charmaz, 2014), while participatory research methodologies position community members as co-researchers rather than subjects (Jagosh et al., 2012). Despite decades of valuable contributions to understanding complex social phenomena, narrative inquiry and qualitative methods often face skepticism from traditional academic circles that privilege quantitative approaches and statistical significance (Povee & Roberts, 2014). Many institutions and funding bodies continue to view these methodologies as less robust, overlooking their unique

ability to capture nuanced human experiences and meaning-making processes that numbers alone cannot convey. This can be particularly meaningful when collecting data about vulnerable groups, such as trauma survivors (Johnston et al., 2024). The inclusivity of survivors' personal understanding of the trauma event, its effect, and their recovery processes can help fill the gaps in formal trauma studies research. This collaborative approach often uncovers insights that might be missed by traditional methodologies.

Sociological Perspectives

“There must have been something that you did to make him so angry. What is the whole story?” A family member demanded this as she helped me walk through the rain one month after being discharged from the hospital. We were in public, on the downtown walking mall. My percutaneous endoscopic gastrostomy (PEG) feeding tube pulled my abdomen *with every breath*, especially as she yanked my arm up while crossing shallow puddles. An infection blistered at the feeding tube’s base, so I couldn’t wear any sort of padding to help reduce the rubbing of its plastic against the raw edge of my stomach muscle. At this point, there was no definite “finish line” regarding my ability to appropriately chew by mouth and swallow using my throat. Even brushing my teeth was dangerous. Due to the damage to my esophagus, anything could go straight into my trachea and into my lungs. During the last Barium Swallow Test, the barium filled my nasal cavity, my tongue remained numb and aimless, and my epiglottal lay as lifeless as I once did. And now, the smells of downtown’s best grills and restaurants savagely filled my nose.

Several weeks ago, I was ceremoniously inducted into a regional group of “tubies,” individuals who only can access sustenance through long-term feeding tubes. It hadn’t been my initiative to join; a close friend signed me up. The group’s welcome card was pink and purple

with illustrative animals dancing along the border, and a woman's handwriting looped across the back, joyously indicating that they were thrilled to have another "tubie" friend. It was clear that this group's members were mostly very young, and the organization was managed by its members' parents. Though I appreciated the very small sensation that I wasn't the "only one with this disability," I felt like Billy Madison, returning to grade school to sit knees-to-chin at a tiny desk and learn a big lesson about life.

Downtown, the rain was picking up, but we finally reached the jewelry shop. I had been wanting to go since I woke up in the hospital and realized that my earrings had been misplaced during the first day's life-saving surgery. The cashier welcomed us with gusto but then paused, leaned in, and stared at my neck.

"I love your scar. It is so raw looking!"

You are your trauma.

Empathy is an antidote to entropy, but the kindness and inclusion that so many believe they are enacting can be best summarized as thoughtless reactions or dominating narratives of social norms. In many circumstances, empathy has become degraded and suspicious (Szalavitz & Perry, 2010). This can be easily seen regarding mental health. Despite humans' evolutionary need for mutual interaction and aid (Tomasello, 2009), the idea of nurturing someone through a complicated episode of psychological health is now met with social isolation which has been further impacted by COVID 19's shutdown mandates (Henssler et al., 2021). Stigma then emerges, and silence surrounding mental health and its multifarious presentations eases those facing precarious and pervasive situations into a status of "other" (Ahad et al., 2023). The insidious nature of stigma extends far beyond initial social rejection as it creates ripple effects that delay crucial treatment, compound psychological distress, and erode quality of life for

individuals struggling (Brandt et al., 2022). Understanding the operation and perpetuation of stigma can inform interventions to dismantle barriers to care, reshape social responses to mental health, and build more compassionate and accessible support systems (Corrigan & Watson, 2002).

Institutions, especially education systems, reflect and often reproduce broader social inequalities that can both cause and perpetuate trauma (Molla & Gale, 2023). Social power shapes educational opportunities in subtle but profound ways. Dominant groups establish cultural norms within schools that privilege certain behaviors, values, and ways of being, or what Bourdieu (1990) calls *habitus*. These norms often reflect the practices and values of the dominant culture rather than those found in diverse families. As a result, students' educational aspirations, from their choice to pursue advanced placement courses to their decisions about higher education, become shaped by what they perceive as possible or appropriate (Bathmaker et al., 2013). This internalization of social boundaries particularly impacts students from marginalized communities with tumultuous backgrounds, potentially limiting their educational trajectories before they even begin.

Furthermore, the distribution of educational resources, access to support services, and quality of instruction often mirror existing socioeconomic disparities (Kuzmanic et al., 2023). Trauma experiences and their impacts intersect with multiple social identities including race, class, gender, and disability status (Seng et al., 2012). These intersections create complex patterns of vulnerability and resilience that influence both trauma exposure and access to educational support. Typically, schools in marginalized communities have fewer resources to address trauma, creating a cycle where trauma impacts learning while limited support prevents adequate intervention (Liasidou, 2022). Educational institutions' policies and practices can either

mitigate or exacerbate trauma's effects. Traditional disciplinary approaches (Keels, 2023), standardized testing requirements, and rigid attendance policies (Kearney et al., 2023) may conflict with trauma-informed practices. For example, disciplining a “disruptive” student, who is in hyperarousal and experiencing flight-or-fight responses, with removal from the class and a solitary “cool-down” can parallel traumatic experiences of isolation or loss of control. The student’s trigger-reactions to this removal can increase hyperarousal behaviors or move the student into hypoarousal and “shut down.” Institutional structures often prioritize order and measurable outcomes over student wellbeing and emotional safety (Bashant, 2020).

Students’ ability to navigate educational systems while managing trauma is influenced by their access to capital. Families with greater financial, social, and cultural resources can better advocate for accommodations and access specialized support services. These inequities create additional effects through students' educational trajectories, where families with greater resources can access private therapy, specialized assessments, and advocacy support, while those without such capital face compounded barriers in seeking accommodations and support services.

Yet, this analysis of family capital becomes more complex when it is considered that families can be both sources of support and sites of harm. The systems designed to protect students through parental misunderstanding can become barriers when family members are the source of trauma, creating a devastating quandary where access to resources depends on the same structures that may perpetuate harm. A measurable impact of parental educational and socioeconomic status can predict domestic violence in the household and support proactive abuse prevention (Allen et al., 2022). Unfortunately, the current legal framework requiring parental consent creates significant barriers for students seeking trauma-related support. Therefore, students’ autonomous capital can be invalidated without familial backing.

You are not good enough.

You are not worthy.

Your voice does not matter.

By addressing the disparities, stigma, and plethora of barriers that student trauma survivors face, the benefits would not only be seen with those victimized but throughout the whole community. A stronger antidote to entropy, individual and collective empowerment, can be reached.

Interdisciplinary Integration

While trauma studies, educational practices, and creative writing methodologies can theoretically combine to address both individual and collective trauma experiences, there remains a critical lack of coordinated research exploring how these approaches work together in educational settings. The integration of these disciplines could construct more comprehensive approaches to trauma support, yet few studies have systematically examined their combined effectiveness. Embodied knowledge, expressed through somatic awareness and cognitive understanding, could be enhanced by the agency found in choice-based narratives' voice amplification and ownership. This potential for moving from individual meaning-making to collective community building remains largely unexplored in educational research.

The development of trauma-informed pedagogy and student support in educational settings has been piecemeal, with limited research investigating comprehensive frameworks for implementation. While trauma affects an estimated 70% of the American population during their lifetime (National Council of Mental Wellbeing, 2022), educational institutions often lack evidence-based protocols for addressing trauma in systematic ways. Despite public education's potential as a primary intervention point, there is insufficient research examining how trauma-

informed approaches, creative methodologies, and educational practices can be effectively integrated to support student resilience and recovery. Therefore, the interdisciplinary integration of trauma studies, educational psychology, creative writing, and sociology provides a comprehensive framework for understanding trauma in educational settings. At the core is the neurological understanding of trauma and trauma-informed practices, emphasizing the crucial relationship between trauma studies and educational psychology.

From my unique position as both survivor and educator, I have witnessed how trauma affects learning, while discovering that creative writing serves as a bridge between disciplines, offering choice-based narratives as tools for both healing and education. This integration highlights how institutional structures and social power dynamics influence trauma experiences and recovery, demonstrating that effective trauma-informed education must consider multiple perspectives simultaneously: the neurobiological impacts of trauma, its effects on learning and development, the role of narrative in healing, and the broader social contexts that shape trauma experiences.

This holistic approach, combining insights from all four disciplines, provides educators and institutions with a more nuanced and effective framework for supporting trauma survivors in educational settings. The research expands boundaries by demonstrating how personal narrative work can serve multiple functions simultaneously: therapeutic healing, academic skill development, and social empowerment. This multi-functional approach not only challenges traditional separations between academic and emotional support in educational settings but also expands understanding of how institutional structures can either perpetuate or heal trauma. The resulting dual focus on both personal and institutional transformation represents a significant

expansion of traditional trauma-informed approaches in education, highlighting the need for systemic change alongside individual interventions.

Am I my Trauma?

I ask to go to the bathroom. My fourth grade teacher agrees but not without giving me a concerned look.

I am bleeding.

The bathroom mirror catches my opalescent face, dark purple under-eye circles, and thin lips. Small orange basketball earrings pinch my earlobes. I love having my ears pierced, but I struggle with the feeling of the plastic studs. I usually wear a pair of tiny green lizards, but my Parks & Recreation basketball team has a game this weekend. The basketball earrings are for luck. We have the same team colors as the Los Angeles Lakers, but everyone calls us the “Grapes.” I’m a point guard, just like Magic Johnson, so I call us “Lakers” in my mind when I dribble down the court.

I don’t understand why I am bleeding. It’s not a lot, but it’s enough to stain my pink and white underwear. I’m confused. I’m embarrassed. But mostly, I’m exhausted.

The nightmares have been really bad recently. All night, I fight snakes and tentacles, drowning in their deep, penetrative masses. Mid-night, I wake up sweating or screaming or, like last night, throwing up. Foamy, white spit burst from my mouth, covering my pajama shirt. I lay still, crying silently for a few minutes before getting up to tell my mom.

She took me to the school psychologist last year. I drew an uninterpretable picture with red and green while the psychologist asked me simple questions. I was pleasant but very shy, not offering much information. By the end of the session, she had confirmed that I simply had separation anxiety that manifested in my dreams. She sent us home with three books on how to

self-talk after a nightmare. That next night, I dreamt that a squid breached at the side of my bed and dragged my body into the dark water for its next meal.

I look back into the mirror. My blue eyes are closer to a stormy gray, like my grandfather. He was protective of me. His round belly and cigar-stained moustache sometimes scared me, but he gave me space and frequently snuck Chips Ahoy cookies into my hands when no one was looking.

But my grandfather wasn't always there. On many occasions, I was at my aunt's house. With my two male cousins.

The eldest cousin hated me.

He hated me so much that he made me bleed.

In the night, he would creep up to the bed I shared with my younger cousin and become the snakes and tentacles of my nightmares.

And because there was no way to make him stop, I would give myself to the dark and wait for morning to illuminate my pressed eyelids. The dark was safe. There, I could *be weightless*.

The dark continued to hold me through six more years of his assaults. Keeping the entropy held at arm's length. Hushing the chaos and pain with dissociation.

And I held onto the dark until January 2024.

At the age of 34, I finally remembered *why*.

This was 7 years after being stabbed and 30 years after first being sexually assaulted.

Like so many others, I have been navigating trauma for my entire life.

Entropy thrives with silence. Unpredictability and disorder are not the truths of trauma. Trauma does not follow entropy's steady march toward disorder. Rather, it creates distinct

patterns in how survivors disconnect from themselves and others, in the ways communities respond to or deny harm, in the recursive loops of intergenerational wounds. By studying these patterns in both individual psyches and social systems, we can better understand how trauma operates not as chaos but as a structured response to overwhelming experiences. This insight *offers hope*. If we can recognize these patterns, we can begin to transform them, moving from fragmentation toward integration and healing.

There is a part of me that will always remain in the dark, and I will let her *rest* (Appendix A), peaceful and untouched, as I incite change in public and institutional spheres.

Chapter 2: Literature Review

Introduction

Millions of children, deeply impacted by interpersonal violences, structural oppression, or historical marginalization, struggle to navigate the pressures of academic and social routines necessary to be a successful student (Craig, 2016). These traumas are caused by physical, verbal, and emotional abuses (Springer et al., 2003); chronic domestic or community violences (Miliauskas et al., 2022); and essential insecurity (Padgett, 2020). As a direct result, a host of outcomes produce academic struggles, heightened potential for substance abuse, mental health challenges, and disengagement or reduced motivation (Copeland et al., 2007). Despite these difficulties, the access to and progressive continuation of children's education is not only a legal right but a principal process in holistic human development and learning (Murray, 2023). Education that is trauma-informed and managed by opportunities for strengthening resilience and post-traumatic growth can better support the growing number of student trauma-survivors (Brooks et al., 2016). Current research indicates that trauma-informed educational practices can significantly improve academic outcomes and emotional well-being when properly implemented (Carolino, 2024).

Raising awareness of the effect of trauma and how individuals respond can offset the small number of survivors who do and are able to seek professional help. National studies indicate that though a significant number of children need mental health treatment, at least 80% of this population do not receive services (Koppelman, 2004). These individuals can spend their entire lives without engaging in therapeutic healing and recovery processes (Perry & Szalavitz, 2017). Due to the environment and procedural nature of educational settings, children's responses to trauma are more easily encountered (Leek Openshaw, 2011). However, trauma's wounding of the nervous system, body, and psyche shows up in multiple, adverse ways (Maté,

2012). As students carry invisible yet burdensome baggage into their daily classrooms, educators often and unknowingly trigger and retraumatize this vulnerable population (Holden & Bruce, 2024).

Limited integration in educational psychology of trauma's immense impact on learning, cognitive processing mechanisms, and social-emotional development is significant. Though a rise in graduate and professional certificates has followed the COVID-19 effect on contemporary education (Maib et al., 2023), American universities and colleges with degree programs for pre-service teachers are not required to offer trauma-informed pedagogical coursework. Some states have recently enacted legislation requiring educators to complete annual professional development on trauma's impact on learning and behavior (Lang, 2022). However, as this shift to mandatory training is very needed, the material that is offered often only provides superficial coverage of trauma-identification strategies and trauma-informed responses, disproportionately offering more information on educators' self-care methods, and leaving educators underprepared (Bilbrey et al., 2022). While trauma-informed approaches in education have gained momentum, there is a substantial gap in current evidence-based research demonstrating their effectiveness and impact (Maynard et al., 2019). This highlights the need for the implementation of evidence-based frameworks that bridge theoretical understanding with classroom practice. Select studies provide confirmation of purposeful on-site mentorship being capable of narrowing this gap (Westbroek et al., 2024), but theory-based practices are still not accounting for diverse trauma experiences, incorporation of resilience building, and integration of survivor narratives.

The growing account of trauma in educational settings, coupled with limited frameworks for addressing its impact on learning, necessitates an interdisciplinary approach (Thomas et al., 2019) that bridges theoretical understanding with practical implementation. By interweaving

Constructivism, Transformative Experiences, and Survivor Narratives frameworks, purposeful recognition will be given to how trauma affects knowledge construction, catalyzes fundamental shifts in perspective and collective understanding, and bolsters meaning-making processes.

These three frameworks create an integrated approach to trauma-informed education by enhancing self-understanding, building community, supporting academic success, and developing resilience. Through this integration, educators can create learning environments that support both academic achievement and emotional healing while acknowledging the complex interplay between individual experiences and broader social contexts. This comprehensive approach addresses current gaps in trauma-informed pedagogy while offering practical strategies for implementation across diverse educational settings.

Origins of Trauma-Informed Pedagogy

Only a little over fifty years ago, research captured a psychological phenomenon reoccurring in veterans of the Vietnam War. Aptly named, “post-Vietnam syndrome” consisted of evident symptoms: flashbacks, hypervigilance, sleep-disturbances, and survivor’s guilt (Friedman, 1981). It was additionally found that exposure intensity correlated with symptom severity, but symptoms often emerged months or years after initial trauma exposure (Koenen et al., 2008). As this diagnosis was further validated with additional participants of combat, standardized criteria formulized post-traumatic stress disorder (PTSD) as an entry in the Diagnostic and Statistical Manuel of Mental Disorders (DSM) III. Eventually, this official classification proliferated the realization that psychological injuries do not solely come from war but a plethora of stressful events (Iribarren et al., 2005).

Explanations of trauma and its effects followed medical and public discourse of trauma survivors’ personal limitations, willful choices, or physical and psychological weaknesses (van

der Kolk, 2000). Specific populations, such as women, children, and marginalized groups, struggled to be understood and wrongly faced outcomes of deficit-based thinking (Morgan & Ziglio, 2007). Through extensive research and evolving clinical evidence over the next several decades, trauma theory fortunately evolved to acknowledge the multifaceted nature of traumatic events and survivors' responses (Courtois & Gold, 2009). PTSD was then identified with symptoms of re-experiencing trauma through memories or dreams, numbness of responses, memory impairment, and further intensification of symptoms by exposure to events symbolizing trauma (Ressler et al., 2022). Recognition of trauma responses in educational environments developed by the 1990's coinciding with the national movement, The Decade of the Brain, which publicized information on how the brain responds to external stimuli (Jones & Mendell, 1999). This began to deteriorate the inappropriate barrier of children being inherently resilient and emphasized the interactional development of resilience through genetic makeup, personal attributes, and environmental impacts (Masten, 2019). In the late 1990's, Felitti's Adverse Childhood Experiences (ACEs) then contributed significantly to the understanding that early life trauma is cumulative and widespread (Oral et al., 2016; Zarse et al., 2019).

Core assumptions of trauma's impact in educational settings were evidenced: affected academic performance, developmental delays, and varying degrees of acute, chronic, and complex responses (Vilaplana-Pérez et al., 2020). These pushed researchers and educators to develop trauma-informed practices that addressed both academic and socio-emotional needs. Studies showed that trauma responses manifested differently across age groups, cultural backgrounds, and trauma types, requiring flexible intervention approaches (Schnyder et al., 2016). These findings stressed the need to examine trauma through both individual and collective perspectives while considering cultural and socioeconomic contexts (Eller & Hierck, 2021). By

the early 2000's, a social-justice perspective in trauma-informed pedagogy exemplified the systemic barriers to both education and healing while illustrating the intersectionality of diverse lived experiences and the need for institutional change (Ramasubramanian et al., 2021). This demonstrated how the layered interactions between individual trauma responses, cultural backgrounds, socioeconomic factors, and systemic barriers represent cumulative risks that compound their effects within a person's lived experience (Sweeney et al., 2018). The pursuit of identifying markers that intensified adversity, such as poverty, low intelligence, family instability, broadly predicted populations' vulnerabilities and adjustment difficulties (Kraemer et al., 1997). This highlighted the importance of studying these interconnected risk factors rather than examining them in isolation (Carmody et al., 2005). The understanding of systemic barriers led researchers, such as Masten (2001), to examine protective factors more closely and found the critical role of stable relationships, predictable environments, and emotional regulation skills in mitigating trauma's impact. Rutter (2002) evaluated the significant interaction between protective factors and risk factors and continued to debunk that resilience is a static process. This early but evolving understanding of trauma's effects laid crucial groundwork for developing comprehensive, culturally responsive interventions in schools which emphasized the essential role of educators in creating trauma-informed learning environments that support both academic achievement and emotional healing (Brunzell et al., 2019).

Contemporary Trauma Studies

Though trauma and its effects on an individual's systems are now better cataloged (Fisher, 2021), the examination of trauma's impact on children has only begun to demonstrate that trauma is more heightened for children than it is for adults (Cruz et al., 2022). Trauma and adversity experienced during periods of critical development deeply affect children's functioning

and recovery (Hambrick et al., 2018). Additionally, while many children will not experience the horrors of interpersonal violence and neglect, the percentage of children escaping trauma entirely is very small (Perry & Szalavitz, 2017). These numbers are serious, yet, unfortunately, most cases are not reported (Alvarez et al., 2004). Underreporting is significant due to young children lacking the language development to articulate traumatic experiences (Pickett, 2020), survivors being threatened to stay silent (Iorfa et al., 2022), caregivers failing to recognize the signs of trauma (Canale et al., 2022), or caregivers as the source of trauma (Fingarson et al., 2019; Norlén et al., 2024). Mandatory reporting laws have helped bring safety to many young survivors, but adequate screening is still underdeveloped, especially in educational settings (Webster et al., 2005).

Innumerable children are survivors of abuse, victimization, and threats to their safety, and a portion of this population will experience evident psychological and physical consequences (Felitti, 2002). Based on Dr. Bruce Perry's (2017) decades of work, trauma studies now embrace trauma's immense impact on the brain through the formation and reinforcement of memory templates. These templates are neural patterns created as events are experienced, particularly during early development. When a child experiences trauma, the brain creates memory templates as a survival mechanism. During a traumatic experience, the brain's stress response system is activated, flooding the body with stress hormones (Bremner, 2006). The brain then creates a template of this experience, encoding not just the event itself but also sensory information, emotional responses, and physical reactions (Perry & Szalavitz, 2017). So, as the thalamus evaluates any sensory input and sends a message to the amygdala, the hippocampus checks the message against memories for any recognizable pattern (Šimić et al., 2021), and with elevated stress, the new message encodes a new memory for future threat assessment. This establishes the

memory template and becomes like a pre-programmed response that can be triggered by similar situations or sensory inputs (Perry, 1998). For example, if a child experiences abuse when hearing loud voices, the brain might create a template that associates loud voices with danger. Later in life, even in safe situations, hearing loud voices might automatically trigger the individual's stress response system, leading to fight, flight, or freeze reactions (van der Kolk & van der Hart, 1995). What makes these trauma-based templates particularly impactful is that they form in the lower, more primitive regions of the brain first before information can reach the higher cognitive areas of the cortex (Lu et al., 2024). This means that the responses they trigger are often automatic and transpire before conscious thought can intervene.

During the time that the brain creates memory templates of trauma, age-appropriate, or also known as critical periods of, neurodevelopment may be hindered (Cisneros-Franco et al., 2020). These critical periods include myelination, synaptic pruning, and neurogenesis which are processes the brain uses to maintain and increase its efficiency (Chakraborty et al., 2021). Despite previous thoughts about the brain's rigidity, especially regarding trauma, its greatest strength remains in its neuroplasticity. This capacity almost guarantees healthy neurological reorganization and improvement (Ho & King, 2021). Likewise, while these templates initially develop as survival mechanisms, they can be reshaped through what Perry (2017) emphasizes as repetitive positive experiences. Successfully navigating challenges strengthens internal resources (Pulvirenti & Mason, 2011) and creates a positive feedback loop where each managed challenge then builds confidence and capability. The capacity to develop resilience-building behaviors grows stronger through each successful interaction with stressors (Masten, 2019) as the brain learns to categorize challenges as opportunities for growth rather than threats (Bonanno, 2004). This neuroplastic adaptation fundamentally alters how future stressors are perceived and

processed at both cognitive and physiological levels (Peckham, 2023). Evidence from survivors of significant adversity demonstrates how individuals, bolstered by even minimal but consistent social support, develop increasingly sophisticated coping mechanisms (Greene, 2002). This pattern of growth extends beyond simple adjustment to stress, representing instead a dynamic enhancement of adaptive capacity (Nugent et al., 2014). Thus, resilience is established as a vigorous protective factor that strengthens through the positive adaptation to stress (Smith et al., 2017).

Contemporary research has shifted from viewing resilience as a trait-based phenomenon to understanding it as a dynamic process that influenced by both adversity and adaptation (Masten, 1999; Hill et al., 2024). This reflects the recognition that resilience emerges from complex interactions between individual characteristics, environmental conditions, and temporal dynamics (Sisto et al., 2019). The transformative power of supportive relationships (Calhoun et al., 2022) extends beyond immediate comfort and creates lasting neural pathways that enhance stress tolerance and emotional regulation (Eisenberger et al., 2007). These neurobiological changes, combined with growing self-efficacy, create a foundation for sustained resilience (Masten, 2019) that can be accessed and strengthened throughout life, potentially even accelerating personal growth during subsequent challenges (Vaughn & Sali, 2023). This effect means that individuals who have successfully navigated past adversity often demonstrate enhanced capability to handle future stressors, particularly when they have integrated the lessons of past experiences into their self-concept (Tugade & Fredrickson, 2004). The accumulation of these successful coping experiences creates a reservoir of adaptive strategies (Folkman & Moskowitz, 2004), social connections (Ozbay et al., 2007), and positive self-beliefs (Czekalla et al., 2021) that can be drawn upon during future challenges. Recent epigenetic studies have

revealed how environmental factors can influence gene expression related to stress response systems, providing a basis for understanding variability in susceptibility to adversity (Jiang et al., 2019). This adaptation and psychological growth highlights how resilience operates as both a process and an outcome (Bhatnagar, 2021), continuously refined through experience and strengthened through intentional development of coping resources.

Constructivist Framework

This intricate interplay between biological and psychological mechanisms forms the foundation for how constructivist theories conceptualize adaptive learning. Constructivism encompasses multiple epistemological and psychological theories that examine how knowledge is constructed through active engagement, automatic biological activation, experience interpretation, and comparisons of prior perceptions (Olsegun, 2015). This moves away from positivistic behavioral measurements and embraces a post-modern dissolution of an absolute truth (Flaskas, 1995). These theoretical foundations recognize that knowledge construction can be an individual cognitive process and a socially mediated experience, influenced by cultural, historical, and environmental factors (Burns et al., 2022). The dynamic interplay between personal meaning-making and social influences shapes how individuals process and integrate new information (Mahoney & Granvold, 2005). Under the umbrella term of constructivism, two distinct frameworks of knowledge construction emerge: cognitive constructivism and social constructivism (Husam Mohammed & Kinyo, 2020). Cognitive constructivists believe that learning occurs when students actively reshape and reorganize their existing knowledge structures (Whitman, 1993). In contrast, social constructivists emphasize that knowledge is built through social interactions, where learning happens as students engage and collaborate with others (Nawaz, 2012). In trauma studies, constructivism examines how individuals and

communities construct meaning through traumatic experiences and, therefore, uses both cognitive and social constructivism to examine psychological and social, intrapersonal and interpersonal, internal and external meaning-making processes.

Cognitive constructivism emphasizes that knowing is a process of one's mind (Hruby & Roegiers, 2012). Knowledge is constructed, not transmitted, yet knowledge and meaning may not directly correspond to an objective reality (Ültanır, 2012). Van Glaserfeld (1984) maintained that individuals cannot apprehend of an unexperienced world, thus breaking from the realists' convention that knowledge is ontologically True. Piaget concluded that knowledge developed through two processes, assimilation and accommodation, which order how new knowledge or prior knowledge is interrelatedly adjusted (Scott & Cogburn 2023). These processes work to either fit experiences into mental frameworks, known as schemas, or modify existing mental frameworks to incorporate new information (Derry, 1996). This understanding of schema evolved from early conceptualizations. Bartlett's temporal framework viewed schema as an active organization of past experiences that evolve over time, contrasting with modern interpretations that often treat schema as more static, spatial mental structures (Wagoner, 2013). Nonetheless, the unfolding debate among cognitive constructivists highlights how the brain actively organizes and reorganizes information based on both existing mental structures and new experiences that challenge those structures (Graesser & Nakamura, 1982). When faced with trauma, these cognitive processes become particularly critical (de Wit, 2023) as the mind struggles to integrate experiences that may fundamentally conflict with existing worldviews.

Trauma severely disrupts existing schemas by challenging fundamental beliefs about safety, trust, and control that previously organized one's understanding of the world (Vaile Wright et al., 2010). This destabilization forces rapid cognitive adaptation as the mind struggles

to integrate experiences that may contradict established mental frameworks. The resulting cognitive dissonance often leads to fragmented processing (Nicholson & Lutz, 2017), where traumatic memories and associated beliefs remain poorly integrated with pre-existing schemas about self and the world (Bomyea et al., 2012), suspending meaning-making processes. Robust research on the effects of early life trauma producing early maladaptive schemas (EMS) is available, illustrating the relationship of early domestic dysfunction and violence with developed schemas of shame, vulnerability to harm, impaired autonomy, and subjugation (Karatzias et al., 2016; Başer Baykal & Erden Çınar, 2022). Maladaptive schemas, though negatively impactful to one's self-esteem and self-concept, are created to act as coping mechanisms for self-preservation in the wake of trauma (Delcea et al., 2023). These deeply entrenched patterns of thinking and behaving often persist, shaping how individuals interpret and respond to future experiences through the lens of their early traumatic integration.

However, studies have begun to explore schema disruption and cognitive fixation through promoting flexible thinking. Li (2020) found by engaging participants' imagination, that which parallels childlike curiosity, with a magic show, then the participants actively relaxed their fixed thinking, engaged in ideas beyond familiar knowledge, and disrupted and reconstructed existing schemas. Though generally avoided due to the fear of threat, novel and exciting information and situations can lead to schema disruption and foster openness (Gołowska et al., 2017). This research suggests that creating safe environments where survivors can playfully explore new possibilities, rather than remaining trapped in rigid trauma responses, may help facilitate the restoration of cognitive flexibility. Consequently, the adaptation of mental frameworks is possible for trauma survivors.

Schemas are organized by the themes of personal narratives (Bluck & Habermas, 2000). Trauma survivors often construct protective narratives to cope with overwhelming experiences (Lynch et al., 2007), but these narratives may ultimately limit healing and post-traumatic growth (Bryngeirsdottir, & Halldorsdottir, 2022). Through externalization techniques, like those found in the therapeutic writing and storytelling of narrative therapy (Ruini & Mortara, 2022), individuals can separate themselves from problem-saturated stories, identify alternative narratives, and actively reconstruct more adaptive schemas that support healing and growth (Schilder et al., 2012). Through guided externalization practices, survivors can begin to separate their core identity from the trauma narrative (Abd Kadir, 2024). This separation allows them to recognize their existing schemas about safety, trust, and self-worth as trauma-influenced constructions rather than fixed truths (Harding et al., 2012). This follows constructivism's emphasis of reality emerging through investigation rather than theoretical deduction (Rieger, 2019). Whilst survivors share and reshape their stories in supportive environments, they can gradually reconstruct schemas that integrate traumatic experiences while strengthening their sense of agency and resilience (Marschall & Watson, 2022). As Danto succinctly articulated, the human experience naturally takes shape through narrative mechanisms like beginnings, endings, and climaxes, so, this narrative framework runs so deep that life itself becomes inseparable from story (Polkinghorne, 1988).

The reconstructive procedure through storytelling can bridge to social constructivist frameworks by moving individual processing to collective learning. Social constructivism emphasizes that people construct knowledge through interpersonal connections, social environments, and cultural context (Saleem et al., 2021). Vygotsky grounded constructivism in social factors and strongly believed that the community held the central role in the processes of

meaning-making (Schreiber & Valle, 2013). He argued that learning first occurs socially, particularly through language, before becoming internalized by the individual (Vasileva & Balyasnikova, 2019). By connecting the community to this framework of knowledge construction, the development of group interpretation and understanding can lead to greater validation and connection. A collaborative process such as this can be hugely beneficial for trauma survivors. Through shared experiences and collective meaning-making, trauma survivors can reconstruct their narratives within a supportive social context, transforming individual healing into a communal journey of growth and recovery (Muldoon et al., 2019). Fivush (2010) explores the loss of power through silence imposed by dominant narratives and emphasizes social constructivism as a mechanism for narrative deviation, personal empowerment, and collective well-being. This social constructivist approach aligns with therapeutic modalities that emphasize co-creating stories that reflect social contexts (McNamee & Gergen, 1992). The power of communal healing lies in its ability to challenge isolation, normalize experiences, and create networks of mutual support.

As previously identified, schema reconstruction is an important aspect of cognitive flexibility (Ritter et al., 2014). This is a resounding approach to learning for trauma survivors and those who have not experienced trauma. However, those who have not experienced trauma are less likely to practice assimilation or accommodation of information concerning the complexities of trauma survivors' experiences and responses without social interactions in external contexts. Though accessibility to vital information concerning trauma is high, as found in Holocaust museums and exhibits, studies indicate that observers do not acquire new information but simply confirm existing beliefs and mental frameworks (Doering & Pekarik, 1996). So, the mere act of interacting with information in communal environments does not always prompt knowledge

construction or modification. Strike and Posner (1992) asserted that dissatisfaction with current conceptual knowledge must be an initial condition for conceptual change. Additional models contend that intentional reconstruction to one's conceptual knowledge requires interactions among background knowledge, the content's characteristics, self-regulation, and, especially, motivation (Sinatra & Taasoobshirazi, 2018). Yet, Vygotsky stressed the importance of collaboration and discussion, especially in educational settings. Not just a biological organ, the brain simultaneously evolves into a social processor, absorbing and organizing public patterns and meanings (Toomela, 2014). Knowledge is among individuals; meaning making is group oriented.

Constructivism posits that knowledge emerges from experiential understanding rather than reflecting objective reality (Allen, 2022). It structures knowledge as a product of how experiences are processed and organized, departing from traditional epistemological frameworks that assume knowledge directly mirrors external truth (von Glaserfeld, 1984). By not only creating spaces in which trauma survivors can reconstruct their trauma-adapted schemas through narrative but additionally creating opportunities for sharing these externalizations and connecting to a group's context, collective meaning-making and empowerment can occur. The healing power of shared narratives operates through personal schema modification, broader interpretation of trauma, validation of diverse experiences, and development of collective resilience. This shared experience creates a foundation for reframing learning as survivors move from isolation to connection. Through guided dialogue and collaborative meaning-making, survivors can integrate their personal narratives into larger cultural and historical contexts. Additionally, this collective process helps challenge dominant narratives about trauma (Haslam & McGrath, 2020) while building community-based support networks. The integration of

cognitive and social constructivism in educational environments, where community is a critical factor in inclusionary learning, bolsters trauma-informed pedagogy. Through the educator and group's establishment of the classroom as a space safe, respect for diverse experiences, integration of social and cultural perspectives, and the development of new meaning-making frameworks can be cultivated.

Transformative Experiences

The integration of trauma-informed narrative approaches with transformative learning theory provides insight into how disruptive experiences can catalyze profound changes in understanding and meaning-making. While constructivism explains how knowledge is built, Mezirow's transformative learning theory addresses how significant experiences fundamentally change one's perspective and worldview (Kitchenham, 2008). The emphasis on "transformative" pulls away from an on-going learning experience to focus on a disorienting dilemma or crisis which act as a catalyst for change (Laros, 2017). Disorienting dilemmas challenge core assumptions and disrupt existing beliefs but lead to critical reflection and questioning of prior understanding (Feng et al., 2024). Transformation then occurs with active meaning reconstruction and the integration of new perspectives. As Mezirow's theory prioritizes individual cognitive transformation, it does emphasize that meaningful change occurs through open, reflective dialogue and rational discourse within supportive environments (Christie et al., 2015).

For trauma survivors, the traumatic experience acts as an involuntary disorienting dilemma, forcing reconstruction of fundamental beliefs about safety (Lynch et al., 2025), trust (Paul, 2014), and identity (Chirico et al., 2022). This quickly hits the core of how trauma fundamentally reshapes a person's worldview and sense of self. Unlike typical life challenges

that gradually push individuals to grow, trauma forcefully shatters existing frameworks for understanding the world (Kaminer & Eagle, 2010). When it comes to safety, trauma survivors often experience what Janoff-Bulman (2010) calls a “shattered assumption” about the world's fundamental benevolence. Before trauma, many people operate under an assumption that the world is generally safe and predictable. After trauma, this belief system is forcefully reconstructed (Edmondson et al., 2011).

The restoration of trust then operates on several levels, including self, others, and concerning institutions, which becomes increasingly complicated by a sense of betrayal of safety, judgement on others' ability to protect, and institutions' failure to respond to the trauma. The impact on identity is perhaps the most overwhelming. Trauma often creates a clear demarcation between the “before” and “after” self (Brison, 2022). Survivors frequently report feeling like a different person or a part of “self” has disappeared, struggling to reconcile their pre-trauma identity with their post-trauma reality (Dorothy & Hughes, 2023). This evaluation of identity involves grappling with questions like:

- Who am I now that this has happened to me?
- How has this experience changed my fundamental beliefs about myself?
- What does it mean about me that I survived this?
- How do I integrate this experience into my life narrative?

What makes this process challenging is that it happens while survivors are still dealing with the neurobiological impacts of trauma (Sripada et al., 2012). The heightened stress response, disrupted sleep patterns, and altered cognitive processing persist. Yet, this involuntary reconstruction often leads to “post-traumatic growth,” a representation of the human capacity to make meaning even from suffering (Tedeschi & Calhoun, 1996; Roepke, 2013). When trauma

survivors undergo that involuntary reconstruction of their worldview, it often creates an opening for deeper critical consciousness (Escueta & Butterwick, 2014). This happens because the shattering of previously held assumptions about safety, trust, and identity can lead to questioning other presupposed aspects of social reality. This disruption of previously held beliefs can thus become a pathway not only for individual healing but for developing a more nuanced understanding of how social structures and power relations shape both trauma and possibilities for transformation (hooks, 2001).

Survivor Narratives

When individuals experience tension, shock, and loss of control during crisis, they often face one of its most dangerous consequences: isolation (Jegier, 2023). The combination of environmental challenges, including hostile societal messages and institutional micro-aggressions, coupled with mounting self-doubt can trigger a deep disconnection from self and desired directionality, casting long shadows over one's vision of the future (Danermark & Moller, 2008). This deterioration of identity leads to what author and survivor Annmaree Watharow describes as “a drowning in sense-less-ness” (2021, p. 23). While the instinct to suppress chaos and numb emotional responses may seem protective, it not only prevents meaningful self-discovery and authentic self-expression but also diminishes the rich tapestry of human experience available to our collective understanding. Personal narratives of crisis and recovery offer a powerful message of solidarity and possibility: “If I can do it, you can do it, too.” Simultaneously, personal narratives can vigorously support individual healing. In the realm of human experience, storytelling remains our most potent tool for empowerment.

The act of telling one's survival story often becomes a catalyst for personal healing and transformation (Kiser et al., 2010). When survivors share their narratives, they reclaim not just

their voice but their power to shape their own healing journey (Hill & Soprych, 2024). Through the intimate process of crafting and sharing survival stories, many find a path toward understanding and reconciling their experiences. The grip of shame and self-blame begins to loosen when survivors reclaim their narratives (Brewster, 2022). More so, the practice of sharing one's story, whether through writing, speaking, or artistic expression, can activate powerful physiological changes in the body, such as reducing stress hormones, lowering blood pressure, and strengthening immune function, resulting in fewer necessary trips to healthcare providers (Pennebaker & Seagal, 1999). With this, studies have found that sharing one's story stimulates a decrease in cortisol, a hormone released as a response to stress, and a surge in oxytocin, a hormone produced as positive emotions and lowered anxiety are experienced (Brockington et al., 2021). Pennebaker (2000) concludes that the expression of one's story leads to coherent meaning-making, profound processing, and, ultimately, a sense of control. As narrative inquiry researcher, Kim (2016), testifies, narratives are a form of "telling as well as knowing" (p.6).

When survivors are given dedicated time and supportive environments to craft and share their personal narratives, they experience heightened feelings of self-determination's three core principles: autonomy through choosing how to tell their story, a sense of competence as they master the tools of self-expression, and relatedness by connecting with others who bear witness to their journey (Welch & Fleming, 2023; Lu & Moller, 2024). According to Ryan and Deci (2000), when innate psychological needs are met, conditions to foster social development, self-motivation, and optimal functioning are presented. Self-determination theory's (SDT) three fundamental needs, autonomy, competency, and relatedness, promote health and well-being when fulfilled but lead to physical and psychological distress when neglected. Environments that create tension between these fundamental needs foster disconnection and psychological strain

(Ryan, 1995). When these three core elements of SDT align and reinforce each other, they create a transformative momentum (Deci & Ryan, 2000). Autonomy flourishes as survivors exercise complete agency over their narrative construction. They decide which experiences to highlight, which metaphors best capture their journey, and how to sequence their story's elements. Furthermore, survivors can choose to focus on moments of resilience or explore difficult emotions. The competency dimension can manifest through multiple means. As survivors develop capability with various forms of expression, such as through written word, spoken testimony, art, or digital media, this advances mastery over the tools of storytelling (Jean-Berluche, 2024). Moreover, they gain increasing skill in emotional articulation, learning to name, tame, and re-frame their experiences with greater insight (Gross, 2015). Relatedness emerges both in the immediate sharing context and through spill-over effects (Baek & Parkinson, 2022). The act of being truly heard by empathetic witnesses creates profound connection and can counter the isolation that trauma often engenders. Likewise, many survivors find that sharing their story inspires others to share theirs, creating circles of mutual support and understanding (Carr et al., 2020). This integration process helps resolve cognitive dissonance that may have existed between their pre-trauma beliefs and post-trauma reality and leads to "narrative reconstruction," or the creation of a new, more expansive understanding of self and experience (Bauer et al., 2019; Martinez-Conde et al., 2019).

The ripple effects of storytelling move far beyond the individual. As stories flow between teller and listener, they create invisible threads of social connection that strengthen the capacity for mutual understanding and collective growth (Bietti et al., 2019). At its essence, storytelling unfolds as an intimate exchange between narrator and audience. This reciprocal relationship encompasses multiple dimensions of engagement: absorbing the narrative, discovering its

resonance, passing it forward, observing others' responses, and contemplating its deeper significance (Lwin, 2019). When listeners immerse themselves in a story, they naturally locate themselves within its landscape, discovering personal parallels to the protagonist's path (Yuan et al., 2018). This engagement awakens empathetic responses and anticipatory thinking, touching our fundamental need to validate emotional experiences and discover shared humanity with others (Stueber, 2006; Curci & Bellelli, 2004; Gupta & Jha, 2022). Storytelling transcends simple entertainment to become a universal language that whispers: "you belong."

Narrative Capital

The stories survivors choose to tell become powerful currency in their journey, transforming lived experience into a source of strength and social capital. By illustrating the power of social reproduction, Bourdieu conceptualized capital as not only economic and divided it into three forms: economic, social, and cultural (Xu & Jiang, 2020). Social capital represents the collective value inherent in networks of relationships, shared norms, and mutual understanding that enable individuals and communities to function effectively and achieve common goals (Bhandari & Yasunobu, 2009). However, survivors' capital does not conclude there. While social capital emerges from networks of relationships, survivors' narrative capital represents the power and resources generated when survivors transform their experiences into shareable stories. Just as social capital creates pathways to opportunity through connection (Rafiey et al. 2022), narrative capital builds bridges of understanding through the currency of personal truth (Carlsen & Pitsis, 2020). These stories become assets that can be exchanged for healing, validation, and community transformation, while simultaneously strengthening the very social networks that define social capital. While an argument can be made for narrative capital being an aspect of cultural capital, narrative capital furthers the concept of the power and

influence that comes from being able to shape, control, and disseminate stories and narratives that influence public discourse and understanding. Cultural capital operates more at the individual level of social distinction (Bourdieu, 1986), while narrative capital operates at the broader societal level of meaning-making.

This emphasis on narrative authenticity stands in contrast to public bracketing, where individuals are expected to set aside their personal experiences when engaging in public spheres (Rozuel, 2011). For example, when childhood sexual violence survivors attempt to share their experiences during adulthood, they face both subtly and overtly imposed silence, and if they do speak up, they often encounter either skepticism or are held responsible for their own victimization (Enns et al., 1995). For trauma survivors, such compartmentalization of their lived experiences can invalidate their hard-earned wisdom and diminish the very perspectives that have shaped their understanding of both trauma and healing (Clifford et al., 2020). This dimension of exclusion usually works to the advantage of dominant groups in society, resulting in informal pressures that marginalize the contributions of subordinated groups (Fraser, 1990). Without the integration of survivors' knowledge, the remaining silence can be as potent as misinformation and misconceptions (Sedgwick, 1990). Enforced separation of personal trauma from public discourse perpetuates cycles of institutional violence by normalizing the dismissal of lived experience. This creates a culture where trauma is viewed as a burden rather than a systemic issue in need of collective acknowledgment and response (Dworkin & Weaver, 2021). Additionally, hegemonic systems promote messaging that frames trauma survivors as unreliable narrators of their own experiences, positioning them as "damaged" individuals whose perspectives can be dismissed (Brown, 1995). So, survivors may then purposely silence themselves to keep from feeling less social stigma and ostracization (Fivush & Edwards, 2004;

Varshney et al., 2024). The practice of public bracketing and imposing silence thus becomes a mechanism of social control (Collins et al., 2021), reinforcing power dynamics that benefit from the continued silencing of trauma narratives while simultaneously delegitimizing the embodied knowledge that survivors bring to discussions of policy, justice, and social change.

Within educational settings, this culture of bracketing manifests in pedagogical practices which privileges detached, objective knowledge over lived experience (Gresalfi, & Hand, 2019). These learning environments require students to compartmentalize their trauma histories in order to participate in academic discourse, ultimately perpetuating cycles of educational marginalization and institutional trauma. This pedagogical approach not only limits the potential for trauma-informed education but also reinforces the dichotomy between personal experience and academic knowledge, ignoring how lived experience shapes cognitive development, emotional intelligence, and critical thinking capacities (Gouvea, 2020).

The integration of trauma survivors' narratives and lived experiences into public discourse represents more than just an act of inclusion. It is a fundamental reimagining of how knowledge is constructed and validated in society. By resisting the bracketing of identity and trauma, spaces are then created where the full spectrum of human experience can inform collective understanding and decision-making (Turk, 2018). This integration challenges traditional power structures while enriching public dialogue with vital perspectives that have historically been silenced or dismissed (Anderotti, 2016). When survivors' narratives are welcomed into educational, political, and social spaces, they contribute to a more nuanced and complete understanding of trauma's individual and systemic impacts.

Interdisciplinary Integration

Building on this understanding of narrative integration, an interdisciplinary research approach becomes essential for capturing the complex interplay between trauma, identity, and institutional structures. Interdisciplinary research integrates multiple disciplines' perspectives, methods, and knowledge to address complex problems that exceed single-discipline solutions (Hu et al., 2024). This can lead to the synthesis of previously separate theoretical frameworks, resulting in more comprehensive and nuanced conceptual understanding, thus serving as a powerful mechanism for conceptual change. As different disciplines collaborate, distinct theoretical frameworks, methodologies, and perspectives are brought together to examine phenomena (Vladova et al., 2024), and this "cross-pollination" can lead to novel insights that challenge existing paradigms within individual fields. Additionally, interdisciplinary research's problem-centered approach can promote conceptual evolution as researchers must adapt their disciplinary concepts to account for any complexity revealed or critical examination of assumptions within the initial, singular domain (Krause-Jüttler et al., 2022). While challenges in interdisciplinary research do exist, evidence suggests that well-structured interdisciplinary collaboration can be an impressive driver of conceptual innovation across a multitude of fields (Specht, & Crowston, 2022).

For ensuring a comprehensive approach to trauma and its impacts, an interdisciplinary tactic is crucial because this subject spans multiple domains, including neurobiological, psychological, social, educational, and cultural (Frewen et al., 2018). Single-discipline approaches risk overlooking critical interactions between systems (D'Este & Robinson-Garcia, 2023). The intersection of neurobiology and psychological methods has already revolutionized our understanding of trauma's impact. For example, it has led to new understandings of developmental trauma, showing how early experiences physically shape the brain and stress

response systems (Smith, & Pollak, 2020). This has challenged purely psychological or purely biological models of trauma. With an interdisciplinary integrated lens, institutional practices, social power dynamics, and individual trauma responses are revealed to be interconnected, shaping both personal and collective experiences of trauma. Key conceptual shifts resulting from interdisciplinary trauma research can continue to develop variations in trauma survivors' expressions of healing (Zoromba et al., 2024), the recognition of post-traumatic growth possibilities (Dell'Osso et al., 2022), and an understanding of non-linear recovery trajectories (Bryant et al., 2015). Trauma-informed solutions must address multiple levels simultaneously, from neurological healing to systemic change, making interdisciplinary collaboration essential for developing comprehensive frameworks for research and intervention.

While interdisciplinary approaches have advanced the understanding of trauma and its impacts, significant gaps remain that require innovative approaches to address. Limited methodologies exist that can simultaneously study biological, psychological, and social dimensions while utilizing research protocols that are both scientifically rigorous, trauma informed, and survivor-voice oriented. As trauma manifests in both individual experiences and collective memory, it shapes public policy, social movements, and cultural narratives (Abrutyn, 2024). This intersection of personal and political dimensions requires insights from psychology, sociology, political science, and cultural studies to understand how trauma influences everything from healthcare access to social justice initiatives. Only through multiple disciplinary lenses, trauma is understood to function as both an individual wound and a force that shapes societal structures and political discourse. Methodological validity in capturing dynamic trauma patterns and processes over time, as seen with polytrauma survivors, is lacking (Kalbas et al., 2023). Furthermore, trauma studies' interdisciplinary nature aligns with intersectional analysis, as

trauma experiences and their impacts vary significantly across race, gender, class, and other social categories (Ford et al., 2015). These intersecting dimensions of trauma require frameworks that can analyze how various forms of oppression compound trauma's effects (Holmes et al., 2023). Research must not only examine how different social positions create unique vulnerabilities to trauma but also acknowledge how collective healing practices emerge from specific cultural contexts. Western-centered models of trauma dominate any in-depth understanding of cultural variations in trauma expression and healing, and the absence of underrepresented groups in trauma data collection creates a considerable gap in conceptual knowledge.

Expanding Current Resilience Frameworks

Though research on trauma emphasizes the need for interventions in early and middle-grade childhood, adolescents who experience trauma during their teenage years generally are overlooked. The assumption that interventions are not needed past a certain point in an individual's life is erroneous (Luthar & Cicchetti, 2000). This gap is particularly significant for educational settings, where trauma-informed pedagogy needs to address adolescence as a distinct subculture, existing beyond childhood and just before adulthood (Crockett, 1997). Adolescents occupy a unique liminal space with their own norms, values, and challenges, directly affecting their autonomy and decision-making power (Filakovska Bobakova et al, 2018). The lack of interdisciplinary research and interventions specifically designed for adolescent trauma survivors in educational environments limits opportunities for post-traumatic growth, collective knowledge construction, and perspective transformation. While current resilience frameworks can support understanding of trauma's impact on overall learning and development, they often fail to recognize adolescence's distinctive position. Educators frequently misinterpret trauma responses

as motivational deficits (Winfrey & Perry, 2021), overlooking how students actively cope within their transitional state between dependent and independent status. This period represents a dynamic phase of identity formation where adolescents navigate between childhood dependency and adult autonomy (Branje et al., 2021). Rather than viewing these students through a deficit lens (Luthar, 2000), educators should implement trauma-informed approaches that acknowledge both their unique subcultural position and ongoing development. This requires understanding that behavioral patterns and self-perceptions are not fixed traits (Dweck, 2008) but responses to lived experiences within this critical developmental stage, shaped by their evolving cognitive and emotional capacities alongside societal restrictions on their agency. Trauma-informed approaches should not act as reactive adjustments but, instead, be preemptive measures for potential situations (Windle, 1999).

Educational environments that facilitate trauma disclosure and re-storying can expand resilience frameworks by acknowledging the dynamic nature of trauma recovery. When students share their experiences and reconstruct their narratives in supportive educational spaces, they move beyond individual coping mechanisms to engage in collective meaning-making. This process allows adolescents to reframe their experiences while developing agency in their healing journey. The act of sharing narratives diminishes the tendency to compartmentalize or isolate traumatic experiences (de Muijnck, 2022), as done through bracketing, and integrates these understandings into a broader social context. When students witness peers' stories and share their own, they break down the artificial boundaries between their trauma and daily life, creating more authentic connections between their past experiences and present identity formation.

Educators can support this process by creating safe spaces for narrative sharing, modeling empathetic listening (Ampofo et al., 2025), and helping students identify patterns and strengths

in their stories. By incorporating structured reflection activities, facilitating peer support networks, and validating diverse experiences, educators can enable students to reconstruct their narratives within a supportive community. Through carefully designed choice-based “misbehaving” writing exercises, group discussions, and creative projects, educators can help students explore their experiences while maintaining appropriate boundaries and emotional safety. Critical to this process is the educator’s role in establishing clear guidelines (Munna & Kalam, 2021), ensuring confidentiality, and providing access to additional support resources when students may need professional mental health support beyond the classroom setting. With these intervention goals at the forefront of classroom procedure (Cowen et al., 1996), this process can establish educators as a critical protective factor in the educational trajectory of trauma survivors (Luthar & Zigler, 1991). By integrating trauma-informed practices with academic content, educators can create opportunities for meaningful connection and growth while respecting students' autonomy in choosing how and when to share their stories. This multilayered approach challenges traditional resilience models that focus primarily on individual adaptation while honoring adolescents’ developmental need to construct identity through social interaction and collective meaning making.

Narrativity as Research Methodology

Life stories and personal narratives should be understood as more than just recollections (Polkinghorne, 1988). They are active performances where individuals construct and present their identities through storytelling (Brewster, 2022). When individuals share their personal stories, they’re engaging in a social act (Björninen et al., 2022) that blends how they tell their story with what they choose to tell, thereby creating an interactive relationship between form and content. These narratives are shaped by and embedded within social contexts which implies the

way someone tells their life story reflects both their individual experience and the broader social environment they occupy. This interplay supports narrative analysis as a reliable research method. Narrative analysis effectively addresses the study of variability, focusing on temporal ordering in individual life histories and the contextualization of narrative production within broader circumstances (Mishler, 1999).

This type of research has become regulated through the adoption of American Education Research Association's (AERA) seven standards of humanities-oriented research which categorizes the following: significance, conceptualization, research design, coherence, quality of communication, and ethics (2009). These standards can fruitfully guide the formation of research ideas and design, but the pursuit of narrative inquiry and analysis succeeds with concepts not as procedurally captured. Research is not solely a serious pursuit; it's an imaginative dance with ideas that the researcher can explore, having moments of joy, while maintaining scholarly rigor (Kim, 2016). Like children who learn best through play, researchers discover deeper insights when allowed the opportunity to approach concepts with curiosity and creative freedom. Researchers toss ideas around, look at them from unusual angles, and let them enable surprise with unexpected connections. This playful mindset opens new possibilities, exposing patterns and relationships the researcher might miss with a purely analytical approach (Pozzebon et al., 2011). Yet, this intellectual play serves a genuine purpose. Through this back-and-forth engagement, the researcher can weave together a discovery of how ideas echo and complement each other in meaningful ways. The beauty lies in embracing both the playful spirit of discovery and the scholarly pursuit of knowledge, letting them enhance rather than compete with each other.

Narrative inquiry and analysis can account for complex, self-organizing, temporally dependent processes which lead the researcher to consider multiple perspectives (Daiute, 2014). By moving beyond primitive notions of causality that don't adequately capture biological, social, and psychological processes, narratives permit the researcher to see what is too large to be simply acquired by sight (Turchi, 2004). Narrative inquiry creates space for ambiguity by allowing contradictions, uncertainties, and multiple interpretations to exist simultaneously within stories without forcing immediate resolution. Through the process of telling, retelling, and examining narratives from different angles, these ambiguities can naturally evolve and clarify themselves (Langley, 1999). The power of narrative lies in its capacity to hold these tensions while gradually revealing patterns and insights that might help us make sense of seemingly conflicting elements (Mishler, 1986).

Sociologist Ballantine (2022) recognizes that narrative research methods create a bridge between ethical necessities and deep understanding as she designed and completed a study on stigma and interpersonal violence devastating African migrant women. This study demonstrates how narrative inquiry can effectively navigate sensitive topics while generating meaningful insights about both individual experiences and broader social contexts. The focus on stories, especially that found in interview research, allows new meanings to emerge, develop, and shape dominant discourse (Frost et al., 2020). Ballantine's study's strength lies in its careful methodological approach to working with a vulnerable population who experienced violence and showing how narrative methods can help researchers ethically engage with stigmatized experiences. Rather than presenting narrative methods as a simple solution, Ballantine acknowledges how norms shape narrative possibilities and recognizes that storytelling itself can sometimes reproduce condemning beliefs. This tension between narrative as both a tool for

agency and a potential vehicle for perpetuating stigma reveals the nuanced understanding achieved through this approach. Nonetheless, Ballantine concludes that the study demonstrates how narrative inquiry can generate valuable knowledge about navigating stigmatized experiences while maintaining participants' autonomy and producing evidence for resources that specifically help a vulnerable population. This emphasizes how participatory qualitative research methods actively involve community members as partners throughout the research journey, rather than treating them simply as subjects to be studied. These approaches recognize that stakeholders bring valuable expertise and insights, making them essential collaborators in gathering, analyzing, and applying research findings (Jumarali et al. 2021).

Narrativity is a comprehensive approach to understanding identities, but it remains a performative expression that allows an individual to claim who they are (Mishler, 1999). This mimetic nature of narrative highlights the gap between lived experience and its representation through words. Language is limited and often fails to be precise. This challenge of acquiring or creating language to communicate experiences of traumatic pain is resisted by normal expression (Rivi et al., 2023). There needs to be an effort to translate pain into language that can make it something tangible but still defies objectification. With a particular focus on individuals who have experienced severe pain and wounding, language can continue to amplify attributes of humans' capacities (Scarry, 1985). Caruth (2016) offers how narrative can explore trauma's impact not only in the original devastating event itself but in the unprocessed experience that continues to resurface and affect the survivor's present life. She insists that it is an entanglement of knowing and not knowing which haunts the stories associated with trauma. Adding to this body of work, sociologist Frank (2013) emphasizes that narratives are more than just descriptions of pain, hurt bodies, or wounding, and instead, he insists that bodies actively shape and direct the

stories being told. Narrative inquiry is not just about hearing survivors talk about their physical body and subsequent wounding. It is best understood through the feminist disability theory of embodiment: how bodily experiences and social response shape identity (Ahlvik-Harju, 2016).

Summary

This review of literature demonstrates the critical need for trauma-informed frameworks in education which integrate constructivist theories, transformative learning approaches, and survivor narratives. The research reveals how trauma profoundly impacts cognitive processing, identity formation, and academic engagement, particularly during adolescence. Current educational practices often fail to address the complex interplay between individual trauma experiences and collective healing processes, while institutional bracketing continues to marginalize survivor voices and lived experiences. The intersection of cognitive and social constructivism offers promising pathways for supporting trauma survivors in educational settings. Through narrative sharing and collective meaning-making, students can reconstruct maladaptive schemas while developing resilience within supportive learning communities. This process acknowledges both the neurobiological impacts of trauma and the social dimensions of healing, moving beyond traditional individualistic approaches to trauma-informed education. However, significant gaps remain in translating theoretical understanding into practical classroom implementation (Chi, 2021). While research demonstrates the potential of narrative approaches and constructivist frameworks, educators need more comprehensive training and support to create learning environments that balance academic rigor with emotional safety (Frazier & Doyle Fosco, 2024). Future research should focus on developing evidence-based practices that honor survivor narratives while supporting post-traumatic growth and collective healing processes. The evolution of trauma-informed education requires an interdisciplinary

approach that bridges neuroscience, psychology, sociology, and education. This integration can help create a more nuanced understanding of how trauma affects learning and development, while acknowledging the diverse ways trauma manifests across different cultural and social contexts. As educational institutions continue to recognize the prevalence of trauma among student populations, expanding current frameworks through this interdisciplinary lens become increasingly crucial for supporting both individual healing and collective transformation.

Ultimately, the success of trauma-informed education depends on its ability to create spaces where survivor narratives are valued, where healing is understood as both an individual and collective process, and where the complex interplay between trauma, learning, and identity formation is acknowledged and addressed. This requires moving beyond simple acknowledgement of trauma's impacts to develop comprehensive approaches that support both academic achievement and emotional well-being while fostering resilience through meaningful connection and collective understanding (Malloy & Manisco-Chapo, 2024).

Chapter 3: Methods

Introduction

Despite the growing recognition of trauma's profound impact on learning and development, there remains a significant gap in trauma-informed educational approaches that meaningfully incorporate the voices and lived experiences of trauma survivors themselves. Current research and practice often position survivors as subjects to be studied rather than valuable contributors to knowledge creation, resulting in interventions that may not fully address their complex needs and realities (Magruder et al., 2016). This study addresses this critical gap by intentionally centering survivor perspectives and narratives throughout the research process, acknowledging that those who have navigated trauma possess unique insights. By elevating these routinely marginalized voices, more authentic and effective trauma-informed educational frameworks can be developed that honor the wisdom from lived experience while supporting both individual healing and collective transformation (Figure 1).

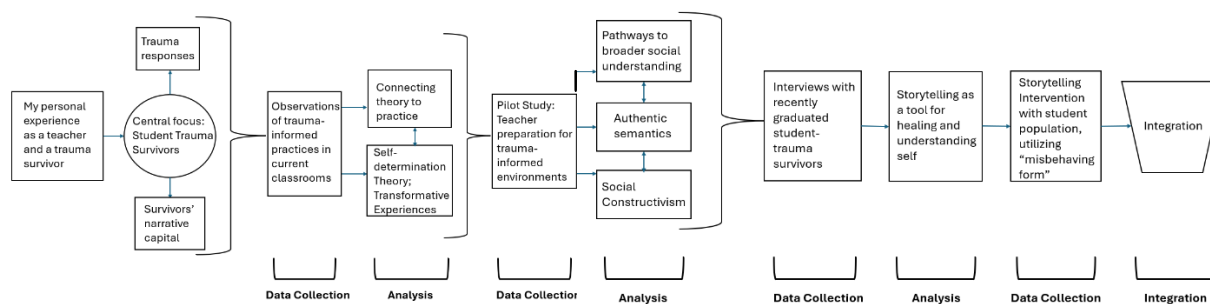


Figure 1: Mind Map: study's central idea and connected items for mixed methods design (Wheeldon, 2010).

To accomplish this, this study implements a mixed methods sequential exploratory design, consisting of two distinct phases: qualitative followed by quantitative. In this design, qualitative data is first collected and analyzed. The quantitative data are collected and analyzed

second in the sequence and help explore new variables grounded in the qualitative data obtained in the first phase. The second, quantitative, phase builds on the first, qualitative, phase, and the two phases are connected in the intermediate phase in the study. The rationale for this approach is that qualitative data will help develop and ground the quantitative tool in the perspectives and insights of the participants (Creswell & Plano Clark, 2018). With a culture-specific development of the instrument, the relevancy to the group being studied increases (Shiyanbola et al., 2021). The quantitative data and their analysis will assess the transferability and generalizability of the qualitative results and a newly developed tool. Due to the exploratory process beginning with qualitative data collection, the research study does have a greater emphasis on an inductive, qualitative approach.

The separation of the phases creates opportunity to analyze, describe, and integrate the qualitative results into the development of the quantitative phase (Figure 2). Previous studies collecting data surrounding trauma survivors' experiences predominantly use phenomenological qualitative research designs or "big data" quantitative data collection (Civilotti et al., 2021; Tseng et al., 2005). Yet, an exploratory sequential mixed methods research design is more effective for research concerning trauma and its survivors. The initial phase honors the complexity of surviving trauma and the non-linear nature of survivors' narratives, allowing for the emergence of unexpected themes and nuanced understandings that might be missed in purely quantitative approaches. Additionally, by beginning with qualitative methods, a demonstrated respect for survivors' agency in how they choose to disclose their experiences is evidenced. This aligns with trauma-informed principles of empowerment and voice, while also helping to establish the trust necessary for meaningful data collection. The rich, contextual data gathered in this phase can then inform the development of a more relevant and sensitive quantitative

instrument in the second phase. The subsequent quantitative phase allows for testing the transferability and generalizability of qualitative findings across larger populations, providing different types of evidence to support interventions. This progression from the deeply personal to the broadly applicable creates a more comprehensive understanding of trauma's impact on educational experiences while still keeping survivor voices at the foundation of the research.

Research Questions

The following research questions allow for a sequential exploratory mixed methods design to manifest:

Qualitative Research Questions (Phase I: Exploratory)

1. How do educators describe shifts in their understanding of trauma responses and translating trauma theory into classroom practice when engaging with both survivor narratives and interdisciplinary trauma research?
2. How do trauma survivors construct meaning around their experiences of safety, well-being, and educational engagement from either supportive or harmful educational practices from their secondary school years?

Quantitative Research Question (Phase II: Confirmatory)

3. To what extent does a storytelling intervention using “misbehaving form” narrative approaches significantly differ from a control group receiving standard curriculum in terms of measurable changes in students’ self-reported levels of autonomy, competence, and relatedness, as operationalized by Self-Determination Theory?

Mixed Methods Integration Question (Phase III: Integration)

4. How do and to what extent do the qualitative themes derived from trauma survivor and educator narratives help explain and contextualize the quantitative patterns observed in

students' Self-Determination Theory outcomes following the storytelling intervention? To what extent do the combined findings inform a comprehensive theoretical understanding for trauma-informed pedagogical practices?

This design acknowledges the ethical complexities of trauma research. By starting with open-ended qualitative methods, potential triggers or sensitive topics can be identified before developing quantitative measures. Though this approach does not automatically guarantee the absence of retraumatization, this supports efforts to reduce potential risks of doing so during data collection. The sequential nature also presents opportunities to adapt any approach, based on what is collected in the initial phase. By creating a more responsive and ethically sound research process that integrates trauma-informed values, principles such as safety, trust and transparency, and participant choice are established and promoted throughout each phase. Additionally, prioritizing participant agency and recognition of resilience alongside vulnerability upholds practices of trauma-informed applications. For trauma survivors, this methodology honors both their individual experiences and the possibility of identifying overarching themes that can inform systemic change, creating research that is not only academically rigorous but also potentially healing and empowering for participants.

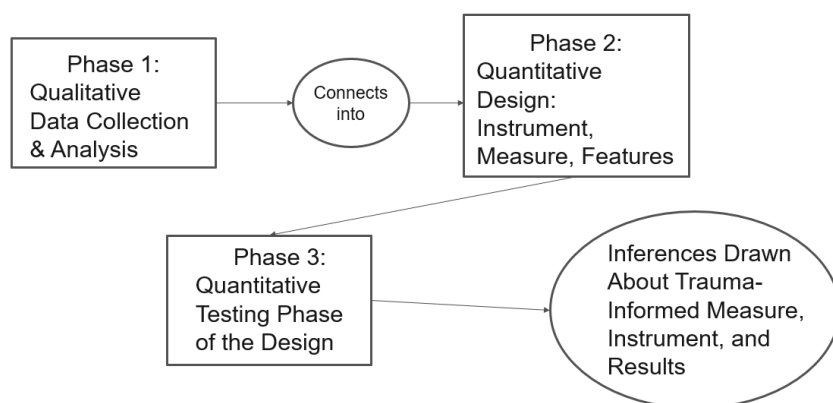


Figure 2: Procedures for Exploratory Sequential Mixed Methods Design (adapted from Kumar et al., 2019)

Exploratory Sequential Mixed Methods

Due to the focus on the complex intersection of trauma, narrative approaches, and educational practices, an exploratory sequential mixed methods research design is well-suited for examining both individual experiences and broader patterns. The primary research questions demand both depth and breadth of understanding (Teddlie & Yu, 2007). This under-researched area, where survivor narratives and experiential knowledge have historically been excluded from academic frameworks, necessitates an initial exploratory phase to ensure the subsequent quantitative measures are grounded in lived experience rather than imposed from theoretical abstractions. There is a need to explore this topic and develop quantitative instruments and materials that are sensitive to the participants and designated environments being studied.

This research is positioned at the intersection of constructivist and transformative frameworks which aligns with the sequential mixed methods approach. The first phase of qualitative data collection honors constructivist principles by recognizing how knowledge is built through personal narrative and experience. This allows trauma survivors' voices to shape the understanding of the phenomenon before a quantitative measurement begins. Furthermore, the design recognizes that trauma disrupts direct storytelling and conventional meaning-making. So, by starting with qualitative approaches that allow for non-linear accounts, the unique cognitive and narrative processes shared by trauma survivors are wholly acknowledged.

The exploratory sequential design offers specific ethical advantages for trauma-informed research by beginning with narrative approaches that restore agency to participants, allowing them to share experiences on their own terms before engaging with more structured instruments. Then, the sequential nature allows for iterative ethical consideration, where insights from the

initial qualitative phase can inform how quantitative measures are designed and implemented to minimize potential retraumatization. This approach permits the development of trauma-informed quantitative measures that are grounded in participants' language and experience rather than imposing external frameworks that may not capture their reality.

The multilevel sampling procedure for this mixed methods exploratory study with both student trauma survivors and secondary-level educators employs a sequential method (Onwuegbuzie & Collins, 2007). At the first level, schools are selected using stratified random sampling across diverse socioeconomic contexts. The second level involves purposive sampling of educators who have experience working with trauma-affected students, while the third level utilizes criterion sampling to identify student participants who have self-reported trauma experiences. This nested sampling strategy enables both breadth of institutional representation and depth of individual experience, allowing researchers to examine the intersection of trauma response practices across different levels of the educational ecosystem.

Several methodological challenges that are inherent in trauma studies are addressed in the exploratory sequential design. Foremost, this design helps bridge the gap between theory and practice by allowing lived experiences to inform the development of practical measurement tools. Moreover, the design addresses the limitation of single-methodology approaches by leveraging the strengths of both qualitative and quantitative methods: qualitative methods providing rich description and contextual understanding with quantitative methods offering broader application and testing (Figure 3). The integration phase allows for the development of more comprehensive understanding than qualitative or quantitative methodology could provide alone (Creswell & Plano Clark, 2018). This is particularly important when studying the complex interplay between individual trauma responses and institutional contexts. Ultimately, the

approach respects the epistemological stance that reality emerges through investigation rather than theoretical deduction, aligning with constructivist principles central to trauma-informed approaches.

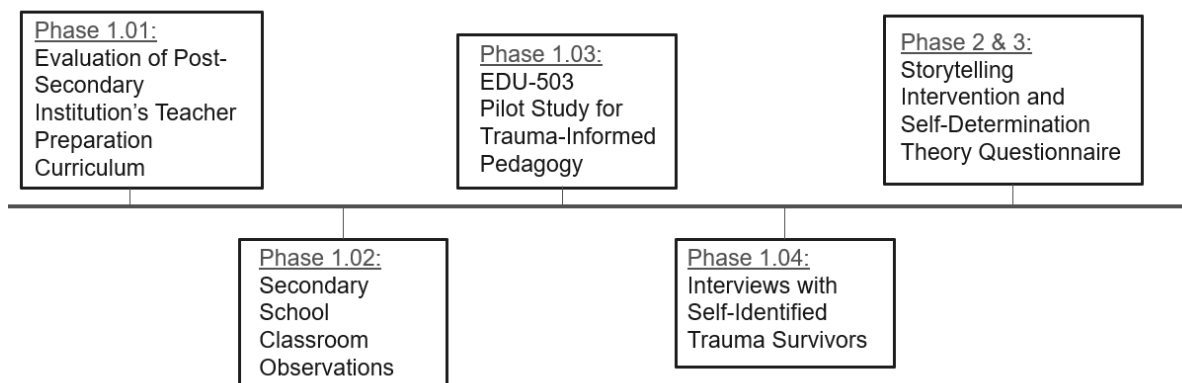


Figure 3: Order of Exploratory Sequential Design

Phase I: Qualitative Data Collection and Analysis

1.01 Evaluation

By first employing a systematic evaluation framework to comprehensively assess the presence and integration of trauma-informed pedagogy within preservice teacher curricula, data was collected and analyzed through Stufflebeam and Zhang's (2017) CIPP Evaluation Model (Figure 4). This comprehensive approach, which is most commonly used in education evaluation, allowed a tiered examination of what is currently in place and what can be improved (Lee et al., 2019). First, Context was identified in the specific trauma-informed requirements for preservice teachers established at an accredited Virginia university. The evaluation of Input ensued through an examination of resources, approaches, and options available for interaction with trauma-informed pedagogy. An analysis of how trauma-informed pedagogy is currently being implemented in the available curriculum followed the evaluation of Process. Finally,

Product was later evaluated through observations and determination of how effectively the curriculum prepares preservice teachers to apply trauma-informed approaches.

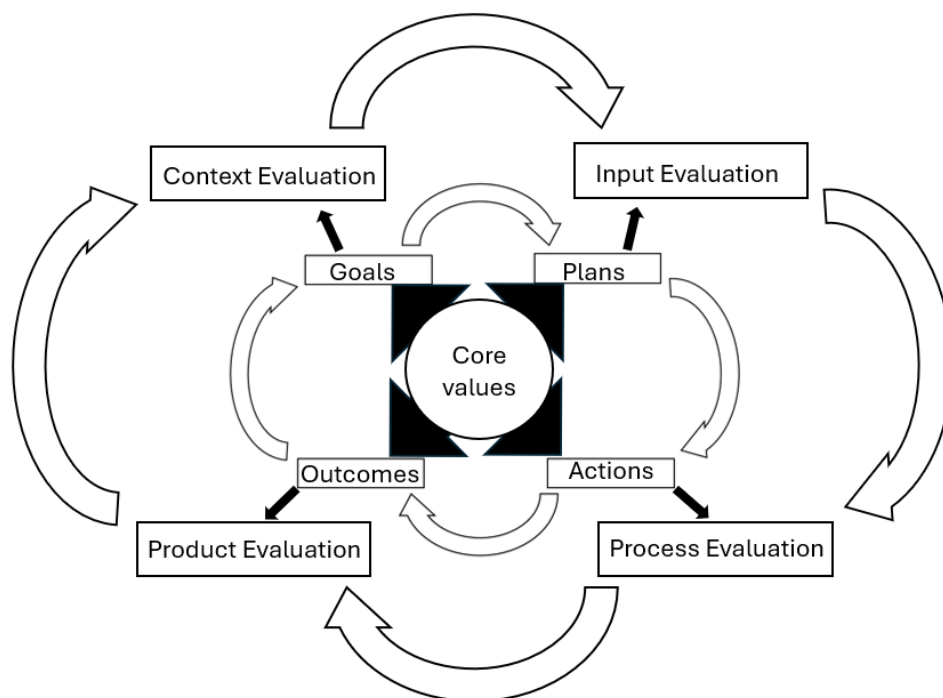


Figure 4: CIPP Model adapted from Stufflebeam and Zhang (2017)

1.01 Setting

Virginia Northwestern University, a pseudonymous identifier, is a private, accredited institution in Virginia and was specifically chosen as the setting for this systematic evaluation. Initially known for being a world-renowned conservatory, this university prominently graduates students in pre-med and Occupational/Physical Therapy tracks, education instruction and leadership, and, most recently, the Augmented Reality/Virtual Reality and Esports disciplines. Publicly recognized as a college of distinction, Virginia Northwestern has taken on an identity of immense growth as its exploration of liberal arts and professional preparation develops and diversifies. According to their Fall 2024 “Student Profile,” approximately 2,641 undergraduate students were enrolled with a recorded predominantly white student population at 58%. The

Black student population was recorded at 9%; the Hispanic student population was recorded at 12%; the Asian student population was recorded at 7%.

The university's Division of Education and Leadership offers a Bachelor of Education while other colleges and universities may only provide Bachelor of Arts or Bachelor of Science for students pursuing education coursework and teacher certification. An evaluation of this degree and its curriculum is valuable due to its specificity in teacher preparation. By offering a B.Ed., Virginia Northwestern can ensure students have equal training in pedagogy approaches, instructional strategies, and content expertise. The Division of Education of Leadership promotes student field experience within the local school systems, and, in doing so, continues to build mentorships with the local veteran teachers and establish history with local administrators for students' future careers. The ending result of graduating with a B.Ed. is earning a Virginia teaching license. Additionally, the B.Ed. program creates distinct pathways for students who wish to focus their studies on a specific age-group and subject content, such as a B.Ed. in Secondary Education- English. The evaluation of this degree and its coursework was necessary in revealing trauma-informed pedagogy and any type of storytelling or narrative intervention training.

1.01 Data Collection

The required coursework listed on the university's Secondary English Education page includes the following Education specific classes:

- PSY 222 – Lifespan Development
- EDU 344 – Methods and Management in Middle/Secondary Schools
- EDU 310 – The Teaching Profession
- RDG 425 – Literacy in Content Areas

- EDU 349 – Curriculum & Instruction in Middle/Secondary Schools
- EDU 441 – Student Teaching in Middle/Secondary Schools
- EDU 343 – Methods and Assessment in Middle/Secondary Schools

The remaining courses required for Secondary English Education degree include the following English specific classes:

- ENG 201 – Advanced Essay
- ENG 210 – Modern Grammar
- ENG 230 – World Literature
- ENG 263 or ENG 264 – British Literature I or II
- ENG 283 – American Literature I
- ENG 284 – American Literature II
- ENG 287 – African American Literature
- ENG 309 – Peer Tutoring in Writing
- ENG 311 – Young Adult Literature
- ENG 313 – Critical Theory
- ENG 318 – Writing for Online Audiences
- MCOM 227 – Media Literacy

1.01 Data Analysis

Based on an in-depth examination of this coursework, there is an evident deficit in preparation centered on the necessary trauma-informed instructional strategies. Following the Context, Input, and Process evaluation steps, prominent stakeholders from the administrative office were invited to assess the data analysis. Dialoguing with the Education Department Program Coordinator, Education Department Chair, and Director of Educator Licensure, it was

formally concluded that trauma-informed pedagogy or any form of Educational Psychology material focused on student trauma survivors is not present in the B.Ed. Students pursuing state-approved teaching licensure do not interact with information focused on trauma and its implications on student learning, including material on polyvagal theory, attachment wounds, neurobiological effects, and resilience frameworks. The three specified faculty members furthered the deep examination of the culture of in the university's Division of Leadership and Education, the student population who enrolls in the Education department's classes, and the Education department's budgetary limitations for new course and material implementation.

1.02 Observations

Moving from the initial steps of the CIPP Evaluation Model, the final phase, Product, was examined through scheduled observations of six secondary-level English and Humanities classrooms within three Virginia public schools. The objective of these observations was to perceive the "natural state" of the classroom and any presence of trauma-informed practices. Though this research procedure utilized systematic documentation and analysis, it was likened to "taking a temperature" of the educational environment. Structured observation protocols were developed that captured the essential dimensions of trauma-informed teaching practices based on verified frameworks (Appendix B).

Prior to beginning the observations, all necessary permissions from educational institutions, teachers, and guardians were secured, and rapport was established with school personnel to ensure minimal disruption to the learning environment occurred. Students without guardian consent were not part of the data collection process. School policies related to trauma support and intervention strategies were thoroughly reviewed to support a better understanding of the institutional context in which teachers operate. Additionally, specific classroom contexts

and student demographics were part of the familiarization process as a way to provide essential background information for interpreting observed interactions.

1.02 Sampling Plan

The sampling plan employed a stratified approach across Virginia's diverse regions, balancing high-income areas like Loudoun County, which has a median household income of \$157,000, with economically challenged regions such as Dickenson County, which has a median household income of \$23,431. Schools were selected to represent varied population sizes, including East High School (2,050 students), West High School (1,300 students), and Southwest High School (590 students), with attention to their differing demographic compositions. Classroom observations spanned 9th-12th grade levels and instructional formats, incorporating co-taught environments which supported Special Education students and English Learners.

This comprehensive sampling framework ensured representation across geographic, demographic, and pedagogical dimensions while maintaining consistent focus on trauma-informed practices. Representativeness ensured the findings can be meaningfully generalized across Virginia's diverse educational landscape and provide actionable insights for policy and practice implementation. The income disparity range is crucial because trauma exposure, available resources, and implementation capacity for trauma-informed practices vary significantly across socioeconomic contexts. Without this, findings might only reflect the experiences of affluent or disadvantaged communities, limiting the applicability of conclusions to the state's complete educational system. Including co-taught environments that serve Special Education students and English Learners acknowledges that trauma-informed practices must be effective across diverse learning needs and cultural backgrounds. These populations often experience higher rates of trauma exposure and require specialized approaches, making their

inclusion essential for trauma-informed teaching effectiveness (Gray et al., 2024; Crossman et al., 2024). Spanning the available 9th-12th grades captured developmental differences in how trauma manifests and how students respond to trauma-informed approaches, ensuring findings were applicable across the entire secondary education spectrum. Without this comprehensive representativeness, the “temperature taking” of Virginia's educational environment would provide an incomplete or skewed picture, potentially leading to intervention strategies that fail to address the diverse contexts across the commonwealth.

1.02 Data Collection

Observations of interpersonal behaviors and educational strategies found in the secondary-level classroom were reflected in ethnographic field notes that did not include any identifying information from students or classroom teachers. Using Siegel's (2020) concept of the window of tolerance and neuroscience behind emotional regulation, these observations noted a range of arousal and any reactions that appeared to be responses to trauma. Student interpersonal behaviors recorded included active, startled responses or hypervigilance (hyperarousal) in addition to avoidant, dissociative behaviors or low energy “shutdown” responses (hypoarousal). Examples of hyperarousal included “jumpy,” high emotional responses, and quick decisions that either concluded or accelerated participation. Examples of hypoarousal included isolation from the group or teacher, appearance of “lack of discipline,” numbing, and unawareness of group and teacher. Trauma and post-traumatic stress disorder (PTSD) present in so many ways, yet the processing of or disassociation from their impacts were displayed in varying noticeable measures. With identification of these behaviors from students, further observation of the classroom teachers' strategies to navigate trauma responses indicated the use or absence of trauma-informed practices. How teachers implement specific trauma-sensitive

strategies was documented, noting the means and techniques used to support regulation and relationship-building. The collection protocol captured how classroom members talked about and understood their experiences, revealing assumptions about trauma and healing that underpin interactions.

Self-reflection through reflexive writing immediately followed each observation, allowing the researcher to question what was seen happening, what was learned from notetaking, and why particular observation-points were included. This reflective practice extended to the comparative analysis, examining how incidents in one classroom setting were similar to or different from events recorded elsewhere. Finally, this data collection connected specific classroom moments to broader significances, asking what each incident represents as a case of trauma-informed practice implementation.

1.02 Data Analysis

The data from classroom observations of trauma-informed practices was analyzed using a rigorous multi-stage process. Initially, all field notes were transcribed and organized chronologically by classroom and observation session. A preliminary coding framework was developed, based on established trauma-informed principles, and was later refined through iterative readings of the data. Open coding was utilized, identifying emergent themes and patterns across observations that extended beyond the predetermined categories. These codes were systematically applied to the entire dataset, allowing for the quantification of frequency and distribution of specific trauma-informed strategies. Analytical memos were written throughout this process to document interpretive insights and theoretical connections. Coded data was then subjected to thematic analysis, identifying both explicit and implicit manifestations of trauma-

informed approaches. Cross-case comparisons revealed patterns in implementation across different classroom contexts.

1.03 Pilot Study: Trauma-Informed Pedagogy Course

By facilitating a pilot study for teacher preparation on trauma-informed practices, feasibility, time, cost, and potential issues of a full-scale implementation were assessed.

Measurable objectives for the pilot study were identified:

- Testing the effectiveness of specific course modules
- Measuring changes in teacher knowledge, attitudes, and practices
- Detecting implementation challenges in real-world settings

1.03 Sampling Plan

This pilot study developed, implemented, and evaluated a semester-long course on trauma-informed educational practices for pre-service and professional teachers. The semester-long format allowed sufficient time to cover foundational trauma theory, neurobiological impacts on learning, specific classroom interventions, cultural considerations, and ethical frameworks. Students of this course needed deep conceptual understanding to implement these practices authentically and were able to experience multiple cycles of learning, practice, reflection, and refinement (Crosby, 2015). The course was integrated into a teacher education program at a partner university in Virginia and was populated through routine enrollment procedures with advisors informing students of the pilot study format of instruction and content. This recruitment strategy ensured representation of educators at different career stages and captured the developing perspectives of pre-service teachers alongside the experiential knowledge of in-service professionals. Consent for data collection was obtained during the first-class meeting.

1.03 Data Collection

The pre-service and professional educators completed a pre- and post-survey to capture knowledge, attitudes, and confidence related to trauma-informed practices (Appendix C). The pre-survey collected the initial depth of educator insight on trauma-informed pedagogy. The information used during the course was compiled by the researcher based on an examination of contemporary trauma-informed practices and theories. Activities, readings, and formal assessments followed the university's standards. The following modules were utilized:

- Defining Trauma: Trauma vs Stress, Deficit-Based vs Asset-Based, history of conditions
- Intro to Human Development and the Brain: synaptic pruning, critical periods, amygdala volume
- Trauma Responses: hypoarousal, hyperarousal, dysregulation, and window of tolerance
- Attachment Theory: learned helplessness, impacts of environments, Attribution Theory
- Cumulative Risks: Adverse Childhood Experiences and Polytrauma
- Goal Orientation: mastery vs performance, cognitive appraisal, cost
- Resilience: protective factors, Post-traumatic Growth
- Metacognition: memory retrieval, episodic and semantic thinking, Theory of Mind
- Motivation: Self-Determination theories, choice and voice, agentic engagement
- Conceptual Knowledge and Change: disequilibrium, constructivism, social interaction
- Narrative Theory: narrative thinking, the language of trauma, testimony
- Educators facing Vicarious Trauma and Compassion Fatigue: Self-care vs self-preservation, co-regulation
- Resisting Retraumatization: power differentials in the classroom, Sequence of Re-engagement
- Identifying Tools: somatic release, opposite action, reframing, fear extinction

The course concluded with the pre-service and professional educators presenting their adapted trauma-informed teaching philosophies, followed by the completion of the post-survey.

1.03 Data Analysis

The thematic analysis process began with a thorough examination of the qualitative data collected from pre- and post-surveys, which captured educators' perspectives on course content themes. After gaining familiarity with participants' responses, the text was systematically coded, identifying meaningful segments and assigning descriptive labels. These initial codes were then collated and analyzed to identify broader patterns, leading to the development of preliminary themes that represented significant concepts across the dataset. Final themes were clearly defined and named with the core meaning of each theme and its relationship to the research question being identified. A comparative analysis between pre- and post-survey themes revealed significant shifts in educators' understanding, attitudes, and intended practices. This comparison highlighted the transformation in professional knowledge before and after the intervention, documenting the emergence of new themes in post-surveys that were absent in pre-surveys, the deepening or expansion of initial themes, and the diminishment of misconceptions or concerns that were prominent in pre-survey responses. This comparative dimension of the analysis provided crucial evidence of the pilot study's impact on participants' thinking and established a clear narrative of growth throughout the educational experience. Throughout this process, careful documentation of each decision was maintained, enhancing the trustworthiness and validity of the analysis.

1.04 Interviews

The voices of trauma survivors offer invaluable insights that cannot be replicated through secondhand observation or theoretical frameworks alone. A comprehensive prevalence study

involving in-depth interviews with self-identified trauma survivors revealed critical perspectives that have been notably absent from educational research and practice. These individuals possess an embodied knowledge of trauma that fundamentally surpasses academic understanding alone. Given the sensitive nature of this inquiry, the researcher gained a better understanding of necessary training in trauma-informed intervention techniques applicable for the interview setting, including specialized protocols for grounding and distress management to ensure participant safety and ethical data collection throughout the process.

The interview protocol was specifically designed to excavate the complex realities of navigating secondary education while managing the ongoing effects of trauma, with built-in safeguards and support mechanisms informed by the researcher's comprehensive preparation in trauma-responsive methodologies (Appendix D). By capturing personal definitions of trauma and exploring instances where survivors felt profoundly misunderstood, this research created a bridge between lived experience and educational practice while maintaining the highest standards of participant care through the application of evidence-based trauma-informed interview practices. These narratives illuminate the unique challenges that trauma survivors face in educational settings which readily remain invisible to those without similar experiences and absent from conventional educational frameworks. Beyond identifying obstacles, these interviews explored the protective factors and supportive elements that enabled trauma survivors to persist through their secondary-level education despite significant adversity, with the researcher's specialized training ensuring that discussions of resilience and coping mechanisms could be explored safely and ethically. The survivors' accounts highlighted both the formal and informal mechanisms that fostered resilience and academic engagement during these formative years.

1.04. Sampling Plan

This study employed a snowball sampling method to recruit 15 self-identified trauma survivors who experienced primary trauma during their adolescence and graduated from high school approximately five years ago. The sampling process began with the identification of 3-5 initial participants who met the study criteria through existing professional networks and contacts at trauma support organizations. These initial participants referred other potential participants who met the eligibility criteria, creating multiple referral chains throughout a 6-week recruitment period. To maintain ethical standards, referring participants received clear guidance on how to approach potential referrals, and all participants understood they could participate without making referrals. A brief screening with referred individuals confirmed eligibility before proceeding with formal consent processes that explained the snowball approach and additional confidentiality measures necessary due to the interconnected nature of the sample.

Confidentiality was prioritized throughout the research process, with all referral relationships masked in transcripts and data analysis to prevent identification of connections between participants. This ensured that individual responses could not be traced back to specific referral chains or linked to referring participants.

Prior to participation, all individuals received comprehensive informed consent documentation detailing their rights, the voluntary nature of participation, and their ability to withdraw at any time without penalty. Participants were explicitly informed that pseudonyms would be used during all recordings to protect their identity, and they were given the opportunity to select their own aliases. Given the sensitive nature of trauma narratives, safety protocols were established, including clear guidelines that any disclosure of current (not past) abuse would result in mandatory reporting to Virginia's Department of Social Services, with domestic violence or

sexual assault disclosures reported to the appropriate hotlines, and any signs of suicidal ideation reported to Virginia's Department of Behavioral Health and Developmental Services with immediate access to the 988 crisis line. Participants were informed that interviews could be paused at any point to access these support services, and they were encouraged to arrange follow-up mental health services or contact supportive family members or friends, if the interview process prompted discomfort or triggered responses.

Recognizing that the researcher's identity as a trauma survivor could significantly influence data collection and interpretation, comprehensive reflexivity protocols were implemented throughout the research process. The researcher engaged in ongoing personal therapeutic support to process the emotional impact of conducting trauma-focused interviews and to maintain appropriate boundaries between personal experiences and participant narratives. A structured peer debriefing protocol was established with qualified colleagues who provided external perspectives on data interpretation, helping to identify instances where the researcher's trauma history might be influencing analytical decisions or creating interpretive blind spots. These sessions included explicit examination of how the researcher's lived experience enhanced understanding of participant narratives while simultaneously creating potential for over-identification or projection. Navigating vicarious trauma was equally critical (Moran & Asquith, 2020), as exposure to multiple trauma narratives created cumulative emotional impact that required proactive management. Through problem-focused therapeutic processing and self-care protocols, secondary traumatization was prevented, and the researcher's capacity for ethical and effective data collection was maintained. This dual approach of therapeutic support and peer consultation ensured that the researcher's insider perspective served as an asset for deeper understanding while maintaining analytical rigor and objectivity in data interpretation

While acknowledging that snowball sampling may result in underrepresentation of certain trauma types, as found with those carrying greater social stigma such as sexual abuse or family violence and may be less likely to disclose their experiences, this approach was particularly appropriate for reaching trauma survivors who might have been hesitant to participate without the implicit endorsement that came from being referred by someone they trusted. In that same vein, a trauma survivor is more likely to participate if someone they already trust has vouched for the researcher. These lines of trust allow access to hidden connections, as trauma survivors often develop informal support networks that are not visible through most formal institutions or services. Furthermore, snowball sampling can help reach individuals with varied trauma experiences who might not respond to general recruitment methods (Kirchherr & Charles, 2018). This method often yields fewer but more engaged participants, allowing for deeper, more meaningful interviews.

Despite potential limitations in representing all trauma types, the achieved sample size of 15 participants aligns with established qualitative research standards for phenomenological studies and provides sufficient data saturation to identify recurring themes and patterns in trauma survivors' educational experiences. The depth and richness of data obtained through this trusted referral network compensates for any breadth limitations, offering authentic insights that might remain inaccessible through broader but less connected sampling approaches.

1.04 Data Collection

The data collection process utilized semi-structured interviews with trauma survivors about their secondary-level educational experiences. Individual interviews were conducted over Zoom, lasting approximately 60 minutes each. With participant consent, all interviews were audio recorded using a Sony ICD-PX370 Mono Digital Voice Recorder to ensure accurate

transcription and analysis. The semi-structured interview protocol focused primarily on gaining insight into the specific challenges these student-trauma survivors faced during their high school years and identifying the supportive factors that contributed to their successful completion of secondary education. The semi-structured format allowed participants to share their personal accounts while ensuring key topics were addressed consistently across all interviews (Moustakas, 1994). This approach provided flexibility for participants to elaborate on personally significant experiences while maintaining a coherent framework for later thematic analysis (Mishler, 1986). Follow-up questions were used to explore unique aspects of each participant's experience, particularly regarding moments when they felt misunderstood as trauma survivors and their recommendations for educational supports that could better serve students with trauma histories.

1.04 Data Analysis

Data analysis of the interview recordings followed a rigorous qualitative methodology. All interviews were first transcribed verbatim from the Sony ICD-PX370 recordings with identifiers removed to protect participant confidentiality. The analysis process began with multiple close readings of each transcript to achieve immersion in the data. Using an inductive approach, transcripts were preliminarily coded, identifying meaningful segments related to trauma survivors' educational experiences. Atlas.ti qualitative data analysis software was utilized throughout this process to facilitate systematic coding, memo writing, and thematic network development. Initial codes were compared and then refined to create a comprehensive coding framework. These codes were subsequently organized into thematic categories using constant comparative analysis, allowing themes to emerge organically from participants' narratives (Braun & Clarke, 2006). The Atlas.ti network visualization features enabled the mapping of relationships among codes and develop more nuanced understandings of interconnected themes. To enhance

trustworthiness, an audit trail documented all analytical decisions throughout the process. The final thematic structure represented a synthesis of the lived experiences of these trauma survivors during their secondary education, illuminating both systemic barriers and potential pathways for educational improvement.

Phase II: Quantitative Instrument Design

2.01 Storytelling Intervention

From the qualitative phase, critical information was used in the design of a 12-item Likert scale questionnaire (Appendix E). This instrument was utilized to capture personal beliefs from students in a secondary-level English classroom following a storytelling intervention. By using writing and oral speaking Virginia State standards for this intervention, a classroom teacher was able to fold the intervention and questionnaire into current curriculum (Fixsen et al, 2005). The storytelling intervention explored both the reflexive writing and verbal presentation of a personal story. However, the mechanisms to write a story were done through “misbehaving form,” as students were invited to write their story through a selection of narrative forms.

The concept of “misbehaving form” embodies a deliberate act of resistance against the repressive narrative structures that have historically constrained trauma survivors' voices within educational settings. Traditional academic writing, with its emphasis on linear progression, logical coherence, and emotional restraint, often forces trauma narratives into sanitized formats that diminish their authentic power and complexity. This pedagogical approach draws from poststructuralist theories of narrative divergence, recognizing that conventional forms can perpetuate systems of silencing by demanding that marginalized voices conform to dominant discourse patterns (Trifonas & Balomenos, 2012).

When trauma survivors are compelled to tell their stories through standardized essay formats, the very structure itself becomes a mechanism of control that fragments, minimizes, or distorts their lived experiences. “Misbehaving form” disrupts these hegemonic narrative expectations by offering alternative pathways for expression that honor the non-linear, embodied nature of trauma memory and recovery. However, teaching students to break conventions requires careful scaffolding. This approach advocates not for chaos but for precision in choosing the exact form that serves the content, even if that form does not yet have a name. This methodical selection process is actually more rigorous than following predetermined structures, as it demands deep understanding of both the story being told and the available narrative possibilities. These alternative forms possess the capacity to access and express somatic experiences, dissociative states, fragmented memories, and emotional intensities that traditional linear narrative structures cannot adequately capture or contain. The body's memory of trauma, often stored in sensory fragments, flashbacks, and visceral responses (van der Kolk, 2014), finds more authentic expression through forms that mirror these non-sequential, embodied ways of knowing. By legitimizing unconventional narrative approaches, “misbehaving form” creates space for authentic expression that emerges when oppressive structural constraints are removed, allowing for what hooks describes as “talking back” to institutional power through narrative rebellion (1994). The verbal presentation of the students’ writings followed a similar format of student choice. “Misbehaving form” aimed to support students’ self-determination, constructed through feelings of autonomy, competency, and relatability, in the classroom during English activities necessary to the Virginia state standards. Self-determination Theory (SDT) Likert scale questionnaire which followed this intervention explored whether and to what degree students experienced those three things (Kosinski, 2024; Wang et al., 2019; Reeve, 2013; Close, 2001).

The instrument in question was adapted from a validated work-based measure which suggests some initial content validity and uses a 7-point Likert scale with 12 items total, divided subscales which correspond to the theoretical constructs of SDT. With both positively and negatively worded items, there was an effort to control response bias. The SDT-based scales have demonstrated robust psychometric properties across diverse populations and contexts. In physical education settings, the scale has shown strong reliability with Cronbach's alpha values ranging from 0.81 to 0.93 for satisfaction dimensions (autonomy $\alpha = 0.87$, competence $\alpha = 0.91$, relatedness $\alpha = 0.85$), with an overall satisfaction factor achieving $\alpha = 0.93$ (Trigueros et al., 2019). Healthcare applications have yielded similar reliability, with satisfaction subscales demonstrating alphas of 0.81 to 0.94 (autonomy $\alpha = 0.851$, relatedness $\alpha = 0.810$, competence $\alpha = 0.938$) (Yeom & Lee, 2024).

Additional workplace motivation instruments demonstrate similar psychometric strength. The Work Extrinsic and Intrinsic Motivation Scale (WEIMS), an 18-item measure assessing six types of motivation along the SDT continuum, has shown acceptable reliability with Cronbach's alpha values ranging from 0.64 to 0.83 across samples (intrinsic motivation $\alpha = 0.80$, integrated regulation $\alpha = 0.83$, identified regulation $\alpha = 0.67$, introjected regulation $\alpha = 0.70$, external regulation $\alpha = 0.77$, amotivation $\alpha = 0.64$) (Tremblay et al., 2009). The WEIMS has demonstrated strong criterion validity, with the Work Self-Determination Index successfully predicting organizational support ($\beta = .27, p < .001$), work climate ($\beta = .26, p < .001$), job satisfaction ($\beta = .57, p < .001$), and organizational commitment ($\beta = .33, p < .001$), while negatively predicting work strain ($\beta = -.29, p < .001$) and turnover intentions ($\beta = -.48, p < .001$). Confirmatory factor analysis supported the six-factor structure with satisfactory fit, and factorial

invariance was confirmed across identified populations, demonstrating the scale's broad applicability in organizational settings.

Related SDT instruments, such as the Situational Motivational Scale (SIMS), have also demonstrated strong psychometric properties in educational contexts. The SIMS-14 items version showed excellent reliability in Malay language validation studies with Cronbach's alpha values ranging from 0.90 to 0.95 across four motivational dimensions: intrinsic motivation ($\alpha = 0.92$), identified regulation ($\alpha = 0.90$), external regulation ($\alpha = 0.95$), and amotivation ($\alpha = 0.92$) (Al Muniandy et al., 2023). The instrument was successfully used to assess primary school students' situational motivation following physical education activities and demonstrated sensitivity to pedagogical interventions, showing significant differences between flipped classroom and traditional teaching approaches ($p < 0.001$) with a large effect size. The SIMS instrument uses a 5-point Likert scale and assesses why individuals perform particular activities at specific moments, making it particularly suitable for measuring immediate motivational responses to educational interventions.

The instrument has successfully predicted key outcomes including intrinsic motivation, academic performance, self-care behaviors, family interaction quality, self-efficacy, and psychological well-being indicators such as reduced depression and enhanced self-acceptance. Following a mixed methods study's multiple points of integration, the previously collected qualitative database for this study was analyzed for themes and codes that described personal experiences of trauma survivors, which determined the specific quantitative features needed. Qualitative themes were explicitly linked to elements of the quantitative instrument by using participant quotes to design trauma-sensitive survey items (Table 3-1). Specificity about storytelling and the use of “misbehaving” choice-based form was added to the scale’s direct

measurement. The intended application of this adapted instrument is to assess how trauma-informed “misbehaving form” storytelling interventions influence students’ basic psychological need satisfaction in English classroom contexts, specifically measuring whether alternative narrative approaches enhance autonomy, competence, and relatedness while reducing psychological need frustration among trauma survivors in educational settings.

Table 3-1: Examples of qualitative research’s recurring themes (interviews) converted into quantitative measures (survey items)

Themes and quotations from qualitative study	Corresponding survey item
<p>“I got pretty good at compartmentalizing. And so, who I was at school and who I was at home were two very different people... One good way that I was able to keep it separate is I would, like, go by my first name in school, and then my family would have a different name for me.”</p> <p>Code/Theme: Autonomy struggles/Students’ reactions to triggers/trauma</p>	<p>Autonomy:</p> <p>During class activities, I felt free to make my own choices about how to express my ideas.</p>
<p>“I think joining the Speech Team was a way that I kind of, like, talked about it without talking about it, and I got to feel it, but in a way that felt more like I was someone else talking about it, you know? So, I wasn’t, yeah, I wasn't, like sharing my thing. I was sharing, like a message about something.”</p> <p>Code/Theme: Student voice/Educational environments’ reaction to student trauma</p>	<p>Competence</p> <p>I felt capable of expressing my ideas effectively during class activities.</p>
<p>“We low-key trauma bonded... They understood each other's feelings without having to really dig at them, to search and find them. They just knew, okay? You talk about things, and they know you. You wouldn't even have to say anything. They'd give you a knowing look or hug, and you just felt safe. You felt seen.”</p>	<p>Relatedness</p> <p>I felt connected to my classmates during class activities.</p>

Code/Theme: Peer connections/Educational environment reaction to student trauma	
<p>“I had a really wonderful assistant coach who was also a teacher who noticed the self-harming and was able to address it in a way that didn't feel like he was getting me in trouble... He didn't say, What's that? He just kind of said, like, You're doing okay? And like, let me know if you need anything. Gave me the space to come to him.”</p> <p>Code/Theme: Teacher caring/Educational environment reaction to student trauma</p>	<p>Safety and Trust</p> <p>I felt safe exploring personal topics through creative expression.</p>
<p>“I don't think other people should be given autonomy over me, even when I'm under the age of 18. I'm still a person... So much of my school life... having these meetings about me without me, it was horrible.”</p> <p>Code/Theme: Lack of agency due to being a minor/Educational environment reaction to student trauma</p>	<p>Agency</p> <p>Having choices about how to present my ideas increased my comfort with sharing.</p>

The conversion of qualitative themes to quantitative analysis involved a systematic integration, bridging lived experiences with measurable outcomes. Beginning with qualitative coding, researchers identify recurring themes from interview data, such as “autonomy struggles” emerging from trauma survivor narratives about feeling powerless in educational environments. These themes are then translated into specific, measurable survey items using a standardized 7-point Likert scale. Once coding is complete, how often each code appears across participants was counted and captured in a frequency matrix. Next, codes were transformed into categorical variables in R Studio with a code's presence or absence becoming a binary variable (0/1) and a frequency becoming a count variable. This coded data then created a structured dataset that was able to undergo descriptive statistical analysis. Quantified codes were then analyzed alongside demographic variables and other quantitative data collected. This enables mixed-methods

analysis that combines the depth of qualitative insights with the analytical power of statistical methods. The example of autonomy then becomes a statement such as “I felt I had freedom to share my thoughts in my own way.” The quantitative data collected from the intervention was analyzed, again using R-Studio, by employing descriptive statistics, *t* tests, Analysis of Variance (ANOVA), and correlation analyses to compare intervention and control groups and examine relationships between constructs. Finally, the integration is completed through joint displays that visually demonstrate how qualitative themes correspond to quantitative findings, statistically validating the intervention’s ability to address specific needs identified through survivor voices.

The researcher scheduled the intervention as part of regular classroom activities that align with Virginia’s standards for English Language and Literature classes to ensure educational relevance. A single secondary-level English classroom with three sections of English Language and Literature was chosen. The classroom teacher implemented the storytelling intervention during regular class time in two of her three sections, following a standardized protocol. The third section continued with standard curriculum without the storytelling intervention to serve as a comparison group for evaluating the intervention's effects. Immediately following the intervention, students in the intervention sections completed the SDT questionnaire to capture their immediate responses. Students in the observation section completed a modified version of the questionnaire that assessed their general experiences with writing activities to allow for comparative analysis.

Prior to implementation, permission was acquired from the identified school’s principle and district’s administration to conduct the interventions and surveys within the specified classroom. The selected classroom teacher received comprehensive training in implementing the storytelling intervention using “misbehaving form.” Parents were informed about the study

through detailed consent forms that explained the purpose, procedures, and potential benefits and risks. Student assent was obtained prior to participation to ensure ethical research practices. During the intervention, the classroom teacher maintained continuous monitoring of student emotional states, provided multiple opt-out mechanisms, and ensured immediate access to on-site counselors who can implement crisis protocols including safety assessment, grounding techniques, and parent notification. Post-intervention support, before student dismissal, included an informal debriefing with the reminder and distribution of mental health resource materials. An ongoing academic and behavioral monitoring continued for the several weeks after. All procedures complied with IRB protocol, FERPA, and HIPAA confidentiality requirements, which included a brief review with a mental health professional to ensure student safety.

2.01 Sampling Plan

The target population for this study consisted of secondary-level English students in a Virginia public school. While there are an estimated 1,300,000 students currently enrolled in grades 9-12 across Virginia public schools, this study focused specifically on three secondary English classes taught by a single teacher, with an estimated population of 25-30 students per class. This single-teacher design was methodologically appropriate for several critical reasons. It eliminated teacher variability as a confounding variable, ensuring that differences in outcomes could be attributed to the intervention rather than variations in teaching style, classroom management, or pedagogical approach. Furthermore, the use of one teacher across multiple classes created a natural experimental design where the educator's baseline practices, rapport-building techniques, and classroom climate remained constant across intervention and control groups. More importantly, this approach addressed the ethical imperative of ensuring intervention fidelity, as the teacher received comprehensive training in trauma-informed

“misbehaving form” techniques and could implement the intervention consistently without the logistical complexities of coordinating multiple educators.

A comprehensive power analysis was conducted to determine the minimum sample size required to detect meaningful effects across different magnitudes (Cohen, 1988). Power analysis is particularly crucial for educational intervention studies due to their use of complex implementation logistics, limited participant pools, and substantial resource investments that make inadequate sample sizes costly and ethically problematic. Educational research often faces constraints such as classroom scheduling, institutional approval processes, and the need to minimize disruption to students' learning, making it essential to determine the optimal sample size before beginning data collection (Kraft & Monti-Nussbaum, 2021). Additionally, studies examining psychological constructs like autonomy, competence, and relatedness, which rely on self-reported measures and may produce more subtle effects than objective academic outcomes, require careful power planning to detect meaningful but potentially modest changes in student well-being (Duckworth & Yeager, 2015). Power analysis is a statistical procedure that calculates the probability of correctly detecting a true effect, helping researchers avoid both underpowered studies that miss real effects and overpowered studies that waste resources (Darling, 2022). The analysis balances four interconnected components: effect size (the magnitude of difference between groups), sample size (number of participants), significance level (probability of falsely detecting an effect), and statistical power (probability of correctly detecting a true effect). The analysis employed the following parameters: *F*-test family with ANOVA statistical test, a priori power analysis type, alpha error probability of 0.05, power of 0.80, and three groups corresponding to the classroom design (Kang, 2021). The alpha level of 0.05 represents the acceptable risk of Type I error (falsely concluding an effect exists), while the power of 0.80

indicates an 80% probability of detecting a true effect if it exists, which is the conventional standard that balances statistical rigor with practical feasibility. For small effect sizes (Cohen's $f = 0.10$), which represent subtle improvements in classroom comfort that may not be immediately noticeable but still educationally relevant, approximately 958 participants would be needed to achieve adequate statistical power. For medium effect sizes (Cohen's $f = 0.25$), which indicates meaningful improvements in student engagement, self-efficacy, or academic performance that teachers and students would readily notice, a minimum sample size of 156 participants would be required. For large effect sizes (Cohen's $f = 0.40$), which represent dramatic, transformative changes in student well-being, academic success, or classroom dynamics that would be immediately apparent to all stakeholders, fewer participants are needed for reliable detection. This inverse relationship between effect size and required sample size reflects a fundamental principle: larger effects are easier to detect statistically and require fewer participants to achieve the same level of confidence in the results.

The study's anticipated sample of approximately 75-90 students across three classes can reliably detect effect sizes of $f \geq 0.33$ or larger, positioning this research to identify substantial, practically meaningful changes while acknowledging limitations in detecting more subtle effects. This constraint is methodologically appropriate for a pilot study, where the primary objective is to establish whether the “misbehaving form” intervention produces measurable impact worthy of further investigation through larger-scale research. The focus on detecting large effects aligns with the exploratory nature of this study and ensures that any significant findings represent transformative changes that would justify expanded implementation.

To further validate sample adequacy for precision estimates, a calculation was performed using the formula for continuous data at a 95% confidence level with a $\pm 2\%$ margin of error.

Precision estimates are distinct from power analysis calculations in that power estimates focus on the accuracy of parameter estimates, such as means and standard deviations, rather than the ability to detect statistical significance between groups (Serdar et al., 2021). This approach is particularly valuable for educational research where understanding the magnitude and variability of outcomes is as important as detecting differences, as researchers need to report confidence intervals that accurately reflect the true population parameters. The calculation employed the formula: $N_s = (N_p)(s^2) / [(N_p-1)(B/C)^2 + (s^2)]$, where N_s represents the completed sample size needed, N_p equals the population size (90 for three classrooms), s represents the estimated standard deviation (1.2 based on similar research), B indicates the acceptable sampling error (0.14, representing 2% of the 7-point scale), and C denotes the Z statistic for 95% confidence (1.96). The 2% margin of error was selected to ensure that confidence intervals around mean scores would be sufficiently narrow to provide meaningful information about student responses on the Self-Determination Theory scales, while the 95% confidence level represents the standard for educational research reporting. The estimated standard deviation of 1.2 was derived from previous studies using similar psychometric instruments with comparable populations, providing a realistic baseline for response variability. The calculation yielded: $N_s = (90)(1.44) / [(89)(0.0051) + (1.44)] = 129.6 / 1.89 = 68.57$, indicating that 69 students would provide the desired precision for descriptive statistics. Since a census of all three classrooms was conducted rather than sampling from a larger population, the goal of collecting responses from all students present during intervention and observation days was accomplished, ensuring adequate sample size for precision requirements while maintaining realistic expectations about the magnitude of effects this study can reliably detect. Though it limits generalizability to the broader population of similar educational settings, this census approach eliminates sampling error entirely for the

specific classrooms studied and presents a trade-off that prioritizes internal validity and precision of measurement over external validity.

While this single-teacher sample presents potential threats to external validity, such as limited generalizability across different teaching styles, school contexts, and demographic compositions, these limitations are offset by the study's focus on "proof-of-concept" rather than broad generalization (Polit & Beck, 2010). The intensive, controlled nature of this design allows for detailed observation of intervention mechanisms and student responses that would be impossible to capture in a larger, multi-teacher study. The classroom was selected from a willing secondary English teacher's course load with selection criteria prioritizing the educator's openness to innovative pedagogical approaches and commitment to trauma-informed practices. With a confident assumption, the selected classroom represented typical English classrooms in terms of student demographics, achievement levels correlating with appropriate grade levels, and the distribution of student trauma survivors, though future research will need to replicate these findings across diverse educational contexts to establish broader external validity. By working with a single willing English teacher, multiple sections of her English course load were involved. Three of this teacher's classes were included in the study: two classes received the storytelling intervention while the third class served as an observation group that did not receive the intervention. The inclusion of two separate intervention classes created an internal replication, providing verification that effects were consistent thus inciting a greater confidence in the findings.

The classroom teacher was cooperative in employing the "misbehaving form" storytelling intervention in two of the classes while maintaining standard curriculum in the third class, creating an ideal within-teacher comparison that minimized external variables while maximizing

internal validity for this foundational investigation. This approach allowed for comparison between intervention groups while controlling for teacher effects as all classes have the same instructor. This design ensures that differences in teaching style, classroom management, teacher-student rapport, and personal biases are held constant across all groups, allowing the attribution of observed differences to the storytelling intervention rather than teacher characteristics.

Phase III: Quantitative Instrument Implementation

3.01 Data Collection

Immediately following the storytelling intervention, the teacher distributed paper questionnaires and provided brief instructions for completion to ensure consistency across all participating classes. The paper format eliminated potential technical issues and ensured equal access for all students, regardless of digital literacy or access to technology. Completing the survey in the same environment where the storytelling intervention took place maintained the contextual connection between the experience and the evaluation. Students were given 10-15 minutes of class time to complete the questionnaire, which was sufficient for thoughtful responses without causing survey fatigue. Completed questionnaires were collected before students left the classroom, ensuring a high response rate and prevention of data loss. Any students absent on the day of intervention were excluded from the study, as the questionnaire specifically measured reactions to the classroom experience on that day and required direct participation. Since the questionnaire was administered as part of the lesson, nonresponse was minimal; however, students were explicitly informed that participation is voluntary to ensure ethical research practices.

To minimize social desirability bias, students were assured that their responses were confidential and did not affect their grades or academic standing in any way. The teacher was

provided with detailed instructions and materials to ensure proper implementation of the intervention in a consistent manner across the intervention classrooms. The researcher observed all three classrooms to document implementation fidelity and classroom dynamics, providing valuable contextual data for interpreting the survey results. This single-teacher three-classroom approach offered several advantages. It controlled for teacher variables, provided an opportunity to directly compare intervention and non-intervention groups, and maintained the focused, in-depth nature of the study while increasing the robustness of the findings.

By only utilizing post-surveys, students were prevented from being “primed” by pre-survey questions that may have declared any expected outcomes of the intervention. Likewise, students were not able to consciously or unconsciously align their post-responses to show “improvement” from their pre-responses. Implementing only a post-survey was beneficial in reducing participant burden and survey fatigue. Additionally, the sole questionnaire allowed the researcher to focus on outcomes of the intervention and conduct a cleaner statistical analysis.

3.01 Data Analysis

The initial phase of analysis involved careful preparation of the collected data. A comprehensive spreadsheet containing all student responses from the paper questionnaires was created. Each participant was assigned an anonymous identification number to maintain confidentiality while allowing for data tracking. The three classroom groups were clearly coded as Intervention Group 1, Intervention Group 2, and Control Group to facilitate comparisons. After cleaning the data, subscale scores for the three core theoretical constructs being measured were calculated: autonomy, competency, and relatability. These subscale scores were derived by averaging the responses to the relevant items within each domain as specified in the adapted Self-Determination Theory instrument.

To ensure the quality of the measurement instrument, a thorough reliability analysis was conducted. Cronbach's alpha coefficients were calculated for both the overall 12-item scale and for each of the three subscales separately. Alpha values of 0.70 or higher were considered as indicating acceptable internal consistency reliability. Additionally, item analysis was performed by calculating item-total correlations for each question. Any items with correlations below 0.3 were flagged as potentially problematic and may require further examination regarding their contribution to the scale.

Comprehensive descriptive statistics were generated to understand the central tendencies and distributions of the data. Means, standard deviations, and ranges for both the overall scale score and each of the three subscale scores were calculated. Frequency distributions were then created to visualize the pattern of responses across the different measurement points. These descriptive statistics provided an initial understanding of how students responded to the questionnaire and helped identify any unusual patterns or outliers in the data. The descriptive statistics between the two intervention groups were then compared to check for consistency in response patterns, as well as between the combined intervention groups and the control group to observe preliminary differences that may be attributable to the storytelling intervention.

A primary inferential analysis involved conducting a one-way ANOVA to compare mean scores across the three classroom groups. This statistical test determined whether any observed differences between groups were statistically significant or can be attributed to chance. As secondary analyses, correlations between the three subscales were examined to understand how autonomy, competency, and relatability related to each other in this educational context.

Finally, a clear framework for interpreting the results was established. This included defining thresholds for what constitutes a meaningful difference in scores, not just statistical

significance. The quantitative results were explicitly connected back to the original research question about the effectiveness of “misbehaving form” storytelling interventions in enhancing students' experiences of autonomy, competency, and relatability. The researcher’s classroom observation notes were integrated with the quantitative findings to provide in-depth context and potential explanations for the patterns observed in the data. This approach provided a richer understanding of how and why the storytelling intervention may have influenced students’ experiences in the classroom.

Integration of Databases

Integration

The integration of qualitative and quantitative results followed a rigorous procedure that honored the sequential nature of the design. After conducting the quantitative analysis using R-Studio, which included descriptive statistics, scale reliability analysis, correlation analysis, and comparative analysis between intervention and non-intervention groups, a joint display (Table 3-2) was created that visually conveyed the connections between qualitative themes and quantitative findings (Fetters et al., 2013). A joint display is the merging of the quantitative and qualitative findings in a visual which further extracts insights beyond what was obtained from the independent results (Guetterman, Fetters, & Creswell, 2015). This integration allowed for interpretation of how the quantitative results supported the quality and specificity of the newly developed intervention for the trauma survivor population being studied (Plano Clark et al., 2010). The mixed methods integrative data analysis involved exploring first with the ethnographic observations, the pilot study, and the small qualitative sample of trauma survivors, followed by building the quantitative feature, and then testing this intervention with a larger sample of secondary students. This systematic integration of databases enhanced the validity of

findings by demonstrating how personal experiences embedded within trauma survivor narratives directly contributed to designing an intervention that addressed their unique educational needs, while the quantitative results provided evidence of the intervention's effectiveness across a broader student population.

Table 3-2: Joint Display: Experiences of trauma contribute to instrument design

Theme	Response Format	Instrument Content
Response and symptoms (of trauma)	Observations; interviews	Autonomy: I was able to use “misbehaving form” to tell my story in a unique way that suited me.
Students’ reactions to triggers and trauma	Observations; interviews	Autonomy: I felt I had freedom to tell my story in my own way. Competence: I discovered strengths in my storytelling that I hadn’t recognized before.
Students’ outcomes of triggers and trauma	Observations; Pilot study; interviews	Competence: I felt capable of expressing my story effectively through the “misbehaving form” approach.
Educational environments’ reactions to students’ triggers and trauma	Evaluation; observations; pilot study; interviews	Relatedness: The storytelling experience created a sense of community in our classroom.
Students’ trauma impacting (personal) education	Pilot study; interviews	Competence: I felt proud of the story I created.
Outside of educational environment- trauma’s impact on student	Interviews	Relatedness: Sharing my story helped me feel better understood by others.

Family/guardian/relationship impact on student	Interviews	Storytelling-specific items: Using “misbehaving form” helped me express parts of my story that would have been difficult to share in standard essay format.
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Data Analysis

The integration data analysis procedures for this exploratory sequential mixed methods study involved a systematic approach to connecting the qualitative and quantitative phases. Following the primary data analysis integration procedures outlined in the methodological literature, the process began by thoroughly analyzing the qualitative interview data collected from trauma survivors using Atlas.ti software. This analysis identified key themes about their educational experiences, challenges faced, and supportive factors that contributed to high school completion.

The interim phase served as the critical connection point between qualitative and quantitative elements. During this phase, findings from the qualitative analysis directly informed the development of the quantitative feature: the storytelling intervention using “misbehaving form” and the Self-Determination Theory-based questionnaire. Themes and codes from the trauma survivor interviews were explicitly linked to elements of the quantitative instrument, with survivor quotes used to design trauma-informed survey items that would resonate with the educational experiences they described.

After implementing the intervention and collecting quantitative data, the analysis moved to examining relationships between the qualitative findings and quantitative results. Joint displays were created to visually represent these connections, showing how specific themes from trauma survivor narratives corresponded with particular patterns in the questionnaire responses.

The statistical analysis using R-Studio examined how well the intervention addressed the needs identified in the qualitative phase, with particular attention to differences between intervention and non-intervention groups.

The final integration step involved interpreting how the quantitative results validated, expanded upon, or contradicted the initial qualitative findings. This interpretation examined the effectiveness of the intervention, demonstrating how the personal experiences shared by trauma survivors contributed to developing an educational approach that addressed their unique needs. By connecting individual experiences to broader patterns in the quantitative data, the integration process provided a more comprehensive understanding of how storytelling interventions using “misbehaving form” can support student-trauma survivors in educational settings.

Conclusion

The sequential exploratory mixed methods design employed in this study provided a comprehensive framework for examining trauma-informed educational approaches while centering the lived experiences of trauma survivors. This methodological approach proved effective for addressing the complexities inherent in trauma research and educational intervention development. By beginning with qualitative methods that honored survivor narratives, the study established a foundation grounded in authentic experience, allowing trauma survivors to articulate challenges and needs in their own terms. This prioritization of survivor voices aligned with trauma-informed principles of empowerment and agency while also generating rich contextual data that informed the subsequent phases of research.

The integration of qualitative findings into the development of the quantitative intervention demonstrates the strength of this sequential design, creating a trauma-sensitive educational approach directly responsive to survivor-identified needs. The “misbehaving form”

storytelling intervention, built from trauma survivors' insights and measured through the adapted Self-Determination Theory questionnaire, represents a tangible product of this integration process. The use of joint displays and systematic connection between qualitative themes and quantitative elements enhanced the validity of findings while maintaining the centrality of survivor perspectives throughout the research process.

This methodology modeled an ethical approach to trauma research itself. The sequential design mitigated potential retraumatization by using initial qualitative insights to inform sensitive quantitative measures while the iterative integration process ensured that survivor voices remained at the foundation even as the study expanded to broader applications. Through this comprehensive approach, the study contributes both substantive knowledge about supporting student-trauma survivors in educational settings and methodological insights for conducting trauma-informed research that transforms educational practice.

Chapter 4: Results

Introduction

This exploratory sequential mixed methods study examined trauma-informed educational approaches through a comprehensive investigation that centered survivor perspectives and narratives throughout the research process. The study was designed to address the critical gap in educational research where trauma survivors are often positioned as subjects to be studied rather than valuable contributors to knowledge creation. Through a systematic progression from qualitative exploration to quantitative measurement and integration (Zhang & Ramos, 2023), this research sought to develop more authentic and effective trauma-informed educational frameworks that honor the wisdom derived from lived experience while supporting both individual healing and collective transformation.

The results presented in this chapter reflect the sequential nature of the study design, beginning with the foundational qualitative phase that established the groundwork for subsequent quantitative instrument development and implementation (Fetters et al., 2013). The qualitative findings emerged from multiple data collection methods including methodical evaluation of existing teacher preparation curricula, classroom observations across diverse educational settings, a pilot study examining trauma-informed pedagogy implementation, and in-depth interviews with trauma survivors about their secondary-level educational experiences. These qualitative insights then directly informed the development of a storytelling intervention using “misbehaving form” narrative approaches, which was subsequently tested through quantitative measurement of students' self-reported levels of autonomy, competence, and relatedness as operationalized by Self-Determination Theory (Ryan & Deci, 2000).

The integration of these findings reveals how personal experiences embedded within trauma survivor narratives directly contributed to designing an intervention that addressed their unique educational needs. Meanwhile, the quantitative results provided evidence of the intervention's effectiveness across a broader student population. This integration of databases enhanced the validity of findings (Bryman, 2006) by demonstrating the practical application of survivor wisdom in educational settings while maintaining scholarly rigor throughout the research process.

Phase I: Qualitative Data Collection and Analysis

1.01 Evaluation of Current Teacher Preparation

The comprehensive evaluation of Virginia Northwestern University's Bachelor of Education program using Stufflebeam and Zhang's (2017) CIPP Evaluation Model examined the Context, Input, Process, and Product dimensions of trauma-informed pedagogical preparation within secondary English education curriculum. This evaluation was conducted at a private, accredited institution with approximately 2,641 undergraduate students and a predominantly white student population (58%). Among the remaining students, 12% are Hispanic, 9% are Black, and 7% are Asian.

1.01 Context Evaluation Results

The Context evaluation identified Virginia Northwestern's specific trauma-informed requirements for preservice teachers within an accredited Virginia university setting. The Division of Education and Leadership offers a Bachelor of Education degree, distinguishing it from institutions that only provide Bachelor of Arts or Bachelor of Science degrees for students pursuing education coursework and teacher certification. This specialized B.Ed. program ensures students receive equal training in pedagogical approaches, instructional strategies, and content

expertise while promoting field experience within the local city and county school systems. The program creates distinct pathways for students focusing on specific age groups and subject content, such as the B.Ed. in Secondary Education-English which was the focus of this evaluation. Despite maintaining accreditation standards and producing graduates who successfully obtain Virginia teaching licenses, no specific trauma-informed requirements were identified within the program structure or institutional policies governing teacher preparation.

1.01 Input Evaluation Results

The Input evaluation examined educational resources, approaches, and materials available for implementing trauma-informed pedagogy within the formal curriculum. Analysis of the Secondary English Education degree requirements revealed a comprehensive program structure including seven education-specific courses and eleven English-specific courses, totaling eighteen required courses for degree completion.

The education-specific coursework included: PSY 222 (Lifespan Development), EDU 344 (Methods and Management in Middle/Secondary Schools), EDU 310 (The Teaching Profession), RDG 425 (Literacy in Content Areas), EDU 349 (Curriculum & Instruction in Middle/Secondary Schools), EDU 441 (Student Teaching in Middle/Secondary Schools), and EDU 343 (Methods and Assessment in Middle/Secondary Schools).

The English-specific coursework comprised: ENG 201 (Advanced Essay), ENG 210 (Modern Grammar), ENG 230 (World Literature), ENG 263 or ENG 264 (British Literature I or II), ENG 283 (American Literature I), ENG 284 (American Literature II), ENG 287 (African American Literature), ENG 309 (Peer Tutoring in Writing), ENG 311 (Young Adult Literature), ENG 313 (Critical Theory), ENG 318 (Writing for Online Audiences), and MCOM 227 (Media Literacy).

Detailed examination of course syllabi, required readings, and learning objectives across all eighteen required courses found no trauma-informed pedagogical resources, materials, or content integrated into the required coursework for secondary English education majors. The analysis revealed an absence of content addressing trauma and its impact.

1.01 Process Evaluation Results

The Process evaluation analyzed the implementation of trauma-informed pedagogy within the delivery and instruction of required education-specific coursework. Each of the seven education courses was examined for integration of trauma studies, neurobiological impacts of trauma on learning, trauma-responsive instructional strategies, and classroom management approaches that acknowledge trauma's impact on student behavior and learning.

Specific analysis included examination of:

- Course content delivery methods and pedagogical approaches
- Assessment strategies and their alignment with trauma-informed principles
- Field experiences requirement and supervision protocols
- Student teaching placements and mentor teacher preparation
- Professional development opportunities for faculty

The evaluation found no evidence of trauma-informed content integration in any examined courses. Student teaching placements operated without specific guidance regarding trauma-affected students, and clinical/mentor educators received no training in trauma-informed supervision or modeling of trauma-responsive practices.

1.01 Stakeholder Dialogue Results

Extensive dialogue was conducted with three key administrative stakeholders to validate findings and explore institutional perspectives on trauma-informed preparation. Formal

discussions were held with the Education Department Program Coordinator, Education Department Chair, and Director of Educator Licensure, respectively representing administrative oversight, academic leadership, and certification compliance perspectives.

These stakeholders confirmed that trauma-informed pedagogy and educational psychology material focused on student trauma survivors is not present in the current Bachelor of Education curriculum. They verified that students pursuing state-approved teaching licensure complete the program and graduate without exposure to information focused on trauma and its implications for student learning.

Stakeholders identified several institutional factors contributing to this gap:

- Budget constraints limiting new course development and implementation
- Faculty expertise limitations in trauma-informed approaches
- Competing curricular demands within existing credit hour requirements
- Absence of state mandates requiring trauma-informed teacher preparation
- Limited awareness of trauma's prevalence and impact in educational settings

1.01 Product Evaluation Results

The Product evaluation assessed curriculum effectiveness through systematic examination of graduating teacher preparedness to work with trauma-affected students. Analysis focused on competency development, knowledge acquisition, and skill demonstration related to trauma-responsive practices. The evaluation found that graduating teachers having earned a B.Ed. enter the profession without formal exposure to information related to supporting trauma-affected students within their university preparation program. Specific deficits identified included:

- Lack of understanding regarding trauma's neurobiological impact on learning and behavior
- Absence of skills in recognizing trauma responses in classroom settings
- Limited knowledge of trauma-informed classroom management strategies
- Insufficient awareness of retraumatization risks in educational environments
- No preparation in implementing trauma-sensitive instructional approaches
- Lack of training in collaborating with trauma-informed support services

This comprehensive evaluation using the Stufflebeam and Zhang's (2017) CIPP model revealed significant gaps in trauma-informed pedagogical preparation, establishing the need for a curriculum reform to adequately prepare teachers for supporting trauma-affected students in secondary educational settings.

1.02 Classroom Observations

Classroom observations across three Virginia public schools provided rich ethnographic data that illuminated the complex interplay between institutional structures, educator practices, and student trauma responses in real-world educational settings. These observations revealed significant gaps in the development of trauma-informed emotional infrastructure necessary to support all students effectively.

1.02 Setting and Sampling

These observations were conducted across six secondary-level English and Humanities classrooms within three Virginia public schools, representing diverse socioeconomic contexts and demographic compositions. The stratified sampling approach balanced high-income areas like Loudoun County (median household income \$157,000) with economically challenged regions such as Dickenson County (median household income \$23,431). All public schools

included in the ethnographic classroom observations are represented by pseudonyms. This anonymization protocol prevents identification of specific schools, districts, and educational personnel while maintaining the integrity of reported findings.

Selected schools included:

- East High School: 2,050 students, representing affluent suburban demographics
- West High School: 1,300 students, representing mixed socioeconomic urban context
- Southwest High School: 590 students, representing rural, economically disadvantaged community

Classroom observations spanned 9th through 12th grade levels of varied instructional formats, including co-taught environments supporting Special Education students and English Learners. This sampling framework ensured representation across geographic, demographic, and pedagogical dimensions while maintaining consistent focus on trauma-informed practices.

1.02 Physical Environment and Institutional Atmosphere

The stark contrast between modern architectural investments and sterile emotional atmospheres emerged as a defining characteristic across observed schools (Smeyers et al., 2013). East High School in Loudoun County presented itself as a post-modern educational facility in which both light and sound reverberated in the incredibly vast and sterile environment, producing an institutional rather than welcoming atmosphere despite significant financial investment. Southwest High School in Dickenson County, built with federal grants to create a state-of-the-art educational campus, replicated the sterile aesthetic of wealthier districts. West High School's Learning Center in Winchester City represented the most extreme version of this institutional aesthetic with a complete lack of a personalized environment in which teachers do not have their own classrooms and must use a common room for planning and lunch. The

Learning Center's design emphasized institutional efficiency over human comfort, creating an environment that mimicked a fishbowl's lack of anonymity and privacy. Overall, the limited personalization of learning spaces reinforced institutional rather than community-oriented atmospheres (Munday, 2013).

Yet, some educators attempted to humanize their spaces through personal touches (Rands & Gansemer-Topf, 2017) such as “Tolerance” and “You Belong” placards and dimmed fluorescent lighting in favor of warmer lamp lighting. However, these individual efforts stood in stark contrast to the overwhelming institutional messaging of the broader environment (Martinsone & Žydžiūnaite, 2023). As seen above one classroom doorway, a prominent “PSYCHWARD” sign was displayed, creating potential triggers for students with mental health experiences while normalizing stigmatizing language about psychiatric care. The prominence of this signage indicated systemic problems with trauma sensitivity in educational environments (Mori et al., 2021).

1.02 Formal Educator Training

Further observations revealed significant gaps in formal trauma-informed training among educators. When a student in the East High School Humanities class asked, “What is trauma-informed practices?”, the teacher's response was flatly: “I don't know. I haven't been trained on it.” This captured the immense absence of trauma education in teacher preparation and professional development programs. The lack of formal training manifested in inconsistent and often inadequate responses to student distress signals across all observed settings (MacLochlainn et al., 2022; Gunawardena et al., 2024). Furthermore, during a test administration at East High School, the educator provided encouragement and stickers as extrinsic reinforcement yet failed to recognize or respond appropriately to students displaying clear signs of trauma responses. Two

students exhibiting hypoarousal behaviors, characterized by shutdown and disconnection in addition to numbing and social isolation (Corrigan et al., 2011), were overlooked entirely despite their obvious distress. Additionally, at West High School, despite having three educators present in the inclusive classroom, a student experiencing hyperarousal or flight symptoms retreated to the back of the classroom to place their back against the wall and stare anxiously at other students (Brzozowska & Grabowski, 2025). Throughout the entire class period, none of the three educators present checked on this individual or created scenarios to invite them back into the whole group. Consistently, educators focused their support and validation on students who appeared confident and engaged (Goldberg et al., 2021) while overlooking those displaying trauma-related behaviors. This disparity in attention and support was evident even within individual schools, where teaching approaches varied dramatically from one classroom to another. For example, as one teacher demonstrated exceptional relational awareness, another teacher in the same institution exhibited concerning patterns where some students received positive reinforcement, being used as models for the class, while others were left visibly unhappy and ignored.

1.02 Student Trauma Responses

Students displayed hyperarousal responses through various forms of physical restlessness, including leg shaking that increased during emotionally triggering content, excessive fidgeting during anxiety-provoking situations, and somatic self-soothing behaviors such as hair cutting, repeated lip gloss application, and clothing adjustment (Morrissette et al., 2021). Students displaying hypoarousal responses often appeared to melt against their chairs, stare off into the distance for long periods of time, or position themselves in ways that suggested attempts to become invisible within the classroom environment (Litz & Gray, 2002). A

particularly notable example occurred in the East High School Humanities class where a student appeared frozen, displaying no movement whatsoever. Closer observation revealed they were actively pushing against the chair, with it wedged against the wall, thus allowing their person to meld against the seat and back. As this student was staring forward but without a locus of observation, it seemed all of their attention was on just staying as close to the chair as possible.

1.02 Relational Dynamics

The quality of teacher-student relationships varied dramatically across classrooms (Mammadov & Avci, 2025). The Advanced Placement English teacher at Southwest High School demonstrated excellent relational awareness, maintaining an understanding of students' lives that was incredibly keen. When a student entered declaring “I'm so angry,” the educator facilitated peer support before arranging appropriate professional intervention by quietly inviting the student to go to guidance. Later in the class meeting, this educator acknowledged the emotional weight of content she had just read aloud, telling students, “Well, we'll just hang out for the rest of the class. That was some heavy stuff,” before transitioning to casual conversation that allowed students to decompress and reconnect.

Conversely, other educators demonstrated concerning patterns of selective attention and missed opportunities for intervention. In Southwest High School's English 12 classroom, students exhibiting help-seeking behaviors, such as asking for assistance during a quiz, verbalizing struggle, or physically withdrawing by putting their head down, often received responses ranging from non-existent to shallow. When a student offered a “love you” to the educator while leaving class early, this received only surface acknowledgment rather than deeper exploration of potential underlying needs (García-Rodríguez et al., 2023).

1.02 Institutional Structure Barriers and Socioeconomic Context

Several lesson structures followed a rigid, teacher-directed format that didn't account for varying emotional states or individual student needs (Petersen et al., 2020). The pace and delivery of instruction proceeded without apparent consideration for students who might be triggered or overwhelmed. This one-size-fits-all approach left little room for the flexibility that trauma-informed pedagogy requires, such as offering movement breaks or providing choice in learning activities. Teachers maintained strict adherence to predetermined timelines and curricula, even when students exhibited clear indicators of emotional dysregulation or disengagement (Bathgate et al., 2019). The lack of responsive teaching practices meant that opportunities to build safety and trust were frequently missed in favor of content delivery and procedural compliance (Benita et al., 2018).

Despite significant differences in community wealth, observations revealed remarkably similar patterns in trauma-informed practice implementation across socioeconomic contexts. Federal funding enabled Dickenson County's state-of-the-art facilities to create physical environments nearly identical to those in wealthy Loudoun County, yet both regions demonstrated similar gaps in trauma-informed educational practices. Winchester City's Learning Center emphasized donor recognition through plaques with donor names and widely known big businesses, suggesting community investment focused on visible infrastructure rather than emotional and relational organization. Resource availability did not automatically translate to trauma-informed practice implementation (Mullainathan & Shafir, 2013), as physical facilities achieved remarkable uniformity across diverse socioeconomic contexts while fundamental gaps in trauma-informed educator preparation and ongoing professional development persisted regardless of community wealth.

1.03 Pilot Study: Trauma-Informed Pedagogy Course

The semester-long pilot study examined the implementation of a trauma-informed pedagogy course for pre-service and professional teachers in Virginia. The course was populated through routine enrollment procedures with university advisors informing students of the pilot study format. This allowed for recruiting a diverse cohort that represented educators at different career stages, from developing pre-service teachers to experienced in-service professionals.

1.03 Sampling Demographics

The course enrolled 7 participants including 5 pre-service teachers in their final year of teacher preparation and 2 in-service professional teachers with 3-8 years of classroom experience. Participants represented varied teaching areas including elementary education (2), secondary education (3), PK-12 art education (1), and PK-6 educational administration (1).

1.03 Informing the Current Study

The observed absence of trauma-informed structures in secondary humanities classrooms provided foundational insights that directly informed the design and implementation of this pilot study. The classroom observations revealed significant gaps between current educational practice and the understanding of trauma-informed pedagogy, underscoring the necessity of moving beyond content delivery models toward pedagogical frameworks that prioritize psychological safety and student agency (Andersen & Andersen, 2015). The disconnect between observed practice and evidence-based trauma-informed principles reinforced the importance of developing educators' capacity to recognize when traditional approaches may retraumatize vulnerable students (Maynard et al., 2019).

Additionally, the lack of consideration for varying emotional states and individual needs observed in these classrooms directly informed the study's emphasis on developing participants' observational capacity and situational understanding. The pilot study's focus on helping

educators recognize hyperarousal and hypoarousal symptoms, as well as contextual triggers, emerged from witnessing how these are overlooked in typical classroom environments. The observed absence of responsive teaching practices highlighted the need for professional development that not only builds theoretical knowledge but also develops practical skills for implementing real-time adjustments based on student needs (Liasidou, 2022).

1.03 Pre-survey Findings

To best of the researcher's ability, anonymization of findings was enacted due to all participants' status as students and several participants' current positions as educators in local public-school systems. Therefore, the researcher advised participants to practice "internal confidentiality," evading self-identification in responses to survey questions (Saunders et al., 20215).

Pre-survey data documented baseline knowledge levels among participants regarding trauma-informed pedagogical approaches. Thematic analysis of pre-survey responses identified several areas of understanding. Participants demonstrated explicit acknowledgment of their unfamiliarity with trauma-informed pedagogy, with responses including direct statements such as "none," "most likely none," and "none really." Additionally, participants frequently confused trauma-informed pedagogy with other educational frameworks, particularly culturally responsive teaching and differentiated instruction.

"I am not familiar with any elements of trauma-informed pedagogy. The closest thing that I could think of is culturally responsive teaching where we include elements of all cultures so that people do not feel disregarded or left out."(Participant 1)

Many demonstrated oversimplification of trauma-informed practices, reducing them to merely "avoiding triggers" rather than comprehensive approaches. Responses revealed an

absence of systematic implementation strategies with participants relying on intuition rather than evidence-based approaches.

“I have tried implementing differentiated practices that considers all aspects of students.” (Participant 3)

A gap existed between participants' theoretical awareness of trauma's impact and their practical application of supportive strategies.

However, pre-survey responses revealed foundational understanding in specific areas. Participants demonstrated recognition that trauma responses exist on a spectrum, identifying two primary manifestation patterns: withdrawal/isolation behaviors (quiet, reserved, disengaged students) and externalized behaviors (acting out, disruption, emotional reactions).

“It depends. Different people deal with trauma differently. Some may be mad, outlandish, or quiet and reserved.” (Participant 4)

Consistently, participants identified three key components of resilience: support systems (mentioned in the majority of responses), structural elements (routines, clear paths, predictability), and personal factors (confidence, determination).

1.03 Course Content and Structure

The course modules were compiled by the researcher based on contemporary trauma-informed practices and theories. The curriculum addressed foundational conceptual areas, beginning with trauma definition and differentiation from stress (Appendix F), neurobiological development and brain architecture, and trauma responses within the window of tolerance framework. Advanced modules explored attachment theory and learned helplessness, cumulative risks and adverse childhood experiences, and goal orientation and cognitive appraisal processes. The course integrated resilience and post-traumatic growth theories, metacognition and memory

retrieval concepts, and motivation and self-determination frameworks. Additional components addressed constructivism and social interaction, narrative theory and trauma language, educator vicarious trauma and compassion fatigue. Final modules focused on retraumatization prevention strategies and practical tool identification for classroom implementation.

1.03 Post-Survey Transformation: Evidence of Significant Growth

Thematic analysis of post-survey responses revealed substantial shifts in participants' understanding, attitudes, and intended practices following the educational intervention. The comparative analysis between pre- and post-survey themes documented transformational growth across multiple dimensions. Participants evolved from explicit acknowledgment of knowledge gaps to developing sophisticated understanding that incorporated multiple theoretical frameworks. Post-survey responses demonstrated integration of neurobiological understanding of trauma responses, functional impairment models, and emotional-cognitive disruption frameworks.

“I’m now more familiar with creating psychological safety, building trust, and promoting student empowerment and voice.” (Participant 5)

“I now know Goal Orientation, ACE's, Resilience, Post-Traumatic Growth, Theory of Mind, and Self-Determination Theory.” (Participant 1)

Participants began using technical terminology appropriately, including concepts such as hyperarousal, hypoarousal, and regulation systems. Moreover, post-survey data revealed participants' increased understanding of trauma's prevalence and impact on learning processes, along with greater appreciation for the complexity of trauma recovery and the non-linear nature of healing processes.

“I can implement trauma-informed pedagogy by mostly using mindfulness within my classroom and try to understand the baggage that students may bring with them to school daily. I think it is important to take in all of these factors and ensure that the students are heard and seen.” (Participant 2)

Participants demonstrated improved ability to distinguish between trauma-informed and trauma-responsive approaches, moving beyond surface-level understanding to recognize systemic implications.

“I really thought the MUSIC Model was really good. I also thought the idea of Theory of Mind was good as it makes us think about what others may be experiencing mentally and going through.” (Participant 6)

Consequently, the comparative analysis revealed five key areas of transformational growth: conceptual development, observational capacity, framework integration, application confidence, and systems thinking (Table 4-1).

Table 4-1. Five Areas of Transformational Growth

Areas	Evidence
Conceptual development	Participants moved from acknowledging knowledge gaps to integrating sophisticated theoretical frameworks and technical terminology
Observational capacity	Growth occurred in the ability to recognize and differentiate trauma responses in educational settings, developing nuanced understanding of varied manifestations
Framework integration	Growth occurred in the ability to recognize and differentiate trauma responses in educational settings, developing nuanced understanding of varied manifestations
Application confidence	The most significant growth appeared in the development of specific, evidence-based strategies

	and the confidence to apply theoretical knowledge to classroom practice
Systems thinking	Participants developed the ability to consider trauma responses, resilience, and interventions from both individual and systems-based perspectives

By developing a detailed understanding of specific behavioral indicators, participants moved beyond the simple binary categorization evident in pre-survey responses. Post-survey responses demonstrated a nuanced recognition of:

- Hyperarousal symptoms: outbursts, hypervigilance, anxiousness, irritability, overstimulation, fight-or-flight responses
- Hypoarousal symptoms: withdrawal, shutting down, emotional numbing, fatigue, disengagement, freeze and fawn responses
- PTSD manifestations in educational contexts: trigger responses to environmental stimuli, flashbacks or intrusive memories, disruption to learning processes, and avoidance behaviors

With this, participants also developed situational understanding, recognizing how contextual factors can trigger trauma responses and require differentiated interventions (Liberzon & Abelson, 2016).

Yet, the most significant transformation occurred in participants' ability to integrate multiple theoretical perspectives. Post-survey responses revealed recognition of theoretical integrations, including a dual process understanding of trauma responses, balance of individual versus systemic perspectives, and incorporation of growth over deficit orientations. Participants demonstrated ability to reference specific models, such as the MUSIC model and polyvagal theory, indicating systems-based thinking about resilience and trauma responses. Likewise,

participants evolved from a basic understanding to a more sophisticated resilience framework incorporating the following key mechanisms:

- Supportive relationships: trusted adults and community networks
- Structural supports: routines, expectations, predictable environments
- Internal resources: self-advocacy, emotional regulation, identity development
- Agency and empowerment: choice, personal voice, mastery, self-determination

This advanced framework recognized resilience as a developmental process rather than a fixed trait (Luther & Cicchetti, 2000), understanding how individual and external systems work together to support student success.

In addition, participants demonstrated substantial growth in their ability to articulate connections between trauma theory and practical classroom applications. Post-survey responses revealed development of specific implementation approaches:

- Content warnings for potentially triggering material
- Clear expectations and transparent communication strategies
- Flexible deadlines and assignment options
- Environmental design principles to create psychological safety
- Integration of mindfulness practices
- Multi-level intervention approaches addressing both individual needs and systemic factors

Confidence levels in working with trauma-affected students increased substantially, with participants reporting greater comfort in recognizing trauma responses, implementing supportive interventions, maintaining appropriate boundaries while building connection, and collaborating with mental health professionals when necessary.

Lastly, the transformation in attitudes was particularly notable with participants moving from viewing trauma as primarily a mental health concern outside their educational purview to understanding their critical role in supporting trauma-affected students' academic and social-emotional development.

“I feel that the best strategy for teachers is instilling in students that they can be successful. Growing those connections and giving support when needed goes a long way. We can challenge them and make it known that they are capable of accomplishing any task.” (Participant 3)

Many participants expressed newfound recognition of how traditional educational practices might inadvertently retraumatize vulnerable students and demonstrated commitment to implementing more trauma-sensitive approaches.

“One thing that I try to do is be very upfront with students about information while also being sensitive. In my subject, we tend to talk about traumatic events that could be a trigger for students. I plan to build a community of trust where students feel open to talking about different topics without triggering any kind of traumatic responses.”
(Participant 3)

With this, both preservice and in-service educators developed sophisticated understanding of concepts such as co-regulation, the importance of predictability and safety in learning environments, the role of choice and agency in supporting trauma survivors, and the significance of relationship-building in educational success.

1.04 Trauma Survivor Interviews

The experiences of trauma survivors (n = 15) who attended a public Virginia high school between 2016-2023 reveal a complex landscape where individual resilience collided with

systemically unprepared educational environments. These young people, carrying histories of sexual abuse, family violence, medical trauma, refugee displacement, and profound loss, demonstrated remarkable adaptability while highlighting critical gaps in trauma-informed educational practices.

1.04 Informing the Current Study

These interviews with trauma survivors were strategically designed to build upon insights gained from the two foundational preliminary studies that revealed critical gaps in trauma-informed educational practices. The ethnographic observations of high school classrooms provided crucial baseline data about the reality of educational environments having limited recognition of trauma presentations. Simultaneously, the pilot study with preservice and in-service teachers revealed educators' current knowledge gaps, attitudes, and training deficiencies regarding trauma-informed practices, further contextualizing the current study's findings. Together, these preliminary studies created a comprehensive foundation for understanding trauma in educational settings from multiple perspectives: the institutional environment, educator preparedness, and, the missing piece, lived experiences of trauma survivors themselves. The previous studies ensured that interview questions were grounded in observed realities rather than assumptions yet created space for participants to articulate experiences that might otherwise remain invisible in educational discourse.

1.04 Sample Description

The semi-structured interviews were conducted over 44 days with interview lengths ranging from 40 minutes to 1 hour and 29 minutes and a mean duration of 56 minutes. Participants ranged in age from 19 to 24 years with a mean age of 21.6 years, representing young adults having graduated across a five-year span from 2020 to 2023. The sample included 9

women (60%), 4 men (26.7%), and 2 non-conforming individuals (13.3%), reflecting diverse gender experiences within the trauma survivor population. Furthermore, participants represented significant racial and ethnic diversity: 46.7 % white, 26.7 % Hispanic, 20% mixed race, and 6.7% Black.

All participants experienced primary trauma with interpersonal violence being the most common category, identified by 66.7% of participants. This high prevalence of interpersonal violence aligns with existing literature demonstrating its significant impact on psychological well-being and its tendency to result in complex trauma presentations (Gibbs et al., 2018; Oliver et al., 2019). Other primary trauma categories experienced included: 13.3% illness/medical trauma, 20% loss of a parent, 13.3% refugee experiences involving war and displacement, and 6.7% psychological trauma. Multiple trauma types per individual were reported at 40%, indicating that nearly half of participants had experienced polytraumatization (Rose & Johnson, 2025). Additionally, 60% of participants experienced secondary trauma, while 40% reported no secondary trauma exposure. Secondary trauma exposure, which involves witnessing or learning about traumatic events experienced by others, adds another layer to participants' trauma histories (Figley, 1995). This high rate of secondary trauma denotes that many individuals in the sample had been exposed to trauma through multiple pathways, such as direct personal experience and indirect exposure across relationships, academic, or community contexts (Bride et al., 2004).

1.04 The Prevalence of Distress

The finding of 47% of participants showed visible signs of distress underscores the unprocessed nature of many traumatic experiences and suggests for many individuals that their stories remain emotionally charged and unresolved, even when they volunteer to share them in a research context. The visible manifestations of distress, exhibited through tears, trembling, voice

changes, or variations in posture, indicate that the act of verbal recounting can trigger intense psychological and physiological reactions, effectively transporting participants back to the original moments of trauma or difficulty (Saldaña, 2021). The 20% who required recording pauses represent a particularly vulnerable subset as their emotional responses became so overwhelming that they needed time to regain composure or felt unable to continue without intervention. The remaining 13% of participants found the interview experience beneficial or therapeutic (Russell, 2022).

1.04 Data Analysis

The analysis of participant interviews followed a systematic inductive approach, moving from concrete, descriptive initial codes to more abstract, interpretive thematic categories (Miles & Huberman, 1994). This process involved multiple rounds of analysis, constant comparison, and iterative refinement to capture the complexity of trauma survivors' high school experiences while maintaining analytical rigor.

The development of higher-order codes resulted in a sophisticated hierarchical structure that conveys the multifaceted nature of trauma survivors' experiences in high school settings. The thematic analysis process followed Braun and Clarke's (2006) six-phase approach, beginning with initial familiarization with the data through multiple readings of each transcript, followed by systematic generation of initial codes that captured meaningful units of data related to trauma survivors' educational experiences. Importantly, all concepts and subsequent codes emerged directly from participants' stories and experiences, ensuring the analysis remained grounded in survivor voices (Glaser & Strauss, 1967). This participant-driven approach proved effective in capturing the depth and breadth of experiences, as evidenced by the research process itself. The thematic analysis employed constant comparative analysis, where each new piece of

data was compared against existing codes and emerging themes, allowing for iterative refinement and deeper understanding of patterns across participants' narratives. Theoretical saturation was reached by the fourth interview, indicating that the core categories and their properties were sufficiently developed to explain the range of experiences within the trauma survivor population (Saunders et al., 2018).

At this point, the code tree was finalized with saturation realized across all major thematic categories, and this established coding framework was then systematically applied to the remaining interview transcripts to ensure comprehensive data analysis. Within this overarching framework, the data revealed distinct thematic clusters that required further refinement and categorization through multiple rounds of analysis, where initial descriptive codes were progressively grouped into interpretive categories that captured the underlying meanings and relationships within the data. The analysis resulted in seven primary higher-order categories (Table 4-2), each containing multiple subcodes that represent different dimensions of the trauma survivor experience.

Table 4-2. Dimensions of the trauma survivor experience

Higher-order codes	Lower-order codes
Educational environment responses	Teacher caring; teacher misconceptions about trauma; safe classroom environment; student voice; school personnel awareness/denial; mental health resources; flexible scheduling
Trauma response patterns	Dissociation; fight/flight responses; hypervigilance; flashbacks; dysregulation; withdrawal and shutdown
Social and relational impact	Autonomy struggles; peer connections; isolation; oversharing; self-reliance and hyper-independence; trust issues; expressing unfairness; emotional suppression

Academic and developmental impact	Impact on “normal” adolescence; academic success despite trauma; impact on graduation and attendance; learning disruption; limited safe spaces to communicate; lack of agency due to being a minor; inability to express trauma and triggers
Emotional and psychological outcomes	Grief; anger; shame; guilt; exhaustion; alienation; hope; relief
Coping and adaptation mechanisms	Self-informing about trauma; creative outlets; becoming an advocate; fostering resilience; self-harm; disordered eating
Systemic and environmental factors	Family/guardian abuse/support; unsafe domestic environment; unsafe relationship; transportation challenges; fear of DSS/CPS intervention

Throughout the following data presentation, participants are identified using pseudonyms to protect their anonymity while maintaining the personal nature of their narratives (Subedi, 2025). Each participant is introduced by their chosen pseudonym followed by their age at the time of the interview. This allows readers to contextualize participants’ high school experiences within their developmental stage. This identification method preserves the individual voices of trauma survivors while ensuring their confidentiality and dignity. The consistent use of pseudonyms and ages enables readers to track individual experiences across different thematic categories while recognizing each participant as a unique person with distinct trauma histories and educational journeys.

1.04 Educational Environment Responses

Teacher caring emerged as the most significant factor determining survivors' educational success and was alluded to 35 times across the interviews. When educators recognized students as whole human beings rather than academic performers, they created transformative experiences. Kadmiel, 22, described teachers who “truly felt like my parents,” providing daily emotional check-ins and flexible accommodations for his chronic illness, Sickle Cell Disease.

Similarly, other participants found sympathy in teachers who offered unconditional engagement during challenging times.

“She was there for me, and she would, like, buy me donuts every week. I actually ended up getting mad because someone bought me a donut on Thursday, and I said, ‘Oh, no, I can only have donuts on Friday.’”(Sally, 23)

As others navigated the consequences of interpersonal violence, such as loss of autonomy, restricted safe domestic spaces, and suicide ideation, caring teachers marked trauma survivors’ school days with flexibility and sensitivity. After enduring both the physical abuse of a stepparent and adultification created by an absent mother, Stella, 23, admitted that the care she received from one teacher was simple but routine.

“I would get a hug. Sometimes, that was all I needed. Or I would have times of the day where I could come and check in.” (Stella, 23)

These caring relationships created safe classroom environments where students could express authentic emotions, take academic breaks when needed, and maintain student voice in their educational experience. While she endured the public stigma and victimization that followed the disclosure of her rape, Lauren, 24, recounted the transformative grace a teacher extended to her.

“I vividly remember that my teacher would let me, like, lay my head down in school and would never say anything out loud but would email me on my school email saying, like, ‘You don't have to do this assignment today. You can do it for homework.’” (Lauren, 24)

The demographic data reveals that caring teachers were predominantly found in humanities subjects (88.7% of caring relationships), with English teachers being the most frequently identified (46.7% of participants). Speech and debate teachers accounted for 26.7% of

caring relationships with band and choir teachers, homeroom teachers, and coaches each representing 13.3%. Only 6.7% of participants identified a world language teacher as particularly caring. This suggests potential gaps in support across different subject areas, especially those in science and math departments. However, such caring was inconsistent and largely dependent on individual teacher initiative rather than systematic policy. More commonly, survivors encountered teacher misconceptions about trauma responses, where educators interpreted dissociation as laziness, hypervigilance as disrespect, or emotional dysregulation as behavioral problems. Jakob's, 21, experience exemplifies this disconnect. After being wrongfully accused and suspended, teachers viewed his subsequent withdrawal and academic struggles as defiance rather than trauma responses.

“We got into an argument about homework, and (teacher's name) wouldn't show me how to do it. So, I asked someone next to me to show me how to do it, and he yelled at me for talking in class. Then, he sent me to the hallway and just said, ‘Stand in the hallway.’ I was like, ‘Okay.’ Then, I left, because why would you just expect me to stand in the hallway? Then, I got four days suspension for being in the lunchroom at the wrong time because he couldn't find his student. That was my fault.” (Jakob, 21)

The absence of comprehensive school personnel awareness meant that trauma symptoms were pathologized rather than understood, leaving students to navigate their healing in isolation. Without proper training in trauma-informed practices, educators misinterpreted hypervigilance as defiance, dissociation as inattention, and emotional dysregulation as behavioral problems. These misinterpretations led to punitive responses that compounded students' suffering, and students quickly learned to mask their symptoms to risk further punishment. This created a dangerous cycle where authentic expression of trauma responses were deeply suppressed. Then, students

found themselves not only processing their original trauma but also managing the secondary trauma of being misunderstood by the very adults tasked with supporting their development. The institutional failure forced young survivors to develop complex coping mechanisms, often at the expense of academic engagement, peer relationships, and their own recovery process. The cumulative effect was that schools inadvertently became places where trauma survivors learned to hide their most vulnerable selves.

1.04 Trauma Response Patterns

Survivors exhibited predictable trauma response patterns that profoundly shaped their school experiences. Dissociation was the most common coping mechanism, with students describing themselves as “ghosts,” “zombies,” or “simply existing” throughout their academic day.

"I disassociated a lot in school. Fifteen was really bad, because that's when that adult abuser came into my life. I, um, I would have my headphones in, and I wouldn't take notes. I wouldn't hang on. I would just stare at the wall." (Rel, 23)

"I was staring at a wall. I had a podcast going in my head. I think junior year, when I got back, I said maybe four words a week." (Jakob, 21)

This withdrawal served a protective function but rendered students invisible to educators who focused on disruptive, hyperarousal rather than withdrawn, hypoarousal behaviors. The paradox of appearing physically present while being psychologically absent created a false sense of normalcy that hid the severity of students' internal struggles. Teachers often praised these students for being “quiet” or “well-behaved,” unknowingly reinforcing a coping strategy that prevented genuine engagement with learning. This invisibility became both a survival mechanism and a barrier to recovery.

“I was a very good student. I was, you know, ... I showed initiative. I wasn't disruptive. I did everything. ... But does that mean every kid that's doing well might be in trouble? Of course not. And it doesn't mean that every kid that's acting out deserves just as much attention as the very quiet kid in the corner.” (Sara, 21)

Fight and flight responses manifested differently across survivors. Some survivors became hyperactive and attention-seeking, behaviors that were labeled as problematic.

“So, I'd act a completely different way than how I was struggling... Um, I was very loud during first couple years of high school, very outgoing, very talkative. I mean, some of my friends would tell me I was crazy. I would just, like, go do something really random or be loud because I felt like it.” (Nadette, 19)

Others experienced hypervigilance in school environments they perceived as physically or emotionally unsafe. Several participants described a constant awareness of potential sexual assault locations within their schools.

“...it would be like...like high school kids...in bathrooms, stairwells, wherever cameras weren't, they might have been... you know, you go elsewhere, take a different path, even if that wasn't the quicker way.” (Lynn, 22)

Flashbacks could be triggered by seemingly innocuous classroom content, reminding participants of abuse.

“Like, it kinda gave me a flashback. My mom had, like, said it one time, so, I ended up, like, crying and having to step out for a bit... In that class, specifically, I had my friends sitting around me, so, like, they gave me a hug and, like, helped me get through it. A bit after, I was able to calm down.” (Wilmer, 20)

The dysregulation caused by trauma created academic challenges that schools struggled to accommodate. Students described inability to concentrate, memory problems, and emotional volatility that directly impacted learning. Kendall's, 20, experience of "zombie mode" after her father's death exemplifies how trauma disrupts the cognitive processes necessary for academic success, yet schools maintained rigid expectations without considering these neurobiological realities.

"I was, like, failing a couple of classes, so I kind of told my teachers what was going on. Um, I just felt like they didn't really care, and they were just like, 'Okay, you still have to turn in your work.' I felt like I was trying, but I felt like I had way too much to do. I don't know. I just knew that I didn't care for it at all. My teacher was like, 'Oh, well, you still got to do this.' You know?" (Kendall, 20)

These trauma response patterns reveal the complex ways survivors adapted to educational environments that were fundamentally unprepared to support their needs. Whether manifesting as dissociation, hyperactivity, hypervigilance, or cognitive disruption, these responses represented students' attempts to navigate spaces that often felt unsafe or overwhelming. The tragedy lies not in the predictability of these responses but in schools' consistent failure to recognize them as such. Instead of viewing these behaviors through a trauma-informed lens that would prompt supportive interventions, educational systems typically responded with disciplinary measures, academic penalties, or simple indifference. The persistence of these patterns across participants' stories underscores the urgent need for comprehensive trauma education among school personnel, as well as structural changes that prioritize emotional safety alongside academic achievement.

1.04 Social and Relational Impact

The social dynamics of high school presented unique challenges for trauma survivors navigating peer connections while managing their internal experiences. Many found solace in trauma bonding with other survivors who intuitively understood their struggles. Lynn, 22, described their English class as filled with “messed up kids” who created understanding without explicit disclosure. However, this connection came with costs, as survivors often felt alienated from mainstream peer groups and struggled with trust issues that limited their social engagement.

Autonomy struggles were particularly pronounced in educational settings where survivors already felt powerless. Bruce’s, 21, experience of being excluded from meetings about his own educational future exemplifies how schools inadvertently replicated the power dynamics that characterize abusive relationships. Many survivors described feeling voiceless in systems that made decisions about their lives without their input, exacerbating their sense of helplessness.

“It was like I wasn't a part of my own decisions about myself, especially because they didn't understand what was happening to me. They just thought I was being a shit kid, instead of a kid that was struggling.” (Bruce, 21)

The pressure to maintain appearances led to oversharing or complete emotional suppression, with few middle-ground options for authentic expression. Kendall, 20, described exhaustively explaining her father's death to each teacher individually, while others, like Grace, 21, maintained perfect academic performance to mask their internal collapse. This performance of normalcy contributed to self-reliance and hyper-independence, where students learned they could only depend on themselves for survival.

“Like, I excelled at several things... So, there's, like, this transition into the school building, where at the steps, you have to leave yourself and walk in and, like, become this being who does math and AP Biology and statistics and physics, right? Like, and then

you leave for the day, and you go back out to the steps, and, like, you get to put yourself back on, you know? But, like, why do I have to separate myself like that?" (Grace, 21)

These social and relational challenges illuminate how trauma profoundly disrupts adolescents' developmental need for connection and belonging within educational environments. The contradiction of simultaneously craving understanding while fearing vulnerability left survivors in a perpetual state of relational tension. The gravitational pull toward other trauma survivors, while providing crucial validation, also risked creating insular groups that reinforced isolation from broader peer networks and potential sources of healing. Perhaps most damaging was the way schools' authoritarian structures mirrored the power imbalances that characterized students' traumatic experiences. The exhausting performance of academic competence while internally fragmenting speaks to survivors' remarkable resilience but also highlights the unsustainable nature of compartmentalizing trauma responses.

1.04 Academic and Developmental Impact

Perhaps most significantly, trauma profoundly disrupted normal adolescence development, forcing students into premature adulthood while simultaneously stunting their emotional growth. Stella, 23, became her family's caretaker as her mother became increasingly unreliable. Grace, 21, described finally experiencing the teenage exploration phase in her twenties. This developmental disruption occurred during critical years when identity formation typically happens, leaving many survivors feeling disconnected from their authentic selves.

Despite these challenges, many survivors demonstrated remarkable academic success despite trauma, often achieving high grades through hypervigilance and perfectionism. Nadette, 19, maintained a consistent honor roll status while grieving her best friend, and Veronica, 21, excelled academically while managing displacement as a refugee and the death of her father.

However, this success came at tremendous personal price, often involving sleep deprivation, social isolation, and additional emotional suppression.

“So, the overachiever kids, the ones who are doing great, the ones who are answering the questions in class and doing good work, likely need someone to ask them more than, like, surface-level questions, because I think I was so good at presenting myself in, like, a put together manner. Yeah, nobody actually stopped and asked me. Nobody took the time to, like, actually ask me who I was...” (Veronica, 21)

Yet, attendance and graduation patterns varied significantly, with some students like Bruce, 21, missing substantial time due to mental health crises while others, like Lynn, 22, and Wilmer, 20, attended religiously as school was their only escape from chaotic home environments. Schools often penalized trauma-related absences without understanding their underlying causes, creating additional barriers to educational success.

1.04 Emotional and Psychological Outcomes

The cumulative effect of navigating high school while managing trauma created distinct emotional patterns. Grief permeated survivors' experiences, not only for specific losses but for the childhood, normalcy, and innocence of which they felt robbed. Anger emerged as survivors recognized the unfairness of their circumstances, particularly when comparing their experiences to seemingly carefree peers. Some participants readily identified the effort put into learning about their situation to educate those around them.

“It feels like so much unfair labor that I have to put all this work into something because of something that happened to me that I didn't want to have happen to me.” (Rel, 23)

Shame and guilt were omnipresent with survivors questioning whether their responses were appropriate or if they somehow deserved their circumstances. Exhaustion from maintaining dual lives was universal.

“I got good at compartmentalizing. And so, who I was at school and who I was at home were two very different people. But, yeah, I did that all throughout high school, just kind of putting two separate identities of the same person into two different boxes.” (Sara, 21)

Alienation resulted from feeling fundamentally different from peers and misunderstood by adults.

“I had such a huge disconnect between me and every other living person on earth. It just felt incredibly lonely.” (Bruce, 21)

However, moments of hope emerged when survivors found genuine connection, achieved important milestones, or recognized their own growth. Relief came through therapeutic intervention, supportive relationships, or simply surviving particularly difficult periods.

“And, so, one lunch, we sit down, and we just talk about, you know, our experiences. And it really shocked me to see that he lived through something worse. I 100% recognized it, but it was surprising to see the similarities between like, our experiences and how we felt. I was very, very thankful that this classmate, that was a Syrian refugee, got to speak with me. That really changed my perspective of like, I'm not alone. There're people like me.” (Che 24)

1.04 Coping and Adaptation Mechanisms

Survivors developed various coping and adaptation mechanisms, some adaptive and others potentially harmful. Many engaged in self-informing about trauma, researching their conditions and advocating for their needs when adults failed to provide adequate support.

Creative outlets like writing, theater, and art provided essential emotional expression channels that traditional academic subjects couldn't offer.

“Trauma doesn't go away. So, a lot of what I do is motivated in some capacity by that, if that makes sense. I write creative non-fiction, I write anecdotal essays, and I write about my experiences to put it out there into a space that exists.” (Rel, 23)

This transformation of pain into purpose fostered resilience and meaning making. However, other coping mechanisms included self-harm behaviors and disordered eating, representing attempts to regain control or manage overwhelming emotions (Breland et al., 2018).

A critical challenge was the inability to express trauma and triggers in educational settings that lacked appropriate vocabulary, protocols, or understanding. Students struggled with limited safe spaces to communicate about their experiences, leaving them isolated with their pain. When they did attempt to express unfairness about their circumstances, they were often met with dismissal or misunderstanding, leading to further emotional suppression. Yet, the predominance of humanities teachers (88.7%) in caring relationships suggests that subjects involving personal expression and critical thinking may naturally lend themselves to trauma-informed teaching practices. English teachers, in particular, emerged as crucial support figures for 46.7% of participants, possibly due to the nature of literature and writing as vehicles for emotional processing.

1.04 Systemic and Environmental Factors

The intersection of trauma with systemic factors created additional layers of complexity. Many survivors faced family/guardian abuse and support that directly conflicted with educational goals, while others navigated unsafe domestic environments that made school their only refuge. Transportation challenges and lack of agency due to being minors created practical

barriers to accessing help, while fear of CPS/DSS intervention sometimes prevented disclosure of abuse.

“I’ve been told by my family to kind of cover that up, because my mom didn’t want our family being split up by like someone knowing and then, like taking me away, even though, like, it would have took some pressure off of all of us.” (Sally, 23)

The racial and ethnic diversity of participants highlights how trauma experiences intersect with cultural and systemic factors. The presence of refugee survivors (13.3%) and racially diverse participants (53.3% non-white) suggests that trauma-informed educational practices must also consider cultural competency and the additional stressors faced by marginalized communities. Wilmer, 20, detailed the cultural nuance of the abuse he survived, something not explored by his white interviewee-counterparts:

“I guess, just in Hispanic culture, kids are expected to, like, put up with the parents no matter how, like, rude or demanding or abusive they are. And I even had my, like, second therapist...She is Hispanic as well, and she’s like, ‘These Latino moms are so horrible.’ And it’s, like, kind of normalized sometimes, but I think I’ve been working to try to break the cycle or something.” (Wilmer, 20)

Schools operating without trauma-informed frameworks often exacerbated these challenges through rigid policies, corrective discipline approaches, and failure to recognize trauma presentations. The absence of adequate mental health resources and flexible scheduling options meant that survivors had to choose between academic progress and emotional survival, a choice no adolescent should face.

“I think that guidance counselors need to stop with this stupid, like, I don’t even know what to call it... Like, it’s all prompted and not in a way that’s caring. I think, like, we

really have to put students with somebody that has studied this topic and things like that, if we want them to have somebody that they feel comfortable talking to.” (Stella, 23)

Conclusion

This comprehensive analysis of trauma survivors' high school experiences, combined with classroom observations of secondary humanities environments and pilot study findings on educator professional development, successfully generated a robust empirical foundation that directly informed the design of the storytelling intervention. The detailed documentation of survivor experiences across diverse trauma types, demographic backgrounds, and educational contexts, alongside observations of rigid instructional formats lacking trauma-informed structures and evidence of significant educator growth potential, provided the critical insights necessary for developing a targeted intervention approach.

The identification of concentrated caring relationships within humanities subjects (88.7%) converged with classroom observations revealing missed opportunities for connection-building, highlighting the untapped potential of humanities educators to serve as protective factors for trauma-affected students. The prevalence of dissociation as a primary coping mechanism among survivors, contrasted with observed educator inability to recognize hypoarousal symptoms in classroom settings, underscored the urgent need for an intervention that could bridge this recognition gap while honoring student experiences.

Furthermore, the documentation of teacher misconceptions in survivor interviews, combined with pilot study evidence of educators' capacity for sophisticated understanding following targeted professional development, informed the intervention's focus on pedagogical transformation. The study's identification of both adaptive and maladaptive coping strategies (Jenzer et al., 2020), alongside pilot study participants' development of nuanced trauma response

recognition, created the foundation for a storytelling approach that could simultaneously validate survivor experiences and enhance educator observational capacity.

The crucial environmental and systemic factors identified through survivor narratives, reinforced by classroom observations of inflexible structures and pilot study participants' growth in systems thinking, established the intervention's emphasis on both individual trauma responses and institutional change. This triangulated evidence base creates a comprehensive foundation that will enable the storytelling intervention to authentically represent trauma impacts while effectively promoting evidence-based pedagogical shifts, ultimately supporting quantitative assessment of intervention effectiveness in bridging the gap between survivor needs and educational practice.

Phase II: Quantitative Instrument Design

The quantitative instrument design phase involved the systematic development of a storytelling intervention and corresponding measurement tool grounded in the qualitative findings from Phase I. This phase operationalized trauma survivors' insights into a trauma-informed educational approach that could be implemented and measured within secondary English classroom settings.

2.01 Storytelling Intervention Development

The storytelling intervention was conceptualized through the lens of “misbehaving form,” a pedagogical approach that paralleled the trauma survivor narratives collected in Phase I. This framework was further developed in response to survivors' consistent descriptions of feeling constrained by traditional academic structures that failed to accommodate the non-linear, embodied nature of trauma memory and expression. The concept of “misbehaving form” was effectuated as a deliberate resistance against conventional narrative structures that have

historically silenced trauma survivor voices within educational settings. Traditional academic writing, with its emphasis on linear progression, logical coherence, and emotional restraint, was identified through survivor interviews as inadequate for authentic trauma narrative expression. As noted by Rel, 23: *“I write creative non-fiction, I write anecdotal essays, and I write about my experiences to put it out there into a space that exists.”* This quote exemplified survivors' need for alternative expressive pathways that honor their authentic experiences.

Key questions were constructed to support student-participants' engagement in “misbehaving form's” unusual structure:

- When have you felt like traditional writing formats didn't let you express what you really wanted to say?
- What stories feel too big, too complex, or too personal for a regular essay?

The intervention provided students with multiple narrative format options:

- Fragment Collection: Short, numbered pieces that build a larger story (poetry or prose)
- Letter Series: Multiple letters to different people (past self, current self, future self, someone else who needs to understand)
- Recipe Format: "Ingredients" and "instructions" that reveal a life experience
- Memory List: Chronological or thematic list with brief explanations
- Two-Column Format: Then/Now, Before/After, or Public/Private comparisons
- Free Choice: Any other format that serves the chosen story

Writing prompts offered students an entry point to an appropriate personal narrative:

- A time when you had to be stronger than you thought possible
- A moment that changed how you see yourself or the world
- A relationship that taught you something important

- A challenge that revealed hidden strengths
- An experience that others might not understand

The intervention was designed to support students' basic psychological needs as defined by Self-Determination Theory (SDT): autonomy, competence, and relatedness (Ryan & Deci, 2000). This theoretical framework was selected based on its alignment with trauma survivor narratives that consistently emphasized the importance of choice, agency, and connection in educational settings. The “misbehaving form” approach provided students with meaningful choices about how to express their narratives, directly addressing survivors’ described need for agency in their educational experiences. As Bruce, 21, articulated: *“I don't think other people should be given autonomy over me, even when I'm under the age of 18. I'm still a person.”* By offering multiple pathways for successful expression, the intervention aimed to help students recognize and develop their storytelling strengths outside traditional academic constraints. Moreover, the format recognized that competence could manifest in diverse ways beyond conventional essay writing. The storytelling component included additional opportunities for peer sharing and connection (Allen et al., 2021), addressing survivors' descriptions of finding solace in understanding relationships with others who shared similar experiences.

2.02 Quantitative Instrument Adaptation

A 12-item questionnaire was developed by adapting validated SDT instruments for the specific context of trauma-informed storytelling interventions, and the instrument employed a 7-point Likert scale format for detecting meaningful differences between intervention and control groups (Sullivan & Artino, 2013). The questionnaire was organized into three primary subscales corresponding to SDT's core constructs:

- Autonomy Subscale (3 items): Measured students' perceptions of choice, freedom, and self-direction during the storytelling activities.
- Competence Subscale (3 items): Assessed students' sense of effectiveness, capability, and achievement in expressing themselves through the intervention.
- Relatedness Subscale (3 items): Evaluated students' feelings of connection, understanding, and belonging within the classroom community during the storytelling experience.

The questionnaire's additional prompts for rating creative expression allowed participants to specifically rank their experience with "misbehaving form." Furthermore, an open-ended question was included for direct responses from participants. This option allowed participants to emphasize the degree of relatedness experienced during the storytelling intervention as a reflection of the English classroom's larger narrative writing module.

The systematic translation of qualitative themes into quantitative measures involved a rigorous integration process (Table 4-3). Recurring themes from trauma survivor interviews were transformed into specific survey items using participant language and experiences as the foundation for item construction. For example, the theme of autonomy struggles, exemplified by Sara's, 21, description of compartmentalization: "*I got good at compartmentalizing. And so, who I was at school and who I was at home were two very different people,*" was translated into the survey item: "During class activities, I felt free to make my own choices about how to express my ideas." Similarly, the theme of student voice and authentic expression, captured in one participant's description of speech team participation as a safe space for indirect trauma processing, informed the competence-related item: "I felt capable of expressing my ideas effectively during class activities." The process involved a comprehensive interpretation that

mapped qualitative codes to quantitative constructs (Gutterman et al., 2015), ensuring that survivor experiences remained central to the measurement approach.

Table 4-3. Phase II Joint Display

Qualitative Results	Quantitative Intervention Explaining Qualitative Results	Qualitative Findings Explaining Quantitative Results
Autonomy Struggles and Agency Issues	Lack of agency due to being a minor; compartmentalization between home/school identities; emotional suppression in educational settings; varying teacher approaches to authority and hierarchical structures	Autonomy subscale (3 items) addresses compartmentalization and lack of agency.
Expression Challenges & Student Voice	Inability to express trauma and triggers; limited safe spaces to communicate; need for alternative expressive pathways; traditional academic constraint on personal voice	Competence subscale (3 items) addresses expression challenges and alternative pathways for success.
Trauma Responses & Dysregulation	Hyperarousal; hypoarousal; dissociation and flashback experiences; somatic manifestations; student trauma responses misinterpreted or overlooked	Competence subscale (3 items) addresses self-regulation themes.
Educational Environment & Teacher Response	Inconsistent teacher response to student distress signals; need for safe classroom environment; missed opportunities for intervention	Relatedness subscale (3 items) addresses safe and responsive classroom themes.
Peer Connections & Relatedness	Peer support systems; isolation vs belonging; understanding relationships with individuals experiencing similar events/situations	Relatedness subscale (3 items) addresses peer connections and community themes.

Physical Environment & Safety	Institutional vs welcoming atmosphere; limited personalization of spaces; problematic visuals indicating lack of trauma awareness	Autonomy subscale (3 items) addresses representation themes.
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2.03 Trauma-Informed Questionnaire Features

The questionnaire incorporated several trauma-informed design elements based on Phase I findings. Items specifically addressed feelings of safety and agency during creative expression, responding to survivors' descriptions of needing psychological safety in educational environments. All items were worded to emphasize student strengths and capabilities rather than deficits, aligning with survivors' needs for asset-based rather than deficit-focused approaches. The instrument acknowledged diverse expression styles and cultural approaches to storytelling, responding to the racial and ethnic diversity represented in the survivor interview sample. By focusing on positive educational experiences and growth opportunities, items avoided clinical, diagnostic, or pathologizing language.

2.04 Implementation Protocol Development

A comprehensive implementation protocol was developed to ensure consistent delivery of the “misbehaving form” storytelling intervention across participating classrooms. The protocol included:

- Detailed lesson plans aligned with Virginia State Standards for English Language and Literature
- Scripted instructions for introducing the concept of “misbehaving form”
- Guidelines for supporting student choice and autonomy during the creative process
- Protocols for facilitating peer sharing and community building
- Trauma-informed safety procedures for monitoring student emotional responses

Prior to the intervention's implementation, the classroom teacher received brief training in trauma-informed pedagogical approaches, specifically focused on implementing the storytelling intervention. Training components included:

- Recognizing signs of student distress and implementing appropriate supports
- Facilitating choice-based learning environments
- Supporting diverse expression styles and narrative approaches
- Maintaining psychological safety during personal storytelling activities

Additionally, multiple layers of ethical protection were embedded within the intervention design, informed by trauma survivors' descriptions of retraumatization risks in educational settings.

Specifically, students were provided with multiple opportunities to modify their participation without penalty, honoring survivors' emphasis on the importance of choice and agency, which did include opportunities cease participation altogether. On-site counseling resources were made available throughout the intervention with clear protocols for accessing crisis support when needed. Storytelling sharing was structured to allow students to control the level of personal disclosure, preventing forced vulnerability that survivors identified as potentially harmful. The classroom teacher was provided an explicit script for this aspect of the intervention:

“Sharing is completely voluntary. Listeners will practice active, respectful attention, and refrain from giving advice or trying to ‘fix’ presented situations. As we listen, we just witness and appreciate. If you provide feedback, share only positive, specific feedback, like mentioning how a particular sentence or line resonated with you. Those who chose to share, you have total control over what you share. You may read your complete piece, share just one section that feels important, and/or explain your misbehaving form choice

and why it worked for your story. If you pass on sharing, participation by listening is equally valuable.”

The final instrument demonstrated face validity through expert review and content validity through its systematic grounding in trauma survivor narratives (Connell et al., 2018). The adaptation process was intended to maintain the integrity of the original SDT scales while incorporating trauma-informed principles and survivor-identified needs.

Conclusion

Phase II successfully translated the rich qualitative insights from trauma survivor interviews into a concrete, implementable educational intervention and corresponding measurement tool. The “misbehaving form” storytelling approach represented a novel pedagogical framework that honored survivors' wisdom while providing a structured approach for supporting student autonomy, competence, and relatedness in secondary English classrooms. The systematic development process ensured that survivor voices remained central throughout the quantitative instrument design, creating a trauma-informed measurement approach that could detect meaningful changes in student experiences while maintaining ethical standards for vulnerable populations. The resulting intervention and questionnaire provided the foundation for Phase III implementation and effectiveness testing with clear protocols for maintaining both research rigor and participant safety throughout the process.

Phase III: Quantitative Instrument Implementation

Phase III represents the culmination of this sequential mixed methods study, implementing the “misbehaving form” storytelling intervention developed through the integration of trauma survivor narratives, classroom observations, and educator professional development insights. This implementation phase tested the effectiveness of the trauma-informed

pedagogical approach within an authentic secondary English classroom setting, measuring student experiences through the lens of Self-Determination Theory's core constructs of autonomy, competence, and relatedness.

The implementation site was strategically selected to provide an authentic environment that reflected the demographic and socioeconomic contexts identified as critical through the qualitative phases. The intervention's real-world application in a high school setting allowed for assessment of the storytelling approach's practical effectiveness while maintaining the ethical safeguards and trauma-informed principles that emerged as essential through survivor interviews and educator training experiences (Denne et al., 2025). This phase employed a post-intervention design to collect student-reported levels of autonomy, competence, and relatedness following participation in the “misbehaving form” storytelling activity. The quantitative assessment provided empirical evidence of the intervention's impact while completing the sequential integration of survivor wisdom, educator development, and measurable educational outcomes that characterized this comprehensive mixed methods approach.

3.01 Sample Demographics and Participation

The quantitative implementation initially targeted 78 students across three sections of a secondary English classroom but ultimately included 52 students due to consent-related limitations. A significant number of students ($n = 19$) did not return their parental consent forms while several additional students ($n = 7$) who had parental permission but refused to sign the required assent forms, independently choosing not to participate in the research study. This resulted in a final sample of 52 students, with two classes receiving the “misbehaving form” storytelling intervention ($n = 36$) and one class serving as a control group ($n = 16$).

The implementation occurred within a Virginia public high school serving 1,288 students, with student demographics of 72.0% Black, 13.2% White, and 10.0% Hispanic. The school's socioeconomic profile showed 98% of students qualifying as economically disadvantaged, providing a testing environment that reflected the contexts identified as critical through the qualitative phases (Farooq et al., 2024). The consent form challenges, while reducing the overall sample size, may reflect the complex relationship between educational research and communities that have historically experienced educational marginalization, underscoring the importance of building trust in trauma-informed research approaches.

3.02 Reliability Analysis

Cronbach's alpha coefficients were calculated for each subscale to assess internal consistency reliability. The Autonomy subscale demonstrated acceptable reliability with $\alpha = 0.773$ for the intervention group and $\alpha = 0.830$ for the control group. The Competence subscale showed minimally acceptable reliability with $\alpha = 0.693$ for the intervention group and $\alpha = 0.653$ for the control group. The Relatedness subscale proved acceptable reliability with $\alpha = 0.717$ for the intervention group and $\alpha = 0.773$ for the control group. The Creative Expression subscale achieved minimally acceptable reliability with $\alpha = 0.633$ for the intervention group and acceptable reliability with $\alpha = 0.794$ for the control group. As an example, reliability for exploratory research should be a minimum of 0.60, while reliability for research that depends on established measures should be 0.70 or higher (Hair et al., 2019).

3.03 Descriptive Statistics

Descriptive analysis (Table 4-4) revealed notable differences between intervention and control groups across all measured constructs. For Autonomy, the intervention groups demonstrated a higher mean score ($M = 6.0$, $SD = 1.07$) compared to the control group ($M = 5.5$,

$SD = 1.13$). The Competence subscale showed a substantial difference, with the intervention groups scoring considerably higher ($M = 5.5$, $SD = 1.34$) than the control group ($M = 4.5$, $SD = 1.46$). Relatedness scores were identical between intervention and control groups ($M = 4.3$, $SD = 1.61$ for intervention; $M = 4.3$, $SD = 1.19$ for control). The Creative Expression subscale revealed the most pronounced difference, with the intervention groups achieving a higher mean ($M = 5.5$, $SD = 1.26$) compared to the control group ($M = 4.0$, $SD = 1.43$).

3.04 Statistical Significance Testing

Independent samples t tests were conducted to compare mean differences between intervention and control groups. The Autonomy subscale showed a statistically significant difference ($p = 0.0309$), indicating that students who participated in the “misbehaving form” storytelling intervention reported significantly higher levels of autonomy than those in the control group. The Competence subscale demonstrated a highly significant difference ($p = 0.0069$), suggesting that the intervention substantially enhanced students’ sense of competence in expressing themselves. The Relatedness subscale showed no significant difference ($p = 0.4595$), indicating similar levels of classroom connection across both groups. The Creative Expression subscale revealed a highly significant difference ($p = 0.0000226$), demonstrating that the intervention had a profound impact on students’ experiences with alternative narrative forms.

Table 4-4. Descriptive Statistics

	Intervention			Control			<i>p</i>-value (<i>t</i> test)
	Mean	Standard Deviation	Cronbach’s alpha	Mean	Standard Deviation	Cronbach’s alpha	
Autonomy	6	1.07	0.773	5.5	1.13	0.830	0.0309
Competence	5.5	1.34	0.693	4.5	1.46	0.653	0.0069
Relatedness	4.3	1.61	0.717	4.3	1.19	0.773	0.4595
Creative Expression	5.5	1.26	0.633	4	1.43	0.794	0.0000226

3.05 Analysis of Variance (ANOVA)

One-way ANOVA analyses were conducted to examine variance across the three classroom sections including the two intervention groups and one control group. The two intervention groups were analyzed separately rather than combined because the classes exhibited markedly different classroom dynamics and behavioral patterns, making it appropriate to preserve these group distinctions in the statistical analysis. This approach allowed for detection of intervention effects while accounting for natural classroom variability. The Creative Expression (Table 4-5) subscale showed the strongest effect, with $F(2,49) = 9.93, p < 0.001$, indicating significant differences between groups. The Competence subscale demonstrated a significant effect with $F(2,49) = 3.28, p = 0.046$. The Autonomy subscale approached significance with $F(2,49) = 1.79, p = 0.018$. The Relatedness (Table 4-6) subscale showed no significant variance between groups, $F(2,49) = 2.74, p = 0.075$.

Table 4-5. Creative Expression

ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Among Classes	23.55247	2	11.77624	9.933723	0.000239	3.186582
Within Classes	58.08855	49	1.185481			
Total	81.64103	51				

Table 4-6. Relatedness

ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Among Classes	7.289523	2	3.644762	2.737197	0.07466	3.186582
Within Classes	65.2468	49	1.331567			
Total	72.53632	51				

3.06 Welch's *t* test

Due to the unequal sample sizes between intervention groups ($n = 36$) and control group ($n = 16$), Welch's independent samples *t*-tests were conducted to compare mean scores between groups on each subscale of the questionnaire. This analysis examined whether statistically significant differences existed between the intervention and control groups' post-intervention scores on the autonomy, competence, relatedness, and creative expression subscales. Unlike the traditional independent-samples *t* test, which assumes homogeneity of variance, Welch's test does not require this assumption and provides more reliable estimates when sample sizes and variances are unequal (Delacre et al., 2017). This statistical approach was specifically chosen for three methodological reasons: to account for the substantial disparity in group sizes, with a 2.25:1 ratio between intervention and control participants; to address potential heterogeneity of variance between groups; and to produce more conservative statistical conclusions that reduce the risk of Type I error under conditions of unequal variances and sample sizes. Welch's *t* test adjusts the degrees of freedom based on the variance and sample size of each group, resulting in fractional degrees of freedom that provide more accurate *p* values under these conditions (Delacre et al., 2021). Effect sizes were calculated using Hedges' *g* rather than Cohen's *d* because Hedges' *g* includes a correction factor for small sample sizes, providing less biased estimates of population effect sizes. The Welch's *t* test results confirmed the statistical significance patterns identified through standard independent samples *t* tests while providing more conservative estimates appropriate for the unequal group conditions in this study.

For the autonomy subscale, which measured students' sense of choice and volition in their creative work, Welch's $t(26.89) = 2.31, p = 0.029$, with a medium effect size (Hedges' $g = 0.42$). This result indicates that intervention participants reported meaningfully higher levels of

autonomy than control participants, suggesting that exposure to the "misbehaving form" intervention enhanced students' perceived freedom in their creative expression (Table 4-7). For the competence subscale, which assessed students' confidence in their ability to engage in creative self-expression, the analysis demonstrated significance with Welch's $t(29.84) = 2.89, p = 0.007$, with a medium effect size (Hedges' $g = 0.54$). This finding confirms that the "misbehaving form" intervention significantly enhanced students' sense of competence and self-efficacy in expressing themselves through alternative narrative forms. The p value of 0.007 indicates strong evidence against the null hypothesis, with less than a 1% probability that this difference occurred by chance alone (Table 4-8). For the creative expression subscale, which measured students' engagement with and attitudes toward experimental narrative forms, Welch's correction showed the strongest effect, with $t(28.45) = 4.67, p < 0.001$, demonstrating a large effect size (Hedges' $g = 0.83$). This highly significant result ($p < 0.001$) provides compelling evidence that the intervention had a substantial impact on students' experiences with alternative narrative forms. The large effect size suggests that the intervention accounted for approximately 14% of the variance in creative expression scores, representing a meaningful difference. This reinforces the intervention's considerable influence on expanding students' creative approaches through storytelling.

Finally, for the relatedness subscale, which examined students' sense of connection and belonging within the classroom community, the analysis remained non-significant, $t(32.76) = 0.75, p = 0.460$, with a negligible effect size (Hedges' $g = 0.003$). This non-significant finding indicates no meaningful difference between intervention and control groups in their sense of social connection or belonging. The high p -value ($p = 0.460$) and near-zero effect size suggest that the brief, content-focused intervention did not substantially influence relational dynamics in

the classroom. This pattern is consistent with earlier findings and theoretical expectations that brief pedagogical interventions targeting cognitive and creative outcomes may be insufficient to address deeper relational needs and social-emotional dimensions of the classroom context without explicit attention to community-building activities.

Table 4-7. Welch's *t*: Autonomy

Measure	Value
<i>t</i> statistic	2.31
<i>df</i>	26.89
<i>p</i> -value	0.029
Effect size (Hegde's <i>g</i>)	0.42
Effect size magnitude	Medium
Statistical significance	Yes ($p < 0.05$)

Table 4-8. Welch's *t*: Competence

Measure	Value
<i>t</i> statistic	2.89
<i>df</i>	29.84
<i>p</i> -value	0.007
Effect size (Hegde's <i>g</i>)	0.54
Effect size magnitude	Medium
Statistical significance	Yes ($p < 0.05$)

The medium-to-large effect sizes observed for Autonomy ($g = 0.42$), Competence ($g = 0.54$), and Creative Expression ($g = 0.83$) indicate that the intervention produced substantive improvements. The consistency of results between standard independent samples *t* tests and Welch's *t* test provides confidence that the observed differences between intervention and control groups reflect genuine intervention effects. The preservation of statistical patterns with Welch's approach strengthens the conclusions regarding the "misbehaving form" intervention's effectiveness. Although a Welch's ANOVA could also be used to compare three or more groups under unequal variances, the primary focus of this study was the contrast between intervention

and control. Therefore, Welch's two-sample t test provided the most appropriate robustness check for the unequal group sizes.

3.07 Qualitative Analysis of Open-Ended Responses

The post-intervention questionnaire included an open-ended question asking students: "Do you feel that you've experienced any changes during this week's writing module? Why or why not?" Analysis of these responses provided additional insight into students' lived experiences with the "misbehaving form" intervention, revealing themes that supported the quantitative findings while highlighting stark differences between intervention and control group experiences.

Student responses from the intervention classes demonstrated clear articulation of the intervention's impact on their sense of agency and self-expression. One participant wrote, "I felt this let us express ourselves," directly reflecting the significant Creative Expression findings in the quantitative data. Another student noted, "Yes, it has helped me think about new ways to express myself," indicating enhanced metacognitive awareness about alternative narrative approaches. A particularly powerful response stated, "I feel that this week's writing module allowed me to feel and express my idea in a way I haven't had the choice to do so far," explicitly connecting the intervention to increased autonomy and creative agency.

The theme of personal safety and openness emerged prominently in several responses. One student shared, "Yes, it made me feel opened to talk about myself," suggesting that the "misbehaving form" approach created psychological space for authentic self-disclosure. Students also expressed appreciation for the departure from traditional academic constraints. One participant simply wrote, "Yes because it was fun," while another noted the value of "new ways to express" their thinking.

In stark contrast, the control group's responses reflected stagnation and lack of engagement with traditional writing approaches. The majority of control group participants (n = 12) left the open-ended question completely blank, suggesting either disengagement with the reflection process or absence of meaningful change to report. Among those who did respond, answers were notably brief and negative: "no," "no, not at all," "each day feel the same," and "no, because I feel the same as yesterday." These responses reflect a sense of monotony and disconnection from the prescribed writing module.

3.08 In-the-Moment Student Reflections

During the implementation of the "misbehaving form" intervention, the researcher documented spontaneous student comments that provided real-time insight into participants' experiences with alternative narrative approaches. These unguarded moments of reflection, captured during the writing process itself, offer authentic glimpses into how students navigated the shift from traditional essay formats to creative expression pathways.

One of the most powerful statements emerged early in the intervention when a student paused during their writing and quietly said, "I think I needed this." This comment recognizes an unmet need that traditional academic writing had not addressed, validating the theoretical foundation that conventional essay formats may not accommodate all students' authentic expression. So, the limitations of traditional academic formats became explicitly clear when another student articulated, "Can't use just an essay for things that are emotionally valuable." This observation demonstrates metacognitive awareness about the relationship between form and content, particularly when dealing with emotionally heavy material. The intervention also fostered collaborative relationships between students and the researcher-educator. One participant approached with the question, "Can I share this with you? I feel like you'll get it."

indicating a level of trust and connection that had developed through the choice-centered approach. Perhaps most significantly, a student's request of "I need a moment to workshop it," demonstrated agency and ownership over the creative process. This comment revealed that students were not merely completing an assignment but were invested in crafting their narratives with intentionality and care. The use of professional writing terminology, like "workshop," suggests that students began to see themselves as legitimate creators and storytellers, rather than passive recipients of predetermined academic formats. These spontaneous reflections provide evidence that the "misbehaving form" intervention created space for authentic engagement, complementing the quantitative findings by illustrating how enhanced autonomy, competence, and creative expression manifested in real-time student experiences.

3.09 Analysis of Student-Created "Misbehaving Forms"

The small collection of voluntarily submitted "misbehaving form" narratives (Appendix G) provide compelling evidence of the intervention's effectiveness in creating alternative pathways for authentic expression. These artifacts demonstrate how students utilized choice, spatial arrangement, and non-traditional narrative structures to communicate experiences that conventional essay formats could not accommodate. Analysis of these forms reveals three primary themes: grief processing, identity exploration, and narrative restructuring.

Several students chose to process experiences of loss through forms that honored the emotional weight of their narratives. One student created a memorial tribute on bright red paper, incorporating hearts, visual symbols, and direct address to a deceased aunt: "My Auntie R.I.P. I Love You." The choice of red paper and heart imagery suggests an intentional decision to honor love and emotional intensity rather than conform to sanitary traditional academic constraints. Another student crafted a poem about the loss of a pet using fragmented lines that mirror grief:

“My dog, my dog, my dog / I remember the day / When I got my sweet dog / Happiness filled the air... / My dog, a best friend lost / A lesson learn there was.” The spatial arrangement and repetitive structure reflect how trauma and loss disrupt linear narrative progression, validating alternative ways of processing difficult experiences.

Students demonstrated an in-depth understanding of how visual elements could enhance personal narrative. One participant created a letter to their former self on orange paper, structuring the content as both confession and advice. The choice to address their past self directly, “Dear Self... I know I was different when everybody was doing all the bad stuff,” illustrates the intervention's success in creating space for authentic self-reflection and identity exploration.

To represent time and growth, students employed innovative approaches. One participant created a “Then & Now” comparison on pink paper, using a decorative vine with leaves as a visual metaphor for growth while contrasting past anxiety with present confidence: “About earlier last year I had really bad anxiety... I would always think if something I did was wrong” versus “Now... Not worrying about what's in my face... Moral of the message- think positive.” The visual integration of growth imagery with textual narrative demonstrates an understanding of how form can reinforce content, moving beyond traditional paragraph structures to create meaning through spatial and aesthetic choices.

Perhaps most significantly, one student utilized a complex visual map on yellow paper to represent “A moment that changed how I see myself or the world,” creating the most original example of how “misbehaving form” can accommodate experiences that resist linear narrative structure. This student drew organic, cloud-like shapes scattered across the page, with text flowing around to describe the experience of their younger sister surviving cancer. The scattered

placement of words and phrases within abstract shapes mirrors how traumatic or transformative experiences often defy simple cause-and-effect timelines and are best honored by the choice to freely distribute content. This student's use of the entire page, rather than organizing it into traditional paragraphs, demonstrates that some experiences require spatial freedom to be accurately represented. An approach, such as this, could be termed "trauma-informed narrative map," or a form that honors the non-linearity of significant personal experience while maintaining coherence through visual relationships.

Conclusion

The quantitative implementation successfully demonstrated the effectiveness of the "misbehaving form" storytelling intervention in enhancing students' experiences of autonomy, competence, and creative expression within a secondary English classroom setting. The statistically significant results provide empirical support for trauma-informed pedagogical approaches that prioritize student choice, alternative expression pathways, and agency in narrative construction. These findings validate the wisdom embedded within trauma survivor narratives while offering concrete evidence that educational interventions grounded in lived experience can produce measurable improvements in student engagement and self-efficacy.

Integration of Qualitative and Quantitative Findings

The sequential mixed methods design of this study demonstrates remarkable convergence between trauma survivor narratives and quantitative outcomes, establishing the validity and practical effectiveness of trauma-informed educational interventions (Table 4-9). The integration of findings reveals how lived experience can successfully inform evidence-based pedagogical practices while maintaining scientific rigor and producing measurable educational improvements.

Table 4-9. Joint Display of Mixed Methods Results

Qualitative Findings	“Misbehaving Form” Intervention Components	Quantitative Results	Integration
AUTONOMY STRUGGLES			
Compartmentalization between home/school identities	<ul style="list-style-type: none"> • Multiple narrative format options • Student choice in story selection • Control over disclosure level 	Autonomy Subscale Intervention: $M = 6.0$ ($SD = 1.07$) Control: $M = 5.5$ ($SD = 1.13$) $p = 0.0309$	Survivor-identified need for agency directly translated to measurable autonomy gains. Choice-based narrative formats addressed compartmentalization by allowing authentic self-expression.
Lack of agency due to being a minor	<ul style="list-style-type: none"> • Voluntary participation protocols • Student-controlled sharing options 		
EXPRESSION CHALLENGES			
Traditional academic constraints on personal voice	<ul style="list-style-type: none"> • “Misbehaving form” alternatives to essays • Fragment collections, letter series, recipe formats 	Creative Expression Subscale Intervention: $M = 5.5$ ($SD = 1.26$) Control: $M = 4.0$ ($SD = 1.43$) $p = 0.0000226$	Strongest statistical effect validates survivors' insight that conventional formats cannot accommodate complex emotional experiences. Alternative structures enabled authentic expression.
Inability to express trauma and triggers (limited safe spaces)	<ul style="list-style-type: none"> • Content warnings and safety protocols • Non-traditional narrative structures 		
Need for alternative expressive pathways	<ul style="list-style-type: none"> • Visual-textual integration options • Spatial arrangement freedom 		

COMPETENCE & ACADEMIC IMPACT			
Academic success despite trauma at tremendous personal cost	<ul style="list-style-type: none"> • Multiple pathways for demonstrating narrative competence • Asset-based rather than deficit-focused approach 	Competence Subscale Intervention: $M = 5.5$ ($SD = 1.34$) Control: $M = 4.5$ ($SD = 1.46$) $p = 0.0069$	Intervention addressed survivors' need for competence recognition beyond traditional academic performance. Enhanced self-efficacy through choice-based success.
Performance of normalcy while internally fragmenting	<ul style="list-style-type: none"> • Validation of diverse expression styles • Recognition of emotional intelligence as competence 		
Exhausting maintenance of dual academic/personal identities	<ul style="list-style-type: none"> • Integration of personal narrative with academic achievement 		
RELATIONAL DYNAMICS			
Trauma bonding with other survivors who "get it"	<ul style="list-style-type: none"> • Peer sharing opportunities • Community building through storytelling 	Relatedness Subscale Intervention: $M = 4.3$ ($SD = 1.61$) Control: $M = 4.3$ ($SD = 1.19$) $p = 0.4595$ (not significant)	No significant difference suggests relatedness requires longer-term relationship building. Brief intervention insufficient to address deep relational needs identified by survivors.
Trust issues and fear of vulnerability	<ul style="list-style-type: none"> • Controlled disclosure protocols • Listener guidelines for respectful attention 		
Isolation vs. belonging tensions	<ul style="list-style-type: none"> • Optional participation in sharing circles 		
TEACHER RESPONSES			

Caring relationships concentrated in humanities (88.7%)	<ul style="list-style-type: none"> • Implementation in English classroom setting • Teacher training in trauma-informed approaches 	Contextual Support Natural alignment with humanities teaching approaches	Validates survivor identification of humanities teachers as most supportive. English classroom provided optimal environment for narrative intervention.
Teacher misconceptions about trauma responses	<ul style="list-style-type: none"> • Professional development component • Recognition training for trauma presentations 		
Missed opportunities for connection (focus on hyperarousal vs. hypoarousal)	<ul style="list-style-type: none"> • Structured observation protocols • Attention to withdrawn students 		
EMOTIONAL OUTCOMES			
Grief for lost normalcy and authentic self-expression	<ul style="list-style-type: none"> • Grief processing through creative formats • Memorial tribute options (student artifacts) 	Student Reflections “I felt this let us express ourselves.” “Made me feel opened to talk about myself.” “I think I needed this.”	Qualitative responses validate quantitative findings by showing personal meaning behind statistical significance. Intervention addressed specific emotional needs identified by survivors.
Anger at unfairness and additional emotional labor	<ul style="list-style-type: none"> • Choice eliminates forced emotional labor • Student agency in narrative construction 		
Exhaustion from maintaining false/shallow personas	<ul style="list-style-type: none"> • Permission for authentic expression • Reduced performance pressure 		

The alignment between qualitative themes and quantitative results provides compelling evidence for the validity of both methodological approaches. Trauma survivors' descriptions of struggles with autonomy and compartmentalization directly predicted the significant autonomy differences found in the quantitative implementation (intervention $M = 6.0$ vs. control $M = 5.5$, $p = 0.0309$). When survivors, like Sara, described feeling forced to maintain “two very different people” between home and school identities, they identified precisely the psychological need that the “misbehaving form” intervention addressed through enhanced student choice and agency. Similarly, survivors' articulated need for alternative expression pathways, exemplified by Rel's insight that “trauma doesn't go away” and can benefit from creative outlets, corresponded directly to the intervention's most significant quantitative impact on Creative Expression (intervention $M = 5.5$ vs. control $M = 4.0$, $p = 0.0000226$). The statistical significance of this finding validates survivors' wisdom that traditional academic formats cannot accommodate the complexity of traumatic experiences.

The competence findings (intervention $M = 5.5$ vs. control $M = 4.5$, $p = 0.0069$) align with survivors' descriptions of academic success, despite trauma, that comes at a tremendous personal cost. Participants, like Veronica, who excelled academically while managing displacement and loss, showcased how traditional measures of academic competence often mask student suffering. The intervention's enhancement of competence through choice-based narrative approaches validates survivors' identification of alternative pathways to demonstrating capability and achievement.

The qualitative data provides crucial context for understanding not only what the quantitative results demonstrate but why these effects occurred (Guetterman et al., 2015). Survivors' detailed descriptions of dissociation, hypervigilance, and emotional dysregulation

explain the neurobiological mechanisms through which trauma disrupts traditional learning approaches. When Jakob described “disassociating a lot in school” and “staring at a wall,” he provided insight into why conventional pedagogical approaches fail to engage trauma-affected students and why choice-based narrative interventions can be effective.

The classroom observations revealing “sterile emotional atmospheres” and educator responses that “misinterpreted dissociation as laziness” explain the baseline conditions against which the intervention achieved significance. The pilot study’s documentation of educators’ capacity for “transformational growth” provides evidence that the quantitative results reflect genuine pedagogical improvement rather than statistical artifact. Furthermore, the prevalence of caring relationships in humanities subjects (88.7%) explains why the intervention succeeded in an English classroom setting. Survivors’ identification of English teachers as particularly supportive (46.7% of caring relationships) suggests that narrative-based interventions naturally align with the relational and expressive qualities that make humanities educators effective trauma responders.

Methodological Validation

The exploratory sequential mixed methods design created multiple validation points that strengthen both methodological approaches (Sharma et al., 2023). The classroom observations provided confirmation of survivors' reported experiences, documenting the “rigid, teacher-directed formats” and “missed opportunities for intervention” that survivors described in their interviews. This ethnographic authentication establishes that survivor narratives reflected educational realities rather than subjective perceptions. The pilot study with educators provided a necessary bridge, demonstrating that professionals could develop an understanding of trauma concepts when provided with appropriate training. The documented progression from “explicit

acknowledgment of knowledge gaps” to “integration of multiple theoretical frameworks” establishes that the quantitative implementation occurred within a context of genuine pedagogical preparation. The demographic alignment between the survivor interview participants and the quantitative implementation participants supports the application of survivor insights to the intervention design. The racial and ethnic diversity represented in both samples (survivor interviews: 53.3% non-white; implementation site: 72% Black, 13.2% White, 10% Hispanic) ensures that the qualitative findings appropriately informed an intervention tested with similar populations.

Enhanced Understanding Through Integration

The combination of qualitative and quantitative methods provides insights unavailable through either approach alone (Östlund et al., 2011). While quantitative results demonstrate the intervention's effectiveness, qualitative findings explain the specific mechanisms through which “misbehaving form” addresses trauma-related educational barriers. The open-ended qualitative responses from intervention participants provide proof of the quantitative constructs while revealing personal meaning and measurable impact. The contrast with control group responses demonstrates that quantitative differences reflect genuine distinctions. Lastly, the analysis of student-created “misbehaving forms” provides evidence of how enhanced autonomy, competence, and creative expression manifested in actual student work.

Chapter 5: Discussion

Introduction

This exploratory sequential mixed methods study successfully demonstrated that trauma survivor narratives can be systematically transformed into evidence-based educational interventions that produce measurable improvements in secondary-level students' experiences of autonomy, competence, and creative expression. The sequential design created an empirical foundation for trauma-informed pedagogy by positioning survivor voices as the primary source of theoretical knowledge. Additionally, educator observations were validation of reported experiences, and quantitative outcomes became evidence of intervention effectiveness. The study's central contribution lies in its methodological approach to centering survivor wisdom throughout the research process. This moved beyond the traditional positioning of trauma survivors as subjects to be studied toward recognizing them as valuable contributors to educational knowledge creation. This paradigm shift aligns with contemporary calls for survivor-centered research approaches (Beames et al., 2021) and challenges the historical exclusion of survivor voices from trauma studies (Alyce et al., 2023). The transformation of lived experience into empirical knowledge directly addresses Ballantine's (2022) observation that narrative research methods can create a deep understanding while maintaining participants' autonomy in meaning-making processes.

The merging of qualitative themes and quantitative outcomes provides compelling validation for both methodological approaches while establishing the reliability of survivor-informed educational interventions. When trauma survivors described struggles with compartmentalization and the need for alternative expression pathways, they predicted precisely the psychological needs that the "misbehaving form" intervention addressed through enhanced

student choice and creative agency. This finding supports constructivist frameworks that emphasize how knowledge emerges from experiential understanding rather than reflecting objective reality (Allen, 2022), while validating social constructivist principles that recognize how shared narratives within supportive communities can transform individual healing into collective empowerment (Muldoon et al., 2019).

Key Findings

Several significant findings were produced by this study that advance the understanding of trauma-informed educational practices. The evaluation of teacher preparation programs revealed a complete absence of trauma-informed content in preservice curricula, reflecting broader gaps identified by Maib et al. (2023) regarding insufficient professional development despite increasing recognition of trauma's prevalence in educational settings. This aligns with the research of Bilbrey et al. (2022) that noted current training often provides only superficial coverage of trauma-identification strategies while leaving educators underprepared for practical implementation. Classroom observations across three Virginia public schools further documented the real-world consequences of this preparation gap, revealing educators who consistently missed opportunities to recognize and respond to student trauma presentations, despite having multiple professionals present in inclusive classroom settings. The stark contrast between modern architectural investments and sterile atmospheres demonstrated how physical infrastructure improvements fail to translate into trauma-informed practice implementation. These observations confirmed educational environments that misinterpret trauma responses as behavioral problems (Morton & Berardi, 2017), with educators focusing on engaged or active students, overlooking those displaying hypoarousal symptoms, such as dissociation and emotional withdrawal.

The pilot study held with both preservice and in-service educators demonstrated remarkable transformation potential. Within a single semester, participants evolved from explicit recognition of knowledge gaps to an in-depth integration of multiple theoretical frameworks. This transformation occurred across five key areas: conceptual development, observational capacity, framework integration, application confidence, and systems thinking, paralleling the multidimensional resilience development described by Masten (2019). Conceptual development was evidenced by participants moving from direct admissions of unfamiliarity to thorough articulation of trauma-informed principles, with one participant stating: "I'm now more familiar with creating psychological safety, building trust, and promoting student empowerment and voice." Observational capacity expanded dramatically as participants developed nuanced recognition of trauma responses, moving beyond simple binary categorizations to identifying various hyperarousal and hypoarousal symptoms. This demonstrated their enhanced ability to identify varied manifestations of trauma in educational settings. Framework integration manifested as participants developed the ability to synthesize multiple theoretical perspectives, with one participant noting: "I now know Goal Orientation, ACE's, Resilience, Post-Traumatic Growth, Theory of Mind, and Self-Determination Theory." This indicates movement from isolated concept learning to comprehensive theoretical understanding. Application confidence showed the most substantial growth, with participants developing specific, evidence-based implementation strategies such as content warnings, flexible deadlines, environmental design principles, and mindfulness integration. This is best exemplified by one participant's reflection: "I can implement trauma-informed pedagogy by mostly using mindfulness within my classroom and try to understand the baggage that students may bring with them to school daily." Finally, systems thinking emerged as participants recognized trauma responses from both individual and

institutional perspectives, signifying their understanding that effective intervention requires consideration of multiple ecological levels rather than solely focusing on individual student deficits.

Interviews with self-identified trauma survivors revealed patterns consistent with established research on educational experiences and trauma. The concentration of caring relationships within humanities subjects (88.7%) aligns with research on protective factors, especially Luthar and Zigler's (1991) identification of supportive adult relationships as critical elements in educational resilience. Survivors' struggles with traditional academic formats that constrained authentic expression supports Frank's (2013) assertion that narratives are more than descriptions as they can represent how embodied experiences actively shape the stories being told and the forms those stories can take. The prevalence of dissociation as a primary coping mechanism, with survivors describing themselves as "ghosts," "zombies," or "simply existing" throughout their academic day, demonstrates how trauma disrupts the cognitive processes necessary for traditional academic engagement. This simultaneously exposes how students are rendered almost invisible to educators who focus on disruptive rather than withdrawn behaviors. The high rate of visible distress during interviews (47% of participants) and the need for recording pauses (20%) underscores the unprocessed nature of many traumatic experiences, suggesting that these stories remain emotionally charged and unresolved even years after high school graduation. Additionally, survivors' descriptions of compartmentalization between home and school identities, exemplified by Sara's account of maintaining "two very different people," reveals the exhausting emotional labor required to navigate educational environments that lack trauma-informed understanding and support structures.

Lastly, the quantitative implementation of the "misbehaving form" storytelling intervention produced statistically significant results grounded in Self-determination Theory's three fundamental tenets (Ryan & Deci, 2000). Students in intervention groups reported significantly higher levels of autonomy, competence, and creative expression compared to the control group. These findings validate Welch and Fleming's (2023) research on how narrative construction enhances self-determination through choice in storytelling methods, competence development through expressive mastery, and relatedness through authentic connection with audiences. The Creative Expression subscale demonstrated the most pronounced impact with a large effect size (Hedges' $g = 0.83$), confirming that alternative narrative structures provided pathways for authentic expression that traditional essay formats could not accommodate. Student reflections such as "I felt this let us express ourselves" and "I think I needed this" provided qualitative evidence that the intervention addressed unmet psychological needs for creative agency and authentic self-expression. The consistency between Welch's t test results and standard independent samples t tests strengthened confidence in the findings despite unequal group sizes. Furthermore, the analysis of student-created artifacts revealed innovative approaches to processing grief, identity exploration, and trauma through visual-textual integration that verified the intervention's practical effectiveness in real classroom contexts.

Interpretation of Findings

Constructivist Frameworks Validation

The convergence between qualitative themes and quantitative outcomes validates constructivist theories that emphasize how knowledge emerges through active engagement and experience interpretation (Olsegun, 2015). The intervention's effectiveness demonstrates that lived experiences serve as a strong foundation for pedagogical design, supporting von

Glaserfeld's (1984) assertion that knowledge cannot simply reflect objective reality but emerges from how experiences are processed and organized. The study's findings additionally support Piaget's understanding of accommodation, or the modification of existing mental frameworks to incorporate new information (Scott & Cogburn, 2023). When students engaged with “misbehaving form” approaches, they actively reconstructed their schemas about academic expression, moving from constraint-based models toward possibility-focused frameworks that honored diverse ways of knowing and expressing (Meylani, 2024).

The concentration of caring relationships within humanities subjects reflects Vygotsky's emphasis on social factors as central to meaning-making processes (Schreiber & Valle, 2013). The predominance of English teachers among supportive educators (46.7% of participants) validates social constructivist principles that learning occurs through language and social interaction before becoming internalized by individuals (Vasileva & Balyasnikova, 2019). This finding suggests that English classrooms naturally foster the dialogical exchanges that Vygotsky considered essential for cognitive development, as students engage with texts through discussion and collaborative interpretation. Furthermore, the emphasis on communication and expression inherent in English pedagogy creates opportunities for scaffolded learning experiences that characterize effective mentoring relationships (Fajrin et al., 2024). Therefore, the interpersonal nature of literary analysis and writing instruction may provide a conducive environment for meaningful teacher-student connections that extend beyond academic content.

Students' instinctive gravitation toward collaborative meaning-making during intervention implementation supports Fivush's (2010) research on how shared narratives challenge dominant discourses while creating pathways for personal empowerment and collective well-being. The voluntary submission of deeply personal narratives suggests that when

educational environments honor social constructivist principles, particularly within supportive communities, students' experiences increased their psychological safety and authentic engagement (Han et al., 2022).

Transformative Learning Theory Connections

The documented changes in student autonomy and competence align with Mezirow's transformative learning theory, which emphasizes how disorienting dilemmas can catalyze fundamental changes in perspective and worldview (Kitchenham, 2008; Nohl, 2014). For trauma survivors, traditional academic constraints often function as ongoing disorienting dilemmas that reinforce experiences of powerlessness. The "misbehaving form" intervention created opportunities for what Christie et al. (2015) describe as transformative change through open, reflective dialogue within supportive environments. This process of questioning established norms represents a crucial step in transformative learning, as it enables individuals to make more empowered choices (Hodge, 2014). The participants' reported increases in academic confidence suggest that experiencing agency within the writing process translated into shifts in their self-efficacy (Allagui, 2024). Moreover, the intervention's success in fostering metacognitive awareness demonstrates how creative pedagogical approaches can interrupt cycles of academic disengagement that often characterize trauma survivors' educational experiences.

Narrative Capital and Educational Equity

The study's findings validate Bourdieu's conceptualization of capital while extending it to include narrative capital, or the power and resources generated when individuals transform their experiences into shareable stories (Carlsen & Pitsis, 2020). Students' integration of visual, spatial, and textual elements in their alternative narrative forms demonstrates the development of narrative capital. This multimodal, non-linear approach to storytelling becomes particularly

significant when considering how different student populations access and develop these skills. The demographic context of this study highlights how narrative capital can address educational inequities that reflect broader social power dynamics. Consistent with Molla and Gale's (2023) analysis of how dominant groups establish cultural norms that privilege certain behaviors and values, traditional academic writing often marginalizes voices from students whose cultural backgrounds emphasize different ways of knowing and expressing. By recognizing and legitimizing narrative capital alongside traditional academic forms, educators can begin to dismantle the cultural hegemony that has historically privileged Western modes of expression while devaluing other epistemological traditions (Zaidi et al., 2016). This approach does not reject the rigor and critical thinking skills embedded in Western academic practices; it expands achievement to encompass the rich storytelling traditions, community-centered knowledge systems, and multimodal literacies that students bring from their diverse cultural backgrounds (Macapugay & Nakamura, 2024). Such pedagogical shifts create space for authentic dialogue between different ways of knowing.

Implications and Significance

Teacher Preparation and Professional Development

The complete absence of trauma-informed content in teacher preparation programs represents what Thomas et al. (2019) identify as a critical gap requiring interdisciplinary approaches that bridge theoretical understanding with practical implementation. The pilot study's demonstration of rapid educator transformation validates Westbroek et al. (2024) findings that calculated mentorship can effectively narrow theory-to-practice gaps when professional development is grounded in comprehensive theoretical frameworks and survivor narratives. Teacher preparation programs can develop stronger trauma-informed training through systematic

curriculum integration that addresses both theoretical foundations and practical implementation strategies. Based on the study's findings and existing literature, effective trauma-informed teacher preparation should include several key components:

Foundational Coursework: Required courses in developmental trauma, neuroscience of learning, and trauma-informed care should be integrated across the teacher preparation curriculum. Research on how trauma affects brain development and learning capacity should be central to educational psychology courses, while constructivist learning theory courses should explicitly address how trauma survivors construct meaning and navigate academic environments.

Survivor Narrative Integration: Teacher preparation programs should include survivor voices as foundational knowledge. The study's demonstration that survivor wisdom accurately predicted intervention effectiveness suggests that lived experience should inform theoretical understanding from the beginning of professional preparation. This approach challenges traditional academic hierarchies while providing preservice teachers with authentic insight into trauma's educational impacts.

Clinical Practice Requirements: Student teaching placements should include supervised practice in trauma-informed classrooms with mentoring teachers trained in these approaches. The pilot study's evidence of rapid educator transformation suggests that experiential learning within supportive environments can effectively develop trauma-informed capabilities when combined with theoretical grounding.

Assessment and Intervention Training: Teacher candidates should develop competency in recognizing trauma presentations, implementing trauma-informed pedagogical strategies, and understanding appropriate boundaries between educational support and

clinical intervention. This training should emphasize trauma-informed practices that support both academic achievement and emotional healing.

Systems-Level Understanding: Preparation programs should address how trauma intersects with educational equity, cultural responsiveness, and institutional policies.

Teacher candidates need understanding of how factors like poverty, racism, and historical marginalization compound trauma's educational effects while learning to advocate for systemic changes that support trauma survivors (Dufour, 2024).

This systemic approach recognizes that trauma-informed teaching cannot occur in isolation but requires supportive contexts that prioritize student wellbeing alongside academic achievement (Thomas et al., 2019).

Societal Impact and Trauma-Informed Educational Transformation

The implementation of effective trauma-informed pedagogical practices holds significant potential for broader societal advancement toward supporting trauma survivors across multiple domains. Educational institutions serve as primary sites of intervention where trauma-informed approaches can create ripple effects that extend far beyond individual classrooms. These ripples can influence community attitudes, institutional policies, and cultural narratives about trauma and recovery. Fundamentally, education serves as the basis for exploring morality, providing students with frameworks for understanding justice, compassion, and human dignity that shape their lifelong ethical reasoning (Chen et al., 2023). When trauma-informed pedagogical practices are implemented effectively, they model moral principles of respect, empathy, and social responsibility while demonstrating how societies should respond to human suffering (Berring et al., 2024). Students who experience trauma-informed education learn not merely academic

content but ethical imperatives about treating others with deference, recognizing systemic injustices, and advocating for vulnerable populations.

When educators implement trauma-informed practices effectively, they create learning environments that validate survivor experiences. Furthermore, this implementation then demonstrates that trauma responses are adaptive survival mechanisms rather than character flaws or behavioral problems. Yet, the moral dimensions of trauma-informed education extend beyond individual empathy development to encompass broader questions of social justice and collective responsibility (Boylan, 2021). When students engage with survivor narratives and witness institutional responses that prioritize healing over punishment, they develop ethical frameworks that recognize trauma as a societal issue requiring community-wide solutions (Johnson-Lawrence et al., 2024). This moral education prepares students to advocate for trauma-informed approaches in their future professional roles while understanding their ethical obligations to support vulnerable community members. The study showcases that survivor narratives can inform evidence-based interventions to contribute to broader efforts of centralizing marginalized voices in institutional decision-making. Ultimately, effective trauma-informed pedagogical practices benefit societal advancement by disrupting cycles of misunderstanding that often multiply trauma's effects. So, by creating educational environments where trauma survivors can thrive academically and personally, schools contribute to developing a generation of adults who understand trauma's complexity while harnessing the skills for creating more inclusive communities.

Methodological Contributions to Educational Research

The study's integration of survivor voices as foundational knowledge addresses persistent gaps in trauma studies identified by multiple researchers (Alyce et al., 2023; Champine et al.,

2022). This approach offers a model for fields seeking to center marginalized perspectives in research and practice, moving beyond what Fraser (1990) describes as public bracketing that compartmentalizes personal experience and maintains power dynamics which benefit dominant groups. The exploratory sequential mixed methods design validates narrative inquiry as both methodologically rigorous and ethically sound for working with vulnerable populations (Mawhinney et al., 2025). Consistent with Ballantine's (2022) research on stigma and interpersonal violence, this study validates how narrative methods can generate valuable knowledge while maintaining participants' autonomy and producing evidence for resources that specifically support marginalized communities.

Additionally, the study's findings support broader calls for trauma-informed educational approaches that address both individual and systemic dimensions. The concentration of caring relationships within humanities subjects, combined with the quantitative evidence of intervention success in an English classroom, suggests that narrative-based approaches represent particularly powerful vehicles for institutional transformation. This aligns with research from Brunzell et al. (2019) that emphasizes educators' essential role in creating learning environments that support both academic achievement and emotional healing. However, this current study's absence of significant relatedness outcomes indicates that individual interventions, while meaningful, may be insufficient to address what Sweeney et al. (2018) describe as the systemic cultural shifts necessary for comprehensive educational transformation. This finding supports calls for institution-wide approaches that address policy, practice, and culture simultaneously rather than relying on isolated classroom interventions.

Research Questions Addressed

The study successfully addressed all four research questions through the thorough integration of constructivist theories, transformative learning approaches, and survivor narrative frameworks.

Qualitative Research Questions (Phase 1: Exploratory)

1. How do educators describe shifts in their understanding of trauma responses and translating trauma theory into classroom practice when engaging with both survivor narratives and interdisciplinary trauma research?
2. How do trauma survivors construct meaning around their experiences of safety, well-being, and educational engagement from either supportive or harmful educational practices from their secondary school years?

Quantitative Research Question (Phase 2: Confirmatory)

3. To what extent does a storytelling intervention using "misbehaving form" narrative approaches significantly differ from a control group receiving standard curriculum in terms of measurable changes in students' self-reported levels of autonomy, competence, and relatedness, as operationalized by Self-Determination Theory?

Mixed Methods Integration Question (Phase 3: Integration)

4. How do and to what extent do the qualitative themes derived from trauma survivor and educator narratives help explain and contextualize the quantitative patterns observed in students' Self-Determination Theory outcomes following the storytelling intervention, and to what extent do the combined findings inform a comprehensive theoretical framework for trauma-informed pedagogical practices?

Research Question 1, regarding educator understanding, was answered through documentation of transformation processes that align with both cognitive constructivist

principles of schema modification (Ritter et al., 2014) and social constructivist emphasis on collaborative meaning-making (Saleem et al., 2021). The pilot study findings revealed that educators experienced substantial shifts in understanding trauma responses primarily through engagement with interdisciplinary trauma research. Pre-survey data documented significant baseline knowledge gaps, with participants acknowledging unfamiliarity through statements like “none really” and frequently confusing trauma-informed pedagogy with other educational frameworks. The comparative pre/post-survey analysis revealed transformational growth as participants successfully translated research-based theoretical knowledge into practical classroom applications, developing evidence-based strategies including content warnings, flexible deadlines, environmental design principles, and mindfulness integration approaches. While the study design bundled interdisciplinary research with survivor narratives simultaneously, the documented progression from knowledge deficits to theoretical integration, supports the conclusion that systematic trauma research served as the primary catalyst for educator understanding.

Research Question 2, concerning trauma survivors’ educational experiences, was answered with a comprehensive validation from several pivotal frameworks. Survivors’ descriptions of safety construction through supportive relationships align with attachment-based theories (Zagaria et al., 2024), while their identification of alternative expression needs validated research on how trauma affects narrative formation and meaning-making processes (Dorothy & Hughes, 2023). The trauma survivor interviews revealed teacher caring as the most significant factor, consistently mentioned 35 times across interviews with a predominant concentration in humanities subjects (88.7% of caring relationships). Survivors described transformative experiences when educators recognized them as “whole human beings” rather than academic

performers, exemplified by Kadmiel's description of teachers who “truly felt like my parents.” The data did reveal that survivors develop complex coping mechanisms including dissociation, compartmentalization, and performance of normalcy to navigate educational environments that were fundamentally unprepared to support their needs. Survivors constructed meaning around whether environments allowed authentic expression versus forced performance, with many finding solace in creative outlets and trauma-bonding relationships with other survivors who “got it” without requiring explicit disclosure. The analysis demonstrated that survivors' meaning-making processes centered on the fundamental tension between their need for agency and connection versus educational systems that demanded compliance without recognition of their complex trauma histories.

Research Question 3, focusing on intervention effectiveness, established strong empirical support that validates Self-determination Theory while extending understanding of how choice-based approaches can enhance student experiences. The quantitative implementation of the “misbehaving form” storytelling intervention demonstrated statistically significant differences from the control group across three of four measured Self-Determination Theory constructs. Autonomy showed significant improvement with intervention groups scoring higher ($M=6.0$, $SD=1.07$) than controls ($M=5.5$, $SD=1.13$) at $p=0.0309$, while Competence demonstrated robust differences with intervention participants achieving substantially higher scores ($M=5.5$, $SD=1.34$) compared to controls ($M=4.5$, $SD=1.46$) at $p=0.0069$. Creative Expression revealed the most pronounced effect, with intervention groups scoring notably higher ($M=5.5$, $SD=1.26$) than controls ($M=4.0$, $SD=1.43$) at $p=0.0000226$, producing a large effect size (Hedges' $g=0.83$) that validates the intervention's premise that traditional formats inadequately serve authentic student expression. However, the lack of significant differences in Relatedness scores between groups

(both $M=4.3$, $p=0.4595$) represents a concerning limitation, particularly given that trauma survivors consistently identified connection and understanding relationships as critical protective factors. Moreover, many survivors went on to describe experiencing profound isolation while in educational settings. Yet, the consistency of results across statistical analyses, combined with supporting qualitative evidence from student reflections, provides empirical support for trauma-informed pedagogical approaches prioritizing student choice and authentic, non-linear expression.

Finally, the integration of qualitative and quantitative findings, as addressed in Research Question 4, reveals notable convergence that confirms the study's use of sequential mixed methods approach. Trauma survivor narratives directly explained the quantitative outcomes which were observed in the storytelling intervention. Survivors' descriptions of autonomy struggles, including Sara's account of compartmentalization between "two very different people" at home and school, directly corresponded to the significant autonomy improvements (intervention $M=6.0$ vs. control $M=5.5$, $p=0.0309$) achieved through choice-based narrative formats. The qualitative theme of expression challenges, exemplified by survivors' articulation that traditional academic constraints prevented authentic voice, provided clear theoretical foundation for the intervention's most significant quantitative impact on Creative Expression (intervention $M=5.5$ vs. control $M=4.0$, $p=0.0000226$, Hedges' $g=0.83$). Survivor accounts of academic success despite trauma at tremendous personal cost, along with descriptions of exhausting performance maintenance, explained the significant competence gains (intervention $M=5.5$ vs. control $M=4.5$, $p=0.0069$). This demonstrates how choice-based narrative approaches validate diverse forms of capability beyond conventional academic performance measures. However, again, the lack of significant relatedness mirrors the complexity revealed in survivor

narratives, where deep relational healing required sustained caring relationships, suggesting that brief interventions cannot address the connection needs that are central to recovery. The combined findings establish a comprehensive theoretical framework for trauma-informed pedagogy that prioritizes student choice and agency, validates alternative expression pathways as essential rather than supplemental, recognizes competence through diverse demonstration methods, but acknowledges that relational healing requires sustained, systematic approaches. Ultimately, this supports a paradigm shift from deficit-focused compliance models toward strength-based, choice-centered educational practices grounded in survivor wisdom and empirically validated outcomes.

Limitations and Future Directions

This study contains several methodological limitations that constrain interpretation of findings and generalizability. The most concerning limitation is the reliance on a post-test measure for the quantitative intervention phase. Fundamentally, this can invalidate any claims about intervention effectiveness due to a lack of evidence collection to demonstrate the intervention and control groups as equivalent prior to treatment implementation (Capili & Anastasi, 2024). Without pre-test measurements, the study cannot rule out selection bias, pre-existing group differences, or confounding variables as explanations for observed outcomes. However, this design choice was intentionally made to prevent students from being "primed" by pre-survey questions that might have transmitted expected outcomes of the intervention. This choice was additionally implemented in hopes of avoiding either conscious or unconscious alignment of post-responses to show "improvement" from pre-responses. Also, implementing only a post-survey reduced participant burden and survey fatigue while allowing the researcher

to focus on outcomes of the intervention and conduct cleaner statistical analysis as outlined in the methodology.

The apparent intervention effects may simply reflect differences that existed before any treatment occurred, making it difficult to attribute changes to the storytelling intervention. This design flaw can be particularly problematic in educational research where students often vary in baseline academic skills, motivation, and psychological functioning (Johansen et al., 2023). The post-test design's limitation to control for confounding variables raises questions about whether observed differences reflect intervention effects or pre-existing group characteristics, such as prior academic achievement or teacher relationships. The absence of random assignment combined with unequal group sizes creates a quasi-experimental design with limited internal validity (Iwahori et al., 2022). Future studies that implement pre-test, post-test, and delayed follow-up measurements could better establish intervention effectiveness. Furthermore, longitudinal studies would work best for examining trauma-informed interventions, as they can better capture the complex, non-linear patterns of trauma recovery documented in the literature (Bryant et al., 2015). A robust research design should include baseline measurements at least two weeks before intervention implementation, immediate post-intervention assessment, and follow-up measures scheduled a week to two weeks later. However, for this study, a post-test only design was selected because it prevented students from expecting the intervention's outcomes while reducing survey fatigue, and future studies can consider repeated measures designs across an entire school year or across multiple school years to better understand the long-term impact of the intervention while simultaneously minimizing participant burnout or instrument fatigue.

The reliability scores for key measurement constructs present additional concerns. The Creative Expression subscale demonstrated questionable internal consistency ($\alpha = 0.64$), falling

below the conventional threshold of 0.70 for acceptable reliability. While this subscale showed the largest effect size (Hedges' $g = 0.83$), the low reliability coefficient raises serious questions about whether the measured construct accurately represents creative expression or reflects measurement error. Though this reliability level is acceptable for an exploratory design (Abowitz & Toole, 2010), the measure is not generalizable across populations. The Relatedness subscale showed adequate reliability ($\alpha = 0.75$), but the absence of significant findings may reflect genuine intervention limitations or inadequate measurement sensitivity. Future research should prioritize the development and validation of trauma-informed measurement instruments specifically designed to assess creative expression and relatedness in educational contexts. Additionally, mixed methods approaches that combine quantitative scales with qualitative interviews and comprehensive narrative portfolio assessments could provide more reliable measures of student experiences with alternative storytelling approaches. Finally, researchers should consider adapting existing validated creativity scales or developing new instruments that capture the unique aspects of "misbehaving form" expression for broader educational implementation and policy recommendations.

Moreover, the uneven distribution of participants across the intervention and control groups represents a significant methodological flaw that can compromise statistical validity. Unequal groups disrupt the assumption of balanced designs that underlie many statistical tests and can introduce bias in effect size estimates (Alamolhoda et al., 2017). The unequal allocation reflects practical constraints rather than intentional design choices, but its inception does not ease the consequences. To address this limitation, Welch's t test was conducted specifically because it does not assume equal variances and provides more reliable estimates under unequal group conditions, offering more conservative estimates appropriate for the study's design constraints

(West, 2021). Similarly, Hedges' g effect size was reported rather than Cohen's d because it provides bias-corrected estimates that are more appropriate for small and unequal sample sizes, ensuring more accurate representation of intervention effects (Taylor & Alanazi, 2023). When participants are assigned to conditions based on convenience factors, such as classroom availability, teacher willingness, or scheduling constraints, the resulting groups may differ systematically, influencing outcomes (Sella et al., 2021). As a whole, the larger intervention group poses as a reflection that certain classes may have been more receptive to participating in the trauma-informed practices, potentially creating a selection bias. Consequently, statistical assumptions underlying common analytical approaches become problematic with unequal groups. Independent samples t tests and ANOVA procedures demonstrate reduced power when combined with non-normality (Bono et al., 2017). This disparity becomes particularly concerning when effect sizes are calculated using pooled standard deviations, as larger groups contribute disproportionately to the estimate (Hey & Kimmelman, 2014). Therefore, this study's larger intervention group means its variance estimate carries more weight, possibly creating artificially inflated or deflated effect sizes. Future research should prioritize random assignment protocols that ensure balanced group allocation while accounting for classroom-level clustering effects can better isolate intervention effects from teacher and school-level variables (Cuijpers et al., 2021). Additionally, replication studies across multiple schools with varying demographic compositions and multiple teachers would strengthen external validity and provide more robust evidence for the generalizability of "misbehaving form" storytelling approaches in diverse educational contexts.

Larger samples are best used to achieve adequate statistical power for detecting true intervention effects. The relationship between reliability and required sample size postulates that

the Creative Expression subscale's reliability of 0.64 necessitates a 56% larger sample. The observed large effect size (Hedges' $g = 0.83$) on the Creative Expression subscale may reflect either a genuinely strong intervention impact or statistical noise amplified by measurement error and small sample size (Andrade, 2020). Future studies should conduct prospective power analyses that explicitly account for expected reliability coefficients when determining sample size requirements (Kang, 2021; Quach et al., 2022). Additional consideration towards refining the subscales or employing alternative validate measures can be fruitful.

Yet, despite these critical measurement concerns, the quantitative analyses support the hypotheses, and the intervention did provide supporting evidence for the theoretical framework, particularly regarding how alternative narrative forms can enhance student engagement and self-expression.

Lastly, this study's theoretical framework, while comprehensive, could be strengthened by paying more attention to intersectionality (Abrams et al., 2020). Future research should examine how "misbehaving form" approaches function at the intersections of trauma with race, class, gender, sexuality, disability, and additional social statuses. Additionally, rather than relying solely on self-report questionnaires, future studies should develop narrative portfolio assessments that analyze the "misbehaving forms" for evidence of emotional depth and authentic voice. Rubrics co-created with trauma survivors could identify dimensions of narrative growth that capture the intervention's impact more directly than standardized scales. Such assessments would honor the premise that transformation appears in the stories themselves, not just in participants' perceptions.

Researcher Bias and Reflexivity Concerns

The researcher's dual identity as both trauma survivor and intervention developer introduces potential for confirmation bias and over-interpretation of positive findings. While this positioning offers valuable insider perspective, it also creates risk for bias in data collection, analysis, and interpretation that could inflate intervention effects or minimize limitations. The absence of independent observers or inter-rater reliability measures for qualitative components raises concerns about subjective interpretation of data, particularly given the researcher's personal investment in demonstrating intervention effectiveness (Cole, 2023). Future research requires independent validation of findings and systematic attention to researcher reflexivity throughout the study process.

Implementation

The documented consent challenges, specifically seen with 19 students failing to return parental permission forms and 7 additional students declining participation despite parental approval, highlight complex relationships between educational research and historically marginalized communities (O'Connor & Daniello, 2019). These patterns reflect broader issues of trust and institutional relationships that require directed attention on authentic community engagement and transparent research practices. Future research should examine long-term sustainability of trauma-informed approaches, particularly addressing the systemic barriers that may prevent widespread implementation. Investigation of policy implications, funding requirements, and institutional culture would best support broader educational transformation goals.

Conclusion

This study successfully demonstrates that trauma survivor narratives can serve as robust foundations for evidence-based educational interventions while advancing theoretical

understanding of trauma-informed pedagogy. The qualitative design directly addresses the significant gap in trauma survivor storytelling identified by Alyce et al. (2023) and others, centering survivor voices as foundational knowledge rather than treating them as subjects to be studied. This methodological approach responds to failings of survivor inclusion in trauma studies research while demonstrating how lived experience can inform practical educational interventions. The integration of constructivist frameworks, transformative learning theory, and survivor narrative approaches creates a comprehensive model for educational research that honors both academic rigor and lived experience. The study's incorporation of survivor wisdom throughout the research process establishes a methodological framework that other researchers can adapt when working with marginalized populations whose voices have been historically excluded from academic discourse. The storytelling intervention's measurable success validates theoretical predictions while providing practical strategies for secondary educators seeking to create more inclusive and responsive learning environments. The study's methodological contributions establish pathways for continued research that centers marginalized voices while producing actionable evidence for educational improvement.

Moving forward, trauma-informed education must continue evolving beyond individual accommodations toward systemic transformation that recognizes diverse ways of knowing and expressing as fundamental to educational equity. The convergence of theoretical frameworks and empirical evidence presented in this study provides a foundation for that continued evolution while honoring the wisdom of trauma survivors as essential contributors to educational knowledge creation.

Epilogue

“I heard your story,” the visiting doctor, “and had to come meet you.”

I gripped the knitted blanket tighter to my chest.

“You have to help me,” I choked out in reply. Each syllable muted, dissipating into breath as the tube in my throat rubbed the stitching above my epiglottal. Speaking emulated the stabbing.

It was my fourth day in the hospital, and that morning, I was told that I had "graduated" from the sanctuary of a private ICU room to the main floor. The word "graduated" felt like a cruel joke, as if not dying another night constituted academic achievement. Moving down several levels, the transport technician had negligently rolled my bed and all corresponding wires and tubes over obvious thresholds. Each bump sent shockwaves through my fresh wounds, the IV line pulling at my bruised arm, the drainage tube shifting against the raw surgical site. The hospital bed lurched and groaned as we descended, and I gripped the rails with what little strength I had.

Coincidentally, this event followed the nurses overdosing me with my own SSRI, or Selective Serotonin Reuptake Inhibitor. Somehow, in the chaos of shift changes and hurried medication rounds, my chart had been misread. What should have been my standard 5mg dose of Citalopram was administered as 50mg. Though a simple transcription error, early signs of serotonin syndrome quickly began to show: dilated pupils, elevated heart rate, and building confusion. There was not much time for my rational mind to process what was happening, and with the impact of what I can imagine to be something weighing 80,000 pounds traveling at highway speed, the world suddenly became a kaleidoscope of adrenaline, pain, and blinding light. My pulse became a physical force, each heartbeat hammering against the inside of my

skull with such vigor that my vision strobed. The pressure was unbearable, as if my eyes might burst from the intensity. As I lay helpless on the hospital bed, every overhead light felt like another assault on my senses. Promptly, the unit nurses took pity on me, carefully moved me to the small recliner in the corner and mercifully darkened the room. Increased hydration through my I.V. and several sympathetic comments was my only prescribed remedy.

My head still felt like the sharp, discordant sound of breaking glass. The medication error had left me in a twilight zone where everything felt both hyper-acute and impossibly distant. The familiar SSRI that had once provided stability had coursed through my system at dangerous levels, creating a neurochemical storm that made every sensation feel alien. I couldn't tell if the nausea was from the overdose, the additional pain medication, the trauma to my body, or the sheer terror of existing in a space where even the people meant to heal me could make potentially fatal mistakes.

Promised as a “better set-up,” the main floor suite did provide ample room for my parents and, eventually, my therapist to continue essential care. Yet, like the buzzing light on a shadowy patio beckoning winged, crepuscular things, the room, and my stay in it, drew in multitudes of practitioners: nurses, technicians, doctors, and even unlicensed student-assistants. I had never experienced claustrophobia before; now, I was like a porch light blinking on and off, stationary while ravenous insects swarmed around me in the dark.

“Jane, right?” the doctor smiled, passing decorum for comfort. I slowly nodded. For the eight days that I resided in Valley Health Medical Center, I was Jane Gabon. My birth name was immediately erased with the implementation of a Victim Witness order, and alongside it, the humanity of my pain and survival were deftly filed away into legal anonymity. Fresh out of life-saving surgery, I instantly became the 9-digit number federally assigned at birth, just a few

degrees away from a motionless “Jane Doe” in the morgue. This level of dissociation surpassed reason and called reality into question. Perhaps, this was simply the behind-the-curtain exposition of any dystopian science-fiction. The systematic erasure of my identity felt so complete, so surreal, that I began to wonder if the most logical explanation was the simplest one.

Perhaps, I was, in fact, dead.

“You’re so strong,” the doctor provided another verbal rendering of his attendance.

“I can’t do this! Please help me!” I was suddenly just a child, calling out for an adult, any adult to take this weight off my delicate frame.

“I don’t know what I can do to help you.” The doctor smacked his lips, frowned, and creased his eyebrows. “Your wound drainage looks great. You’re holding consciousness and managing your pain. But we can maybe run Xanax through your IV to give you some relief...?”

“No, no! No meds! Please help me! Please, please, please” I sobbed. I was a scratched vinyl record, unable to move-on: “Please help me!”

My desperation seemed to make him increasingly uncomfortable. What I needed wasn’t another pharmaceutical Band-Aid or clinical assessment; I needed someone to acknowledge that surviving an attempted murder was more than a medical event to be managed. I needed validation that my terror was rational, that my plea for help was legitimate, that the psychological aftermath was as real and urgent as the physical wounds he could evaluate and treat. But the immeasurable anguish of a trauma survivor fell outside his scope of practice, and his visible uneasiness with my emotional state made it clear that my psychological crisis was becoming his professional inconvenience.

Eventually, the doctor decided the best solution was to move me to another room back upstairs to the ICU’s less-intensive sister, Step Down Unit. There, a hush blanketed the level, the

promise of authentic care was reflected by the soft lavender and off-white walls, and a heavy, electrically operated door protected me from the invasive swarm of practitioners. Despite the onboarding nurse's sharp question about my smoking history, which she asked while she listened to the gurgle of blood in my lungs, blood I had inhaled during the stabbing, I understood this moment to be my best opportunity to complete my hospital stay and somehow find a way back to the world outside. The chaos had subsided enough for me to glimpse something resembling recovery. In this quieter space, I could begin to imagine surviving not just the immediate medical emergency but the longer journey of rebuilding a life after violence. Though Jane Gabon remained my official identifier, "Lucky Jane" emerged as the better suited moniker.

It took many months to recognize that I was in the grips of PTSD during my time in the main floor room; it took several years to understand why I could not form a coherent request or unplug from the fear-driven narrative; it took only several days after my release from the hospital to fully identify the massive deficit in how the many spheres of society handle trauma survivors.

Today, I write these final pages exactly eight years after the greatest trauma of my life. The number 8 has haunted me in an almost mystical pattern: I was stabbed two days after my 28th birthday, during the eighth month of the year, spent eight days in the hospital, and watched my assailant receive an eight-year sentence. Though I have struggled to find spiritual meaning in what happened, taunted by the inevitable "why," the number 8 gradually transformed from a source of torment into something approaching peace. I allowed it to become my guide, a way to believe in purpose amid the anarchy that late summer morning unleashed. Through this lens, I began to understand that human experience spans an infinite spectrum, yet we confine ourselves within rigid, dualistic boundaries. We label these boundaries, market them, consume them, and stigmatize them: good versus bad, victim versus survivor, broken versus whole.

If what I experienced was unequivocally injurious, then I became determined to extract something good from it. But I needed more than personal resolve; I needed external validation, institutional credibility, language, a framework that would give weight to my insights. The trauma couldn't just be trauma. I needed academia to legitimize it. I needed the weight of letters after my name that would force people to listen. I needed a Ph.D. And this would become my protection, my weapon, maybe the one I wish I had on the morning of the attack; a Ph.D. would become the shield against those who would minimize what I'd learned and a knife to cut through the inevitably dismissive and stigmatized attitudes. Moreso, a doctorate would take my raw, bloody experience and refine it into theory, into research, into scholarship, into something that could help others navigate a similar darkness.

What I thought I required were the established disciplines that had already carved out space for studying human suffering and learning. Education would give me the pedagogical foundation to understand how trauma affects classrooms. Sociology would help me examine the systems that either perpetuate or heal collective wounds. Psychology would provide the clinical frameworks for understanding individual responses to experiences. These three pillars seemed sufficient to build a comprehensive understanding of trauma in educational settings. Yet, the journey through my doctoral program revealed gaps that no single discipline could fill. The lived experience of trauma survivors, or the embodied knowledge that emerges from navigating overwhelming events, remained largely absent from academic discourse. Traditional research methodologies struggle to capture the non-linear, fragmented nature of trauma narratives. Most critically, the rigid academic structures I encountered often mirrored the same power dynamics that silence survivors in the first place. This deficit felt achingly familiar. Just as the visiting doctor in my hospital room had dismissed my pleas for help, reducing my complex trauma to a

medical curiosity, academia seemed to treat survivor experiences as data points rather than sources of wisdom. The man who later joked that I had “fallen on the knife” echoed the same reductive thinking I found in research that pathologized trauma responses without understanding their protective function. The overall lack of dignity for my continued healing process, such as the newspaper coverage without consent, the community’s victim-blaming narratives, the institutional failures to support recovery, all paralleled how traditional academic frameworks often retraumatized the very populations they claimed to serve.

This realization led me beyond my original disciplinary boundaries. Neuroscience became essential for understanding how trauma literally reshapes the brain, creating templates that influence every subsequent encounter with stress or safety. The work of Drs. Bruce Perry and Bessel van der Kolk reveal how traumatic experiences form neural pathways that can be triggered by seemingly innocuous classroom environments such as the fluorescent lighting that mimics interrogation rooms, the sudden loud voices that echo past violence, and the rigid seating arrangements that deny agency and movement. The concept of “misbehaving form,” narrative approaches that deliberately resist conventional academic constraints, emerged as a way to honor the authentic shape of trauma stories rather than forcing them into sanitized structures. This meant creating space for fragmented memories, circular storytelling, somatic expressions, and the sacred pauses where words fail entirely. Mixed methods research provided the framework to weave together survivor voices with empirical evidence, creating space for both subjective truth and scholarly rigor. Through this approach, I could demonstrate statistically that choice-based storytelling interventions improved students' autonomy, competence, and relatedness while simultaneously preserving the raw authenticity of individual narratives that numbers alone could never capture. In time, this methodology itself became a form of resistance against academic

traditions that privileged objectivity over embodied wisdom, allowing trauma survivors to be recognized not as broken subjects in need of fixing but as experts whose insights could transform educational practice.

The process of conducting qualitative interviews with trauma survivors became an unexpected mirror, reflecting both the healing potential and the emotional dissonances that emerge when academic research intersects with lived experience. As I sat across from fifteen young adults, listening to their stories of navigating high school while carrying histories of intense abuse and loss, I found myself inhabiting a complex dual role: researcher and fellow survivor. The interviews created profound opportunities for healing, both for participants and for myself. When 13% of participants labeled the interview experience as beneficial or therapeutic, I witnessed the transformative power of being truly heard. Listening to Che, 24, discover he wasn't alone as he described connecting with a Syrian refugee classmate who shared similar trauma patterns, I was reminded of my own journey from seclusion to connection over the past eight years. Che's revelation illuminated a fundamental truth that echoed throughout my research: healing from trauma is rarely a solitary endeavor. The connections forged between survivors, whether in refugee communities, support groups, or even in the space of a research interview, serve as catalysts for transformation that extends far beyond individual recovery. When survivors recognize their shared humanity in another's story, they begin to shed the isolating narratives of shame and exclusivity that trauma so often inscribes.

My own trauma history became a form of attunement, allowing me to be responsive to the subtle cues that indicated when participants needed support, validation, or simply acknowledgment of their courage in sharing. So, there was something else happening in these interviews that transcended traditional researcher-participant dynamics: recognition. The trauma

survivors could sense that I was one of their own. This recognition wasn't articulated through direct disclosure, but it manifested in the quality of trust they extended and the depth of vulnerability they shared. There were the subtle cues that only fellow survivors might notice, and the participants seemed to sense that their trauma responses wouldn't be pathologized or questioned in this space. They shared details they might not have offered to a researcher they perceived as "untouched" by trauma, often leaning forward during particularly difficult disclosures and maintaining eye contact in moments when they described feeling most alone. They trusted me with their anger; they shared their shame without protective qualifiers; they exposed their deepest fears. Most importantly, they trusted me with their ongoing struggles without feeling compelled to perform recovery. This comfort with their own authentic responses in my presence suggested they sensed that I wouldn't expect them to have "overcome" their trauma in neat, timeline-appropriate ways.

And this incited the most profound transformation of my experience in studying trauma: how I began to inhabit my own narrative. For years after the attack, I had crafted what I now recognize as a protective version of my story, one that was digestible, inspirational, and neatly packaged. In this sanitized retelling, I was the resilient survivor who had transformed pain into purpose, the wounded warrior who had emerged stronger and wiser, the one who overcame something "bad" and now has proof of her "goodness." This version served me well in presentations, applications, and the intersecting cycles of introducing myself to strangers. It allowed people to feel comfortable around my experience, to see it as a redemption story rather than an ongoing, messy reality. Above all, it protected my psyche from having to revisit the jagged edges of what actually happened: the terror, the confusion, the moments when I wasn't strong at all.

Learning about narratives that subvert expectations, embracing mixed methods research, and witnessing fifteen metamorphic testimonies gave me something I hadn't realized I was missing. It granted me permission to make a mess when representing myself. Just as I had learned to honor the authentic shape of other survivors' stories, I began to extend that same grace to my own narrative. The easily packaged version had been a necessary survival tool, yet it was also a prison of sorts, demanding I perform recovery rather than actually live it. Through all of this research, I discovered that trauma narratives resist linear progression not because they are broken, but because trauma itself exists outside conventional time. The flashback that arrives eight years later carries the same visceral weight as the original moment. The seemingly random trigger that sends me spiraling isn't a failure of healing; it's evidence that my nervous system is still protecting me from perceived threats. Understanding this neurobiological reality freed me from the exhausting performance of being "over it."

So, I began to allow my story to breathe, to expand beyond the boundaries of inspiration and resilience. This meant embracing the full spectrum of my ongoing reality, not just the moments of growth and insight. I can acknowledge the days when I still startle at unexpected sounds, surprising smells, uncalculated human contact. I can disclose, when the anniversary arrives, how my body remembers what my mind tries to forget. I can speak about the ongoing impacts without rushing to the lesson learned. I can admit that some parts of me died that August morning and haven't come back.

This shift from protection to permission manifested in my writing, my teaching, and my relationships. Where I once felt obligated to reassure others about my wellbeing, I began to trust that people could handle complexity. Where I had previously offered neat conclusions, I started to sit with ongoing questions. The woman who had desperately begged that visiting doctor for

help was no longer a version of myself I needed to hide from or transcend. She became part of a larger, more truthful narrative that included both breakdown and breakthrough, both devastation and discovery.

In reclaiming the right to be messy in my self-representation, I found something unexpected: authentic authority. But more than that, I found a mantra that became the bedrock of this new relationship with my story: *It's okay to have experienced this. It's okay, and it's true.* This simple declaration became revolutionary. For so long, I had carried an underlying shame about what happened to me, as if the violence itself was something I needed to apologize for or minimize. There was this persistent inner voice whispering that somehow, in some way I couldn't quite articulate, I was responsible for my own harm. That I should have been stronger, smarter, more vigilant. That I should have seen it coming, should have fought harder, should have made different choices entirely. The protective version of my story had been, in part, an attempt to make my experience palatable, to prove that I was worthy of empathy, to minimize the impact of the mutilation, that the trauma had served some higher purpose, that I had transformed it into something beautiful enough to justify its existence. Cue Hans Christian Andersen's *The Ugly Duckling*.

But trauma doesn't require justification. Violence doesn't need to produce wisdom to be acknowledged. My pain didn't have to become anyone else's inspiration to be valid. *It's okay to have experienced this. It's okay, and it's true.*

When I stopped performing recovery and started embodying it, with all its non-linear, unpredictable, sometimes contradictory rhythms, my work gained a depth and credibility that the packaged version had never achieved. Students, colleagues, friends, family members began sharing their own unvarnished truths. The research became richer, more nuanced, and more

useful. But perhaps most importantly, I began to model something essential: that our most difficult experiences don't have to be transformed into something else to be worthy of acknowledgment. They can simply be true, and that truth can be enough.

The number 8 that had once haunted me transformed once again. No longer just a mystical pattern or a guide toward meaning, it became a reminder of the infinite ways a single story can be told. Like the symbol itself, a loop without beginning or end, my narrative could curve back on itself, revisit old wounds, circle around new insights, and continue expanding outward. There was no final version, no completed healing, no ultimate truth to reach. There is only the ongoing practice of telling my story with increasing honesty, complexity, and compassion for all the selves I had been and continued to become.

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Appendix A

A found poem is created by taking existing text from any source and transforming it into poetry through careful arrangement and line breaks. There is poetic potential in everyday language which can be harnessed by lifting words from their original context and reshaping them with intention. Through this process, ordinary text can reveal surprising new meanings and resonance when words are isolated or paired in novel ways. Found poetry challenges traditional ideas about creativity and authorship by showing how art can emerge from rearranging existing elements.

Entropy

Particles drift apart
 like distant stars
 In my body
 Like a secret

You are here
 You are free
 You are safe

Was light ever real?
 Sound reverberated
 My flesh
 In and out of consciousness

Spiraling like a wingless plane
 Darkness eating the edges

You
 need
 to
 let go

You're alive.
 How? It's depth

Strikingly similar patterns
 The visceral truth,

the pursuit of deeper truth
Stripped away

Voices emerged
To begin recovery
To shatter expectations of order
Choice

With every breath
You are *not* your trauma
You are good enough
You are worthy
Your voice does matter

Be weightless
Offers hope
Rest

Appendix B

Observation Rubric

Observation at [school name] _____

on [date] _____ during Block/Period _____ for [length of time] _____

Indicate + or – for the following:

- Educator’s Communication
 - Recognize (identify changes in student behavior) _____
 - Respond (non-verbal and verbal) _____
 - Resist re-traumatization _____
- Trauma-informed approaches:
 - Students' psychological and physical safety _____
 - Empathy _____
 - Trustworthiness and transparency _____
 - Peer support and relatedness _____
 - Collaboration and mutuality _____
 - Empowerment, autonomy, and choice _____
 - Cultural, racial, and gender awareness _____
 - Targeted interventions _____
- School-oriented Attitudes:
 - Leadership _____
 - Policy _____ (if found)
 - Physical environment _____
 - Engagement and involvement of people in recovery, trauma survivors, and family members receiving services _____

Student trauma responses:	Educator navigation:

How is there a very well-balanced "eco-system" in the classroom?

Or how is there a plethora of behavioral or emotional responses to things that the students are struggling to overcome intrapersonally? (from student or educator)

Does the teacher have the tools to navigate these responses?

Does it feel like there is a gap in the teacher's understanding of how to provide students support during their emotional and behavioral responses that may be trauma-PTSD-induced?

How is there a clear projection that the classroom is warm and friendly or cool and unwelcoming?

Appendix C

Pilot Study Survey

Respond to the following items.

1. Which elements of trauma-informed pedagogy are you most familiar?
2. How do you implement trauma-informed pedagogy in your most recent college-level assignments and/or classroom management routines?
3. Please define “trauma.”
4. Please describe what a student trauma survivor behaves like in a classroom setting.
5. Please identify what Post-traumatic Stress Disorder encompasses. If possible, illustrate how this appears in a classroom setting.
6. Indicate what needs to be in place for resilience.
7. What do you identify as a the teacher’s best strategies for trauma-informed teaching practices?

Appendix D

Interview Protocol

Traumatized at School: Recently Graduated Students' Narratives

A note about interviewing...

The questions listed here are meant to serve as a starting point. All interviews should follow a semi-structured format meant to elicit details about students experiencing trauma-informed education. Not every question should be asked in the same order during every interview or in the same way; questions should be asked in conjunction with the flow of conversation in order to allow the interviewee to be as descriptive as possible. The questions listed below may sound redundant, but keep in mind that the protocol is not meant to be a rigid template. Rather, the protocol is meant to provide interviewers with a clear understanding of the relevant topics to be covered while simultaneously encouraging interviewers to use discretion on how to best elicit the information at hand.

(Before starting the recording): *Thank you for your willingness to participate in the study. You received an email with information about the nature of the project. Do you have any questions about any of the information on that sheet before we get started?*

As a reminder, all identifying information will be removed from the interview transcript. To protect your confidentiality, we will not use your real name in the interview, and in any published results, we'll replace your name with an alias. Do you have a name besides your first name that you'd like us to use? It can be related to you in some way or completely made up.

Since trauma is so pervasive, as stories of trauma unfold during this interview process, any suspicions of current (not past) abuse will result in a report to Virginia's Department of Social Services via a regional department or hotline (Adult Protective Services - 888-832-3858). For suspected domestic violence or sexual violence, the same measures will be taken (DV and Sexual Assault Hotline -800-838-8238). Furthermore, any identifying signs of suicidal ideation, reports will be made to Virginia Department of Behavioral Health and Departmental Services. The crisis line will be used as well (call or text 988 or visit 988Lifeline.org). At any point that you wish to disclose the need to reach out to one of these services, we will pause the interview.

The following interview will be audio recorded.

(Start recording): This is Mackenzie Rose conducting an interview with [alias] on [date] for the Traumatized at School Study. First, I'm going to ask some demographic questions – things like age, gender, race or ethnicity

- How old are you?
- How do you identify in terms of gender?
 - o For example, gender non-conforming, man, woman, gender fluid, etc.
- How do you identify in terms of race or ethnicity?
- Have you graduated from high school within the last five years?

Part 1: (Intrapersonal) Identifying Trauma

1. How long have you been a trauma survivor?
 - a. Does the trauma you survived have anniversary date? You avoid or celebrate the time of year that your trauma may have occurred?
2. To you, what does it feel like to be a trauma survivor? Can you identify ways this experience creates distinct emotions, thoughts, or self-reflections that seem different from others who may not identify as trauma survivors?
 - a. Have you ever been diagnosed with post-traumatic stress disorder (PTSD)?
 - b. Considering the terminology “flashback” or “triggered,” can you describe personal experiences of either?
 - c. When you find yourself re-experiencing your trauma, what are your perceptions from others around you, may that be strangers or familiar individuals?
 - d. What behaviors or actions do you find yourself utilizing to “control” these returns to the trauma?
3. Can you identify past therapeutic interventions/services outside of your school in which you engaged?
4. Did you engage in any similar therapeutic interventions/services which were provided by your school?

Part 2: (Interpersonal) Comfortability and Relatedness

1. What was the most significant motivation for attending school?
 - a. How did you feel returning to school as you faced your trauma?
 - b. What or who may have triggered you during your time in school?
2. Considering your most recent experience of high school, tell me about a routine school day.
 - a. What was the most challenging part or routine of your day?
 - b. Describe any mental or behavioral strategies you developed for when you felt unsafe.
3. Identify a category of people (staff related, family related, or peer related) who provided you the most support during challenges in your school day.
 - a. Was there a plan created by this category of people to support you during these challenges?
4. Tell me more about the relationships you had with your teachers.
 - a. What were your perceptions of teachers at your school understanding how your trauma impacted you?

Appendix E

Questionnaire

Instructions

Please indicate **how true** each statement is for you based on your recent classroom experience with this week's writing module.

Use the following scale:

1 = **Not** at all true

2 = Mostly **not** true

3 = Somewhat **not** true

4 = *Undecided*

5 = Somewhat true

6 = Mostly true

7 = Very true

Freedom of choice: *Autonomy*

During class activities, I felt free to make my own choices about how to express my ideas.	
I felt I had freedom to share my thoughts in my own way.	
I was able to use creative approaches to express myself in a way that felt true to me.	

Confidence and ability: *Competence*

I felt capable of expressing my ideas effectively during class activities.	
I felt proud of the work I created.	
I discovered strengths in my ability to express myself that I hadn't recognized before.	

Connection with others: *Relatedness*

I felt connected to my classmates during class activities.	
Sharing my ideas helped me feel better understood by others.	
The class activities created a sense of community in our classroom.	

Creative expression

Using creative approaches helped me express ideas that would have been difficult or awkward to share in a standard essay format.	
Having choices about how to present my ideas increased my comfort with sharing.	
I felt safe exploring personal topics through creative expression.	

Short-answer question

Do you feel that you've experienced any changes during this week's writing module? Why or why not?

Appendix F

Defining trauma

- Dr. Bruce Perry, a child psychiatrist, defines trauma as an experience or pattern of experiences that impairs a person's stress-response system. This can make the person more sensitive or reactive.
- According to Dr. Gabor Maté, trauma is not the event itself that happens to someone, but rather the "psychic wound" or the internal impact that occurs within a person because of that event; essentially, "trauma is what happens inside you as a result of what happens to you," meaning it's the interpretation and lasting effect of an experience, not just the experience itself.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma is defined as:

A single event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. These effects may vary widely among individuals, depending on the nature of the traumatic event, the individual's coping mechanisms, and their support system. Trauma can result in a range of responses, from short-term distress to long-term mental health problems.

- It's important to note that this definition is broad and encompasses a wide range of experiences that can be considered traumatic. The specific effects of trauma will vary depending on the individual and the circumstances of the event.

Our working definition

- It is a psychologically distressing event that involves intense fear, terror, and helplessness.
- It is a wound to the nervous system, body, and psyche that shows up in multiple, unhelpful ways.
- It is an event or circumstance that is experienced as life threatening and has a lasting adverse effect on the individual's well being.



Appendix G

A moment that changed how I see myself or the world...

It was a down for moment to us

Even now, I feel like I'm guilt tripping lol

My sister got very sick with cancer before she was even a year old.

I felt sad, but I thought about it a lot

But I understand that in some cases it is important for people to know. Just out of the time frame

It made me realize that I wasnt very considerate about others who have faced this illness before I experienced it through my sister. (or similar challenges)

My own tends to mention it a lot and it kind of worries me because it feels like some thing personal

I began to be more thoughtful and considerate about whether they are facing challenges or not.

I guess it makes me think a lot more about what I say before I say it or what I do before I do it.

I hated it at the same time. I felt that every time I mentioned it to anyone it kind of felt like I was trying to get them to pity me and my family or to feel sorry for us, I really wasn't

I'm happy that I was somewhat able to grow from this incident, despite it not being very desirable.

THEN	NOW
About earlier last year I had really bad anxiety	Now everyday I can laugh
Thinking am I waiting to fast or too slow	Not worrying about who's in my face.
I guess I did something wrong.	Focusing on school not thinking of being "cool"
Or if people liked or disliked my outfit.	Moral of the message think positive
	Don't let anyone put you down not even close to the ground.
	Have confidence and enjoy things in life!
	Everyone is different embrace it!

My dog, my dog, my dog.
 I remember the day.
 When I got my sweet dog.
 Happiness filled the air.
 Five months old was the dog.
 Five years old I was,
 Years went by
 The faster I had become
 Slower the dog was
 Months of pain watching the dog
 Slowly had he become
 until he stopped
 breath stop
 heart stop
 A best friend lost
 A lesson learned there was

Dear Self

07/04/25

Letter to myself, I know I was different when everybody
 was doing all the bad stuff (smoking, fighting, drinking, etc)
 and I started doing the same thing. The more I was doing it,
 I felt the guilt because I know I was better than that. After
 while I stop doing it because it wasn't making me feel better.
 So I got back into dance, cheer, and basketball. Started my small
 business back up. Became a straight A student again.
 Became a travel agent so I can see the world. Now I'm doing
 way better and I know I'm different from other people. Every day
 story different and it was all worth it.

There was a time where I had to be strong but
 you know it took me so long to be alone because I
 would not. I mean the most when my auntie went
 through years of being I know she not alone no more.

Appendix H



Division of Scholarly Integrity and
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 Blacksburg, Virginia 24061
 540/231-3732
 irb@vt.edu
<http://www.research.vt.edu/siro/hrpp>

MEMORANDUM

DATE: June 10, 2025

TO: Marcus Johnson, Mackenzie Shannon Rose

FROM: Virginia Tech Institutional Review Board (FWA00000572)

PROTOCOL TITLE: Empathetic Educational Environments: Advancing Cultural Sensitivity of Trauma Through Storytelling in the Secondary-level English Classroom

IRB NUMBER: 24-753

Thank you for your submission. The Virginia Tech Human Research Protection Program (HRPP), has received and reviewed your Progress Report.

Your next Progress Report will be due on Jul 24, 2026. You will receive automated reminders through the IRB Protocol Management online system.

If your study is complete before then and is eligible to be reported as Closed, please proceed to close the study by accessing the appropriate link in Virginia Tech's IRB Protocol Management online system. If you have any questions or require any additional information, please contact the protocol coordinator that has been assigned to the protocol. If a coordinator has not been assigned, please contact irb@vt.edu for assistance.

Invent the Future

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