

“I Can Do This!”: Survivors of Complex Trauma as Postsecondary Open/Online Learners

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ABSTRACT

Complex trauma is a source of significant multidimensional inequality, including profound disruption to survivors’ educational trajectories. Nonetheless, educational researchers have not previously engaged with survivors who study in open/online postsecondary settings, contradicting the key principle of collaboration within a trauma-informed approach. In response to this gap, this qualitative instrumental collective case study explored how adults with a history of complex trauma experience open/online postsecondary learning. Findings included participants’ struggles with executive functioning, regulating emotion, heightened perception of threat, re-experiencing trauma, negative beliefs about the self, and navigating relationships. These trauma impacts affected not only participants’ course experience but also their experience of applying, registering, and accessing financial aid. Nonetheless, participants are highly skilled in managing impacts of their trauma and are driven to learn, placing the highest intrinsic value on education. Implications include enhancing equity and inclusion for survivors through pan-institutional implementation of trauma-informed educational practices in open/online postsecondary contexts.

Keywords: postsecondary online learners, open learning, complex trauma, adverse childhood experiences, ACEs, trauma-informed educational practices

Traumatic life experiences are common amongst postsecondary learners. In the United States, about 70% of first-year undergraduate students report exposure to at least one traumatic life event, and 25% have probable posttraumatic stress disorder (PTSD; Cusack et al., 2019).¹ Notably, in open and online postsecondary environments—often described as improving access for underserved learners, including veterans, women, former youth in care, 2SLGBTQ+ and Indigenous



persons, refugees, and adults who attend postsecondary institutions later in their lives—the proportion of students with a life history of trauma may be substantially higher (Davidson, 2017; Giano et al., 2020; Koseoglu et al., 2020; Toombs et al., 2022).

When traumatic events are chronic, repeated, or prolonged, individuals may experience more complex, severe, and extensive impacts than those typically seen in PTSD (Cloitre, 2020). Complex trauma is a distinct subset of trauma stemming from extremely threatening or horrific events that extend over time and from which escape is difficult or impossible; examples include torture, slavery, human trafficking, genocide campaigns, and prolonged domestic violence and child abuse (World Health Organization [WHO], 2022). Some survivors of complex trauma may develop complex PTSD, a distinct diagnosis recognized within the International Classification of Diseases (ICD; WHO, 2022).

The impacts of trauma and complex trauma extend beyond psychological harm. Large epidemiological studies have demonstrated the widespread effects of childhood trauma exposure, particularly when repeated and prolonged (Anda et al., 2006; Felitti et al., 1998; see Hughes et al., 2017, for a systematic review and meta-analysis). As a result, trauma is now recognized as a major public health problem (Substance Abuse and Mental Health Service Administration [SAMHSA], 2014), with the economic burden of new child maltreatment cases within the United States for a single year estimated to be between \$428 billion and \$2 trillion over the affected children's lifespans (Peterson et al., 2018).

In the educational domain, complex childhood trauma exerts effects across the lifespan. Adults whose life history includes four or more adverse childhood experiences (ACEs) have double the risk of completing no educational qualifications (including high school) when compared with those with an ACE score of zero (Hardcastle et al., 2018). Using a nationally representative American sample, Otero (2021) found that each additional ACE decreases the odds of timely undergraduate degree completion (i.e., within six years of high school graduation) by 17%; those with an ACE score of four or higher are 56% less likely than those with zero ACEs to complete an undergraduate degree in a timely manner.² Similarly, Lecy and Osteen (2022) found that experiencing childhood trauma was a statistically significant predictor of undergraduate degree completion, with the higher the number of trauma events experienced, the lower the odds of graduation. Of note, 12.4% of American college students report exposure to four or more ACEs (Windle et al., 2018).

¹Comparable research has not been performed to date in Canada, although the proportions are likely similar. For a review of existing Canadian statistics, see Johnson and Gianvito (2023). Globally, trauma exposure in postsecondary students has been under-researched, although rates in Australia appear to be similar to those in the US, with 64% of students experiencing at least one traumatic life event (Walters et al., 2024). More broadly, at least 60% of the global population has experienced at least one traumatic life event (see Madigan et al., 2023, for a comprehensive meta-analysis).

²It is essential to emphasize that these statistics reflect risk across populations. The ACE score is not deterministic or predictive of outcomes for specific individuals (Anda et al., 2020; Sawyer et al., 2024).

Despite this relatively robust research in the area of educational attainment and childhood trauma, little is known about outcomes for open/online postsecondary learners who are complex trauma survivors. An extensive literature search did not identify any empirical research exploring the proportion of open/online postsecondary learners with PTSD, complex PTSD, or histories of trauma or complex trauma exposure. No published research was found that explores these particular learners' perceptions, experiences, or needs; comparatively few studies examine the perspective of survivors as learners in any context (Anderson et al., 2023; see Crosby et al., 2023; Golden, 2020; and West et al., 2014, for examples). In addition, the literature search did not identify any empirical research examining trauma-informed practices for open/online postsecondary education, although some recent peer-reviewed publications explore this from a theoretical or practice-based perspective (e.g., Chan, 2022; Hitchcock et al., 2021; Moses et al., 2023; Sherwood et al., 2021). Given that open/online postsecondary education is often described as widening access for underserved learners—and that this population may be more likely to have been exposed to trauma—this is a troubling gap (Davidson, 2017; Giano et al., 2020; Koseoglu et al., 2020).

Exploring the experiences and perceptions of complex trauma survivors as learners and examining their needs through their own eyes is an essential step towards mitigating educational harm for survivors. In fact, meaningful collaboration with survivors is a core element of trauma-informed practice and a necessity to avoid continuation of the long history of well-intentioned experts and professionals who have implemented practices that harm survivors (Becker-Blease, 2017; Petrone & Stanton, 2021; SAMHSA, 2014).

The call for institutions to resist inflicting ongoing harm on survivors lies at the heart of trauma-informed practice, which is fundamentally a systemic and philosophical approach, rather than one focused on individual actions and interactions (Lecy & Osteen, 2022; SAMHSA, 2014). At a minimum, given the educational impacts of complex trauma and substantial numbers of student survivors, universities should make every effort to avoid “recruit[ing] for failure” (Kelly & Mills, 2007, p. 150) and inflicting lifelong financial damage through student loan debt for those who do not complete their programs (Lockwood & Webber, 2023).

Against this backdrop, the purpose of the present study was to explore the way in which postsecondary learners with a history of complex trauma experience online learning. Using an instrumental collective case study approach, this study explores the following research question: How do postsecondary learners with a history of complex trauma experience online learning?

METHOD

The transformative research framework provided the primary philosophical underpinning for the study, supported by critical realism, a subjectivist epistemology coupled with a realist ontology (Botha, 2025; Creswell & Poth, 2018). The realist ontology was an essential component of the trauma-informed approach within this research: it affirms traumatic reality, disrupting the widespread tendency to discredit

and silence survivors and to permit perpetrators to name and define reality (Herman, 1997).

Following screening of an initial 118 potential participants via an online survey, three adult complex trauma survivors who learn online were selected to engage in the case study and completed either a semi-structured online interview or a detailed online questionnaire. Participants also shared documents or digital artefacts to further illuminate their experience as postsecondary open/online learners with a history of complex trauma. Qualitative coding and direct interpretation were used for data analysis (Saldaña, 2016; Stake, 1995). The overall aim in selecting this design was to center the voices of survivors and recognize students as the experts on “understanding, experiencing, and being able to articulate how trauma, broadly, and structures of school, specifically, may be inflicting harm on them” (Petrone & Stanton, 2021, p. 542).

A trauma-informed approach underpinned every step of this research. Table 1 below briefly summarizes the way in which SAMHSA’s (2014) guiding principles for trauma-informed practice were enacted within this study, although the principle of peer support has been omitted as it was not applicable to this research. Note that the enactments typically appeared at multiple points within the study (e.g., recruitment poster, consent form, and interview guide/detailed questionnaire).

Table 1: Enactment of Trauma-Informed Practice Within This Research

Guiding Principle	Enactment
Safety	• Content warning (in bold) regarding screening survey content • Evidence-based information provided to participants about potential positive and negative impacts of participating (see Jaffe et al.’s (2015) major meta-analysis of participant reactions to trauma research) • Interview/detailed questionnaire did not explore personal trauma history; participants were advised that the researcher would draw conversation away from any disclosure (i.e., clear boundaries established) • Provided telephone number and hyperlink to free 24/7 counselling service offered by the university • Written protocol included in interview guide in case participant became triggered/visibly distressed • Safety warning included in request for participant artifacts (recommended participants make a safety plan in advance and pause or stop as needed)

Trustworthiness and Transparency	• Non-pathologizing screening mechanism employed (i.e., ACE-IQ; see discussion in Participant Recruitment section) • Researcher strived to achieve a consistent tone of warmth, respect, and professionalism in all communication • Humanizing (i.e., non-objectifying and non-pathologizing) language used throughout the research process (from initial proposal through ethics review, analysis, and reporting of findings) • Participants were advised they could review drafts of the analysis of their data and provide feedback; emphasized that this engagement was voluntary • Participants were asked to identify anything they would like <u>not</u> to appear in the findings • Researcher ensured all promises to participants were strictly tracked and adhered to (e.g., communication timelines, following up by email, providing drafts for feedback, etc.)
Collaboration and Mutuality	• Researcher incorporated participants' feedback into subsequent drafts (and provided copies of the changes to participants) • Participants acknowledged and treated as partners and experts throughout (including being asked for artifacts, voices highlighted in analysis/findings, asked to identify future important areas of research for trauma survivors who learn online)
Empowerment, Voice, and Choice	• Participants' self-perception of trauma history prioritized over other screening measures (i.e., participants who did not consider themselves to have experienced significant childhood trauma were eliminated) • Participants could choose between online interview and detailed questionnaire • Participants selected their own pseudonyms • Participant's request to use their own name was honored (after appropriate ethics approval) • Participants' own words highlighted and prioritized in findings and discussion
Cultural, Historical, and Gender Issues	• Screening survey incorporated open-ended question regarding gender (addition to original ACE-IQ) • Screening survey specifically inquired about Indigeneity (addition to original ACE-IQ) • Researcher confirmed with participants how they wished their cultural backgrounds and genders to be represented within the research • Researcher confirmed and used participants' preferred pronouns

Participant Recruitment

Following Research Ethics Board approval, participants were recruited via a link to the recruitment poster in the online student portal at a Canadian open/online university. The poster contained a link to the letter of information and informed consent form. On click, a screening survey opened up beneath the informed consent form.

The screening survey consisted of the Adverse Childhood Experiences International Questionnaire or ACE-IQ (WHO, 2020a), with several additional questions to support selection of suitable participants (see Schmidt, 2023, for details). While the ACE-IQ does not capture every type of complex trauma and excludes complex trauma experienced exclusively in adulthood, it is a well-researched and validated instrument that does not inherently pathologize trauma survivors, due to its focus on experiences rather than impacts. It is also more inclusive than the original ACE questionnaire (Sawyer et al., 2024). Alternatives, including the Complex Trauma Questionnaire (Vergano et al., 2015), Life Events Checklist (Weathers et al., 2013), and International Trauma Questionnaire (Cloitre et al., 2018) were considered, but the ACE-IQ was the most accurate and least pathologizing of the available choices. Inclusion criteria included an ACE-IQ score of 4 or higher, the ACE score generally considered high or indicative of complex trauma (Facer-Irwin et al., 2022; Maunder & Hunter, 2021).

A total of 118 responses were received in April and May 2023. ACE-IQ scores were not calculated for 29 participants who answered “no” to one or more additional screening questions (considers self to have experienced significant childhood trauma; childhood trauma continues to affect self in adult life; interested in completing an interview or detailed online questionnaire). Two methods were used to calculate ACE-IQ scores for each of the remaining participants: the binary method and the more stringent frequency method (Chen et al., 2022; Kidman et al., 2019; Wang et al., 2022; WHO, 2020b). All 89 remaining participants had an ACE-IQ score of 4 or higher using at least one of the two scoring methods and therefore met the minimum threshold for inclusion. None of the 89 remaining participants were eliminated for any other reason (age below 18 years or lack of enrollment in an open/online course within the previous 12 months).

Participant Selection

Schoch (2020) recommends a maximum of three to four cases for a collective case study; a target of three to four case study participants was therefore established. To minimize researcher bias, all survey response information was hidden during the selection process except the ACE-IQ score, demographics, and response to the open text question asking respondents why they wanted to participate. Demographics were used to assist in selection of diverse case study participants (particularly with respect to age, gender, and ethnic or cultural background) in alignment with the study’s ethics certification, and the ACE-IQ score was also considered.

As Stake (1995) describes, identifying the “best sources of data” (p. 56) is a key responsibility of case study researchers. In Stake’s view, the best sources of data are

those most helpful to the researcher's understanding, whether or not they are typical or representative. From this standpoint, the responses to the "why would you like to participate?" question highlighted potential participants' unique perspectives, which was particularly valuable in selecting participants helpful to my understanding, given that the ACE score is a relatively blunt instrument in its measure of trauma exposure (Anda et al., 2020; Lacey & Minnis, 2020). For example, one participant selected for the case study stated:

As someone who experienced childhood trauma and (for the most part) has overcome it in the eye of society, it often is swept under the rug. I frequently am described as being "resilient," and it is frequently misunderstood that conditioned trauma responses are something I continue to have. I am going to use an analogy: Sometimes it feels as though everyone is going through their lives, riding a bike. I am riding a bike as well, however, I've always seemed to find it harder to get where I am going than everyone else. Just recently I experienced a "light-bulb" moment where I realized that my bike tires have been flat my entire life (largely in part to the adverse experiences I had as a youth). Instead of receiving offers to help fill up my tires to reach the finish line, I am praised by the people already at the finish line who did not have flat tires, for still getting there.³

This participant's voice shone through in the screening survey, immediately highlighting her insight and expertise, suggesting she would be an excellent source of data, as Stake describes.

Altogether, ten potential participants were selected for the case study, representing a range of ages, gender identities, and ethnicities. Invitations to the online interview or detailed questionnaire were issued via email on a rolling or cumulative basis in May and June 2023, with an original group of six invitations issued in May and a further four in June. Of the ten invited participants, three did not respond, two agreed to be interviewed but did not attend the scheduled interview time, one responded past the deadline for completion, and one was out of the country and hence unavailable during the relevant timeframe. The three remaining participants engaged in the case study.

As noted above, participants were invited to attend an online interview or complete a detailed online questionnaire; offering an alternative was essential from the trauma-informed perspective, as it centers empowerment and choice. Two participants elected to complete the questionnaire, while the third was interviewed online.

Participants

All three case study participants attended a Canadian open/online university and had been enrolled in at least one course within the preceding 12 months. Two were undergraduates and one was a graduate student; their ages ranged from 28 to 41. Two identified as female and one as nonbinary masculine. Their Adverse Childhood

³The participant (MS) advised that the bike tire analogy was inspired by a blog post she had read; the analogy is not her own original thought.

Experiences International Questionnaire (ACE-IQ) scores ranged from 10 to 13 (the maximum possible score) using the binary scoring method and from 10 to 11 using the more stringent frequency scoring method; the lowest of these scores is more than double the minimum inclusion criterion of 4. All three participants were invited to select their own pseudonym; one chose initials, one chose a name, and one elected to use their own full name. Please see below for a brief description of each participant.

Participant 1: MS

MS was 28 years old and an undergraduate student who also worked as a nongovernment employee at the time of data collection; she identified as female and “Euro-Canadian.” She is a Grade 12 graduate and a licensed Red Seal tradesperson who had her first child at the age of 17. MS expressed a strong desire to “shed some light on the challenges and help someone else in future” through her participation in the study. She is the author of the bicycle analogy included above.

Participant 2: Ryan Handy

Ryan chose to be identified by their own name rather than by a pseudonym. An additional informed consent was collected to permit use of their name. See Schmidt (2023) for details. At the time of data collection, Ryan was a 41-year-old graduate student. They identified as nonbinary masculine; their ethnic/cultural background is “Celtic Caucasian with African and Metis family members” (R. Handy, personal communication, July 22, 2023). Ryan completed a GED (a high school equivalency certification attained by writing a series of examinations) before finishing a standard high school diploma at age 24; they completed an undergraduate degree through another open/online university and numerous other online courses and programs through a variety of platforms and institutions. In the screening survey, they stated that “overcoming my life trauma as an adult student is a major focus of my life.” Similar to MS, they shared that they “would like to assist in any way possible.”

Participant 3: Willow

Willow was a 32-year-old undergraduate at the time of data collection. She identified as female and “Canadian/Caucasian”; although married, she did not have children. She completed a GED (high school equivalency certification), and her studies were her primary occupation. Like MS and Ryan, she was driven by the desire to help others. In her screening survey, she shared that “I see the value in research, but especially a study geared towards understanding how online learning is experienced by those who experienced traumatic childhoods.” She added: “I like to help however I can.”

Data Collection

Interview

The interview with MS was conducted online in May 2023, using a semi-structured interview guide with a series of open-ended questions (see Schmidt, 2023, for details). Data collected included an audio- and videorecording, as well as an automated transcript generated during the interview, which was later manually corrected against the recording.

Detailed Questionnaire

The detailed online questionnaire included the same open-ended questions as the semi-structured interview guide and was provided to participants Willow and Ryan via an email link. Participants' text-based responses to the questions comprised the data collected. Willow and Ryan completed the detailed questionnaire in May and June 2023.

Artifacts

Case study participants were asked for written documents or digital artifacts to support understanding of their experiences as postsecondary online learners with life histories of complex trauma. MS and Ryan provided an array of artifacts, including a published working paper focused on the impact of trauma on learning; personal academic work, including projects and essays focused on trauma-informed practice; two-way email communication with an online learning institution; and certificates demonstrating deep engagement with an array of online learning opportunities.

Research Journal

I maintained a research journal throughout the project to record observations and begin the process of interpretation, as well as to support reflexivity (Olmos-Vega et al., 2023; Stake, 1995). The journal contains my handwritten observations regarding my own emotional and psychological responses during initial review of the data, the challenge of selecting participants for the interview or detailed questionnaire, and observations from the interview and some initial analysis and summary. This journal provided the foundations for analysis of the data, including early and tentative identification of themes.

Analytic Memos

Analytic memos were written during the formal data aggregation phase. They reflect on how I personally related to the participants; code choices; emergent patterns, categories, themes, and concepts; tentative answers to the research question;

and more. Like my journal, the memos supported reflexivity (Olmos-Vega et al., 2023; Saldaña, 2016).

Data Analysis

I followed Stake's (1995) guidance as I analyzed the data, including reviewing the data as they came in, recording possible interpretations and patterns in my research journal, and creating brief summaries of each interview and detailed questionnaire to capture key ideas. While Stake emphasizes the importance of direct interpretation, he also acknowledges the need for formal aggregation within instrumental case studies. Hence I divided my analytic time between direct interpretation and formal aggregation (coding).

Coding

I completed coding of the interview transcript and questionnaire responses in several stages. First, I completed pre-coding on hard copy printouts by circling, highlighting, and underlining quotes or passages that caught my attention (Saldaña, 2016). Next, I completed manual coding on the same hard copy printouts, using three complementary methods in sequence: in vivo coding, emotion coding, and values coding, all of which are recommended for case studies (Saldaña, 2016). I wrote analytic memos throughout the coding process to support and enhance my analysis. Codes were amalgamated and themed using Microsoft Word and Microsoft Excel; the themes emerged from the analysis rather than being predetermined. Autocoding was completed in NVivo 12 and compared with the manual coding.

Validation

Three validation strategies were employed: triangulation, member checking, and creating thick, rich descriptions (Creswell & Poth, 2018; Lindheim, 2022; Noble & Heale, 2019; Stahl & King, 2020; Stake, 1995). Triangulation was achieved by cross-case comparison and comparison of multiple forms of data within and between cases. Member checking went beyond the typical provision of transcripts and other raw data to participants. To address ethical questions around power and transparency in the research process, I provided participants with an initial rough draft of the analysis for review and feedback (Lindheim, 2022). Participants' comments were carefully considered and incorporated into subsequent drafts. Rich, thick descriptions were generated by revising raw data shortly after its collection and incorporating insights from my analytic memos (Creswell & Poth, 2018).

FINDINGS

Four themes emerged in response to the research question: How do adult/postsecondary learners with a history of complex trauma experience online learning, and what are their unique needs in this environment? The themes include impacts on learning; competent and capable; intrinsic value of education/pride; and

wanting to be seen (and unseen). Each is explored below, primarily through the voices of the participants: Centering the participants' own words is an essential component of the trauma-informed, critical realist, and transformative philosophy that underpins this research, which recognizes the participants as the experts on understanding and articulating how their life history of trauma impacts their experience of online learning.

Theme 1: Impacts on Learning

Participants were highly aware of their past experience of complex trauma and its impact on them as online learners, both within their courses and in other interactions with the university. Impacts are categorized and summarized in Table 2 and explored in more detail below.

Table 2: Complex Trauma Impacts Affecting Participants' Online Learning Experience

Category	Impact of Complex Trauma
Executive Functioning	• Limited working memory • Issues with reading retention • Difficulty focusing • Challenges staying on track • Issues around planning, structure, and self-control
Beliefs about Self	• Low self-esteem/low self-worth • Feelings of shame/not being good enough • Difficulty believing in one's ability to complete school (despite objective evidence to the contrary)
Relationships	• Disruptions to trust • Difficulty communicating with tutors • Challenges interacting with other students
Affect regulation	• Mental highs and lows • Becoming overwhelmed • Difficulty managing fear
Re-Experiencing	• Flashbacks and traumatic memory • Being triggered
Heightened Perceptions of Threat	• Persistent fear (including fear of violence, stigma, and rejection)

- Hypervigilance
-

Executive Functioning

Executive-function-related issues such as limited working memory and challenges with planning and organization were described by all participants. MS stated that “by the time I finish [reading], say, two sentences, I forget the first sentence that I’ve read.” Her working memory issues are exacerbated when trauma becomes activated: “when something has triggered me . . . I can’t retain information that I’m reading for schoolwork.” Outside her courses, navigating the administrative structure of the university is particularly challenging for MS. She described this process as “deciphering” and as fraught with executive-function-related challenges: “You know, I’m going to call you and then ask all the steps, and then, you know, they’re going to tell me something, and then it’s just . . . it’s such a runaround.” The “runaround,” the “rigmarole,” and “all the steps” leave MS “blind.” She shared that “not having the executive functioning to be able to, to manage. . . . When you have some executive functioning impairment, it’s challenging.”

On a related note, Willow “find[s] it challenging to stay on track” in her self-directed online courses. She draws attention to the fact that this is due not only to the psychological impacts of trauma, but also to the broader landscape in which she was raised: “If you are someone who has never had a lot of structure, it requires a lot of self control to complete things.” Ryan, too, described executive-function-related challenges in their learning, stating that “the stress of sitting in a class makes it difficult to remember or retain anything,” although they noted that the “privacy and solitude” of online learning “improves my concentration by incredible levels.”

Beliefs About Self

All three participants described persistently negative beliefs about the self, including feelings of stigma, shame, and lack of self-worth. For example, Willow stated that trauma “has had an effect on my self esteem and my belief in my ability to complete school,” despite her track record of successful course completion. Ryan said that “fear of stigma and rejection follows me like a dark cloud wherever I go,” resulting in anxiety and panic attacks when interacting with other students online. MS described feeling that she was “not being a good role model” for her daughter prior to her university enrollment, even though she had completed community college and achieved Red Seal certification in her trade, achievements that are particularly significant given the birth of her daughter when she was still in Grade 12.

Relationships

Relational difficulties such as a lack of trust with faculty, staff, and other students were described by all participants. For example, when MS does not receive an acknowledgement or response to her queries to the university’s administrative areas, this “stirs up trust issues.” Ryan said bluntly that “I tend to shrink and shrivel” when required to participate in online discussion forums with other students, even with

“respectful moderation” to make “peer interaction more palatable”; they strongly prefer independent studies and find them “much easier to navigate.” Willow has experienced “a large variation in the tutors [faculty].” While “some are supportive and help develop your learning,” she has found others less so; as a result, she has “struggled with communication.”

Affect Regulation

The participants also shared pervasive challenges with affect regulation. For example, Willow said she experiences “ongoing issues attached to the trauma which cause highs and lows mentally. It makes it difficult to focus or causes procrastination.” MS, too, sometimes finds that events in her personal life trigger her to the point where she needs to step away from her studies and “take some time for myself, which then, you know, may intermittently put me behind in school, so it just makes it challenging that way.” Ryan described an incident in which their trust was violated through inaccurate HIV/AIDs-related material in a textbook. This violation of their trust as an HIV-positive learner resulted in worsened “anxiety and panic attacks.” They felt “like the carpet has been ripped out from under me . . . I no longer feel safe.”

Re-experiencing and Heightened Perception of Threat

Participants described re-experiencing traumatic events through flashbacks and emotions, as well as experiencing an ongoing perception of heightened threat. Ryan sometimes experiences “visual and/or auditory flashbacks” while learning, and described “hyper-vigilance and fear of violence.” Willow described herself as having been “too afraid and unsure how to apply to in person courses”; in fact, “the ease in which you are accepted” was the most helpful element of open/online learning for her. MS, too, experiences ongoing trauma triggers and described her childhood trauma as having “really shaped my experience” of learning.

Theme 2: Competent and Capable

All participants expressed and demonstrated their competence in navigating impacts of their trauma as they learn online. MS described herself as “well versed in trauma-informed care”; she recognizes when she is starting to become overwhelmed or when she has become triggered. “I can definitely notice,” she said, “and thank goodness I do.” When she notices, MS deploys her skills in self-care and “will decompress. I will go take some time for myself.”

MS also described well-honed self-advocacy abilities: “Every time I communicate with someone from the university . . . right off the hop, I explain that I’m going to have challenges navigating the system, I don’t know what I’m doing, and to please help me.” MS described her self-advocacy as effective: “I seem to get a fairly positive response most of the time when I explain that I need help.” When her needs are not met, she makes the extra effort to provide constructive feedback. For example, after attempting fruitlessly to confirm that all her paperwork was in place

for her initial acceptance to the university, she received a belated “congratulations” email from the university approximately a week before she began classes. MS “emailed back, explaining that this was not helpful and that this should have been sent months prior.” Thus she uses her advocacy skills to improve the system and benefit others.

MS described using a custom planner to assist herself in overcoming trauma impacts to her working memory, a mechanism whose effectiveness was demonstrated during this research: MS submitted her artifacts on precisely the promised schedule after recording the task in her planner during the online interview. She was also well aware of her own need to “understand the whole picture and why we do steps” and described reaching out to a program advisor to meet this need, which had been unmet within her courses. The advisor “spent 40 minutes just talking about how everything links together, which was really, really helpful.”

Like MS, Ryan demonstrated their competence and capability as an adult online learner, completing an online undergraduate degree and nearing completion of their master’s. Ryan, too, is cognizant of their own needs. They noted the benefits of “having my textbook read aloud to me,” especially when they are “experiencing PTSD visual and/or auditory flashbacks.” Online learning soothes Ryan, acting as “both an absorbing distraction and long-term goal motivation.” They noted that “my educational resilience has empowered my healing journey,” demonstrating the way in which competence and capability in navigating postsecondary online learning can act as a healing mechanism. Ryan also clearly articulated their need to “accommodate mental health challenges and overcome symptoms of trauma in order to engage with content,” demonstrating their self-awareness and competence in managing impacts of their trauma as a learner.

Ryan’s self-advocacy after an online educational institution violated their trust through provision of misinformation about HIV likewise reflects their high level of competence and skill in navigating impacts of their trauma. Ryan stated that their educational experiences contributed to building this skill; their graduate studies both enhanced their awareness of intersectionality for nonbinary HIV-positive people and supported them in finding their voice.

Willow, whose ACE-IQ scores were the highest of the case study participants, expressed the greatest degree of self-doubt and lack of belief in her abilities. Nonetheless, her competence was plainly visible in her ongoing completion of courses. Her engagement with postsecondary education after completing her GED (high school equivalency certification) places her in the minority of GED recipients and once again clearly displays her competence (Rossi & Bower, 2018). Despite Willow’s many challenges, she exercises the “self control” necessary to complete her assignments and courses, describing the accountability required as “a great thing.” She takes courses “one by one and online,” working within her limits, demonstrating her capability in recognizing and meeting her own needs. Her self-doubt—a common impact of complex trauma (WHO, 2022)—does not reflect an objective lack of competence or skill in managing her trauma effectively enough to complete her courses.

Theme 3: Intrinsic Value of Education/Pride

All participants brought forward their belief in the intrinsic value of higher education and their pride in engaging in it. For example, MS expressed excitement at the revival of her “big, big aspirations” from high school. “I can do this!” she declared, a clear statement of her pride and determination to succeed. Similarly, Willow shared that “the biggest reward [in learning] is just finishing a course for me.” Ryan’s “love for English and Philosophy [capital in original]” is a motivating factor, and they repeatedly expressed pride in their “educational resilience.” Their sense of pride and wonder shines through in their statement that “online learning has given me opportunities of intellectual and academic growth I thought was never possible.”

All three participants were shut out of traditional pathways to postsecondary education; none of them takes the opportunity to learn for granted. MS was unable to proceed to traditional postsecondary education after giving birth to her daughter while she was in Grade 12. Both Ryan and Willow completed GEDs (as previously noted, Ryan also later completed a high school diploma). Nonetheless, Ryan’s “passion for literature” led them to their graduate program. Willow confronted fear and uncertainty to embark on her university career, finding a pathway in open/online education. These survivors have the strongest intrinsic motivations for learning, the deepest belief in its value, and the greatest degree of pride in their accomplishments.

Theme 4. Wanting To Be Seen (and Unseen)

All three participants expressed a desire to be seen. As MS stated: “The trust [in the university] could definitely be improved by certain departments being more just receptive to the fact that maybe we’re a first-generation postsecondary learner. Maybe we have trauma.” When MS is not seen or acknowledged, this “stirs up trust issues” as previously described. Like MS, Ryan’s drive to be seen is visible, particularly in their creative and academic writing, which include essays on trauma-informed practice and 2SLGBTQ+ representation in literature. These highly personal topics use the “pain from life experiences” as inspiration, while also making the self visible to others. Ryan captures the importance of sharing and being seen by others in their poignant statement that “Online Learning [capitals in original] has given me a safe space to share my inspirations, ideas, hopes and fears.” Their desire to be seen is also visible in their request to use their own name in reporting of these results. While more tentative in her desire to be seen, Willow expressed it through her wish for trauma-informed practice to be implemented to give “voice to students.”

Intriguingly, though, the wish to be unseen is also evident. Ryan appreciates “meaningful dialogue” and connection with other students but also shared that “the stress of group-study peer interactions triggered my anxiety, trauma and panic disorder.” MS hinted at the desire to be unseen when she expressed embarrassment at a trivial grammatical error in the online interview for this study; she did not want her imperfections seen (or perhaps judged). Willow’s fear and uncertainty around applying to in-person courses also suggest a desire to be unseen.

DISCUSSION

This study is perhaps the first to explore the experience of survivors of complex trauma as postsecondary open/online learners. As previously noted, collaboration with survivors is an essential element of trauma-informed practice; the principle of “nothing about us without us” (Charlton, 2000, p. 3) should ensure survivors are consulted prior to and during implementation of trauma-informed practices in any setting (Becker-Blease, 2017; SAMHSA, 2014).

Perhaps unsurprisingly, the complex trauma impacts described by participants broadly align with the diagnostic criteria for complex PTSD (WHO, 2022). I do not mean to imply that the participants are experiencing a psychological disorder, or that they should be diagnosed with complex PTSD. As complex trauma survivors, however, they appear to share an array of common challenges that affect them as learners. Many of these challenges could be mitigated through systemic implementation of trauma-informed practice, including the key guiding principles of safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and recognition of cultural, historical, and gender issues (SAMHSA, 2014). Issues of safety, trust, empowerment, and voice were in particular repeatedly raised by participants.

The findings align with several opinion or advocacy pieces regarding trauma-informed educational practice and trauma survivors as adult/postsecondary learners (Carello & Butler, 2015; Davidson, 2017, 2024; Harper & Neubauer, 2021; Perry, 2006). For example, Carello and Butler (2015) argue that a trauma-informed approach requires postsecondary educators and administrators to consult with students and accept their expertise in identifying what helps them feel safe enough to learn; the findings of the present study demonstrate survivors’ expertise in understanding and managing their safety concerns. Harper and Neubauer (2021) acknowledge that trauma occurs at multiple ecological levels, affecting individuals, groups, and communities, and encompassing current and historical trauma. This study’s findings highlight the importance of this understanding; trauma impacts may be amplified or altered for learners who are members of the 2SLGBTQ+ community, first-generation students, GED (high school equivalency) recipients, or are HIV positive.

A handful of prior publications (e.g., Golden, 2020; Harper & Neubauer, 2021) have used an ecological lens in their examination of trauma-informed educational practice and traumatized learners, highlighting “ecologies of privilege, dispossession, and care” (Golden, 2020, p. 76) in learners’ lives. This ecological lens enables educators to enact a trauma-informed pedagogy that is culturally responsive, sensitive to context, and strengths based (Golden, 2020). In the present study, participants hinted at the importance of the ecological perspective, suggesting they locate the “problem” of trauma at least in part in their environments (such as Willow’s comment that she “never had a lot of structure”), rather than solely in their bodies or in themselves. Perhaps unsurprisingly, however, all three participants appeared to frame their understanding of trauma largely within the biomedical model, which “locates the ‘problem’ and ‘solution’ [of trauma] within the individual” (Golden, 2020, p. 76). This model, which is dominant in the educational literature and beyond, tends to pathologize survivors and describe trauma in terms of individual deficiency rather

than systemic harm (Golden, 2020; Petrone & Stanton, 2021).

From the ecological perspective, participants in the present study provided several hints regarding the complexity and challenge of their lives as parents, partners, and individual human beings, outside the educational context. Many of these challenges are either products or sources of the participants' life history of trauma, including poverty, serious health challenges, parental status, lack of prior formal education, and much more. Considering the impact of this ecology is essential to achieving equity. As Lynn Pasquerella, president of the American Association of Colleges and Universities, pointed out:

We need to go beyond providing *access* [emphasis added] to higher ed and ensure that all students are given the support necessary to *complete* [emphasis added] education and have opportunities to engage in high-impact practices that we know are going to lead to success in life. (Zalaznick, 2022)

In a similar vein, Speirs (2020) argues that while equity of access is crucial, equity of experience and participation are essential to true equity in higher education. These are impossible to achieve without a recognition of the complex ecology of students' lives, including their personal histories of trauma and complex trauma.

The question of resilience also appeared in the findings, with Ryan repeatedly expressing pride in their "educational resilience." In contrast, MS problematized the notion in her response to the initial screening survey, noting that she is frequently praised for her resilience by persons who face none of the structural inequities she confronts on a daily basis but that the praise does not include any offers to help. MS's perspective aligns with that of Schwarz (2018), who argues that the concept of resilience may reinforce, rather than disrupt, existing power imbalances. For Schwarz, resilience is not an ontological fact but a moral proposition (an argument borne out by Ryan's pride in their resilience: they would be unlikely to be proud of their resilience if it were morally neutral).

Ultimately, Schwarz (2018) argues that resilience is "a product of structurally embedded social inequalities along dimensions of gender, socioeconomic status, ethnicity, etc." (p. 536). For Schwarz, the development and maintenance of true resilience should focus on systemic and structural issues and in particular on the way in which individuals are embedded within specific contexts. Vasquez (2022) concurs, arguing that resilience discourse can be a form of gaslighting, particularly when the emphasis on individual resilience obscures the need to challenge, change, or abolish problematic structures.

These questions of power and structure impact the implementation of trauma-informed practices in the educational setting. Higher education is complicit in the power imbalances and inequities found within broader social systems and structures (Harper & Neubauer, 2021). To implement trauma-informed practice in this setting, "power brokers need to be willing to either share or relinquish their power" (Harper & Neubauer, 2021, p. 18). For example, "physical and emotional safety need to be defined by those with the least amount of power . . . and should be created and promoted by those with the most power and decision-making authority" (Harper & Neubauer, 2021, p. 20). This need to meaningfully address these questions of power

is consistent with the findings of this study.

The study's findings also point to the need to consider trauma-informed principles well beyond the narrow confines of the classroom or trauma-informed pedagogy. Participants spoke of the impact of their interactions with the administrative elements of the university, including applying, registering, accessing financial aid, and academic advising. When these areas are or are not trauma informed, they may act as key enablers or barriers to survivors' success.

Strengths and Limitations

This small qualitative case study is the first research of which I am aware to examine the perspectives and experience of complex trauma survivors studying at an open/online university. The findings highlight the importance of considering truly systemic implementation of trauma-informed educational practice, beyond the relatively narrow lens of trauma-informed pedagogy; they also emphasize these learners' competence and capability in navigating impacts of their trauma, explicitly countering the deficit-focused approach so commonly found in the literature (Petrone & Stanton, 2021).

The study has several important limitations. With only three case study participants at a single open/online university, caution must be exercised in transferring the results. In addition, the screening survey and the interview/detailed questionnaire were retrospective; participants' recollections may have been inaccurate. Because all participants were volunteers, self-selection bias may have been a factor (Każmierczak et al., 2023; Ross & Bibler Zaidi, 2019). The use of the ACE-IQ for screening excluded several types of complex trauma, such as torture and slavery, as well as complex trauma experienced exclusively in adulthood. Finally, all participants have persisted in their educational pursuits; the perspectives of complex trauma survivors who have withdrawn or otherwise not continued their studies were not included in this research.

Future Research

The findings suggest numerous pathways for future research. First, the high volume of responses to the screening survey suggest that a plethora of complex trauma survivors learning online wish their voices to be heard. These survivors could be engaged in a variety of ways that would preserve and enhance their agency and empowerment, for example, through participatory research to prospectively (rather than retroactively) examine their experience as online learners in real time. Questions of intersectionality raised by the findings of this study could also be more thoroughly explored, examining how different sets of identities and life experiences (e.g., gender identity, first-generation status, Indigeneity, former children or youth in care) amplify or alter the impacts of complex trauma for postsecondary open/online learners. If a pilot of trauma-informed educational practices—co-created and co-designed by survivors—were implemented in an online postsecondary setting, what would the impact be for these learners? Participatory research could provide an empowering framework for faculty, staff, and students to implement and explore the impact of

trauma-informed educational practices. In addition, a quantitative investigation of the numbers of postsecondary online learners who have experienced complex trauma could be useful in assisting open/online universities to prioritize implementation of trauma-informed educational practices.

CONCLUSION

Herman (2023) describes the first step towards justice and repair for trauma survivors as engaging with them to ask what would make things as right as possible for them. She observes that “this sounds like such a reasonable thing to do, but in practice, it is hardly ever done. Listening, therefore, turns out to be a radical act” (p. 4). This study sought to engage in precisely this radical act: listening to survivors. The findings of this small qualitative study support previous calls for implementation of trauma-informed educational practices, particularly in open/online postsecondary environments.

REFERENCES

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. <https://doi.org/10.1007/s00406-005-0624-4>
- Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the adverse childhood experience score: Strengths, limitations, and misapplications. *American Journal of Preventive Medicine*, 59(2), 293–295. <https://doi.org/10.1016/j.amepre.2020.01.009>
- Anderson, R. K., Landy, B., & Sanchez, V. (2023). Trauma-informed pedagogy in higher education: Considerations for the future of research and practice. *Journal of Trauma Studies in Education*, 2(2), pp. 125–140. <https://journals.library.appstate.edu/index.php/JTSE/article/view/212>
- Becker-Blease, K. A. (2017). As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation*, 18(2), 131–138. <https://doi.org/10.1080/15299732.2017.1253401>
- Botha, M. (2025). Critical realism, community psychology, and the curious case of autism: A philosophy and practice of science with social justice in mind. *Journal of Community Psychology*, 53, e22764. <https://doi.org/10.1002/jcop.22764>
- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work*, 35(3), 262–278. <https://doi.org/10.1080/08841233.2015.1030059>
- Chan, A. B. (2022). Using andragogy for trauma-informed practice in online environments. *Journal of Trauma Studies in Education*, 1(2), 59–71. <https://doi.org/10.32674/jtse.v1i2.4831>
- Charlton, J. (2000). *Nothing about us without us: Disability oppression and empowerment*. University of California Press.
- Chen, W., Yu, Z., Wang, L., & Gross, D. (2022). Examining childhood adversities in Chinese health science students using the simplified Chinese version of the

- Adverse Childhood Experiences-International Questionnaire (SC-ACE-IQ). *Adversity and Resilience Science*, 3(4), 335–346. <https://doi.org/10.1007/s42844-022-00076-8>
- Cloitre, M. (2020). ICD-11 complex post-traumatic stress disorder: Simplifying diagnosis in trauma populations. *The British Journal of Psychiatry*, 216(3), 129–131. <https://doi.org/10.1192/bjp.2020.43>
- Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., ... Hyland, P. (2018). The International Trauma Questionnaire (ITQ): Development of a self-report measure of ICD-11 PTSD and complex PTSD. *Acta Psychiatrica Scandinavica*, 138(6), 536–546. <https://doi.org/10.1111/acps.12956>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.
- Crosby, S., Day, A., Somers, C., Baroni, B., Jones, K., & Hong, J. S. (2023). Exploring trauma-informed teaching through the voices of female youth. *Journal of Trauma Studies in Education*, 2(1), Article 1. <https://doi.org/10.32674/jtse.v2i1.4587>
- Cusack, S. E., Hicks, T. A., Bourdon, J., Sheerin, C. M., Overstreet, C. M., Kendler, K. S., Dick, D. M., & Amstadter, A. B. (2019). Prevalence and predictors of PTSD among a college sample. *Journal of American College Health*, 67(2), 123–131. <https://doi.org/10.1080/07448481.2018.1462824>
- Davidson, S. (2017). *Trauma-informed practices for postsecondary education: A guide*. Education Northwest. <https://educationnorthwest.org/sites/default/files/resources/trauma-informed-practices-postsecondary-508.pdf>
- Davidson, S. (2024). *Trauma- and resilience-informed practices for postsecondary education: A guide*. Education Northwest. <https://educationnorthwest.org/resources/trauma-and-resilience-informed-practices-postsecondary-education-guide>
- Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2022). PTSD and complex PTSD in sentenced male prisoners in the UK: Prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, 52, 2794–2804. <https://doi.org/10.1017/S0033291720004936>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Giano, Z., Wheeler, D. L., & Hubach, R. D. (2020). The frequencies and disparities of adverse childhood experiences in the U.S. *BMC Public Health*, 20(1), 1327. <https://doi.org/10.1186/s12889-020-09411-z>
- Golden, N. (2020). The importance of narrative: Moving towards sociocultural understandings of trauma-informed praxis. *Occasional Paper Series*, 2020(43). <https://educate.bankstreet.edu/occasional-paper-series/vol2020/iss43/7>
- Hardcastle, K., Bellis, M. A., Ford, K., Hughes, K., Garner, J., & Ramos Rodriguez, G. (2018). Measuring the relationships between adverse childhood experiences

- and educational and employment success in England and Wales: Findings from a retrospective study. *Public Health*, 165, 106–116. <https://doi.org/10.1016/j.puhe.2018.09.014>
- Harper, G. W., & Neubauer, L. C. (2021). Teaching during a pandemic: A model for trauma-informed education and administration. *Pedagogy in Health Promotion*, 7(1), 14–24. <https://doi.org/10.1177/2373379920965596>
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence – From domestic abuse to political terror*. Basic Books.
- Herman, J. L. (2023). *Truth and repair: How trauma survivors envision justice*. Basic Books.
- Hitchcock, L. I., Báez, J. C., Sage, M., Marquart, M., Lewis, K., & Smyth, N. J. (2021). Social work educators' opportunities during COVID-19: A roadmap for trauma-informed teaching during crisis. *Journal of Social Work Education*, 57(sup1), 82–98. <https://doi.org/10.1080/10437797.2021.1935369>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalas, M., & Dykstra, R. E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, 40, 40–56. <https://doi.org/10.1016/j.cpr.2015.05.004>
- Johnson, N., & Gianvito, I. (2022). *Cultivating trauma-informed spaces in education: Promising practices manual*. Sheridan College. https://source.sheridancollege.ca/centres_sgg_2023_trauma_education/1
- Kaźmierczak, I., Zajenkowska, A., Rogoza, R., Jonason, P. K., & Ścigała, D. (2023). Self-selection biases in psychological studies: Personality and affective disorders are prevalent among participants. *PLOS ONE*, 18(3), e0281046. <https://doi.org/10.1371/journal.pone.0281046>
- Kelly, P., & Mills, R. (2007). The ethical dimensions of learner support. *Open Learning*, 22, 149–157. <https://doi.org/10.1080/02680510701306699>
- Kidman, R., Smith, D., Piccolo, L. R., & Kohler, H.-P. (2019). Psychometric evaluation of the Adversity Childhood Experience International Questionnaire (ACE-IQ) in Malawian adolescents. *Child Abuse & Neglect*, 92, 139–145. <https://doi.org/10.1016/j.chiabu.2019.03.015>
- Koseoglu, S., Ozturk, T., Ucar, H., Karahan, E., & Bozkurt, A. (2020). 30 years of gender inequality and implications on curriculum design in open and distance learning. *Journal of Interactive Media in Education*, 2020(1), 5. <https://doi.org/10.5334/jime.553>
- Lacey, R. E., & Minnis, H. (2020). Practitioner review: Twenty years of research with adverse childhood experience scores - Advantages, disadvantages and applications to practice. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 61(2), 116–130. <https://doi.org/10.1111/jcpp.13135>
- Lecy, N., & Osteen, P. (2022). The effects of childhood trauma on college completion. *Research in Higher Education*, 63(6), 1058–1072. <https://doi.org/10.1007/s11162-022-09677-9>

- Lindheim, T. (2022). Participant validation: A strategy to strengthen the trustworthiness of your study and address ethical concerns. In G. Espedal, B. Jelstad Løvaas, S. Sirris, & A. Wæraas (Eds.), *Researching Values: Methodological Approaches for Understanding Values Work in Organisations and Leadership* (pp. 225–239). Springer International Publishing. https://doi.org/10.1007/978-3-030-90769-3_13
- Lockwood, J., & Webber, D. (2023). *Non-completion, student debt, and financial well-being: Evidence from the survey of household economics and decisionmaking*. Board of Governors of the Federal Reserve System. <https://www.federalreserve.gov/econres/notes/feds-notes/non-completion-student-debt-and-financial-well-being-20230821.html>
- Madigan, S., Deneault, A.-A., Racine, N., Park, J., Thiemann, R., Zhu, J., Dimitropoulos, G., Williamson, T., Fearon, P., Cénat, J. M., McDonald, S., Devereux, C., & Neville, R. D. (2023). Adverse childhood experiences: A meta-analysis of prevalence and moderators among half a million adults in 206 studies. *World Psychiatry*, 22(3), 463–471. <https://doi.org/10.1002/wps.21122>
- Mauder, R., & Hunter, J. (2021). *Damaged: Childhood trauma, adult illness, and the need for a healthcare revolution*. University of Toronto Press.
- Moses, J. D., Bayne, H. B., & Moore, R. L. (2023). Guiding course development: Trauma-informed rubrics for asynchronous online learning environments. *The Journal of Applied Instructional Design*, 12(2), 87–101. <https://doi.org/10.59668/722.13025>
- Noble, H., & Heale, R. (2019). Triangulation in research, with examples. *Evidence-Based Nursing*, 22(3), 67–68. <https://doi.org/10.1136/ebnurs-2019-103145>
- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, 45(3), 241–251. <https://doi.org/10.1080/0142159X.2022.2057287>
- Otero, C. (2021). Adverse childhood experiences (ACEs) and timely bachelor's degree attainment. *Social Sciences*, 10(2), 1–21. <https://doi.org/10.3390/socsci10020044>
- Perry, B. (2006). Fear and learning: Trauma-related factors in the adult education process. *New Directions for Adult and Continuing Education*, 2006, 21–27. <https://doi.org/10.1002/ace.215>
- Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86, 178–183. <https://doi.org/10.1016/j.chiabu.2018.09.018>
- Petrone, R., & Stanton, C. R. (2021). From producing to reducing trauma: A call for “trauma-informed” research(ers) to interrogate how schools harm students. *Educational Researcher*, 50(8), 537–545. <https://doi.org/10.3102/0013189X211014850>
- Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on Medical Education*, 8(4), 261–264. <https://doi.org/10.1007/s40037-019-00530-x>
- Rossi, R. J., & Bower, C. B. (2018). Passed to fail? Predicting the college enrollment of GED® passers. *Adult Education Quarterly*, 68, 3–23. <https://doi.org/10.1177/0741713617721970>
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE.

- Sawyer, K., Kempe, S., Carwana, M., & Racine, N. (2024). Global and inclusive considerations for the future of ACEs research. *Child Protection and Practice*, 3, 100054. <https://doi.org/10.1016/j.chipro.2024.100054>
- Schmidt, H. (2023). *Survivors of complex trauma as adult online learners: A case study* [Master's thesis, Athabasca University]. <http://hdl.handle.net/10791/423>
- Schmidt, H. (2024). Survivors of complex trauma as adult online learners. *OTESSA Conference Proceedings*, 4(1). <https://doi.org/10.18357/otessac.2024.4.1.378>
- Schoch, K. (2020). Case study research. In G. J. Burkholder, K. A. Cox, L. M. Crawford, & J. H. Hitchcock (Eds.), *Research design and methods: An applied guide for the scholar-practitioner* (pp. 245–258). SAGE.
- Schwarz, S. (2018). Resilience in psychology: A critical analysis of the concept. *Theory & Psychology*, 28(4), 528–541. <https://doi.org/10.1177/0959354318783584>
- Sherwood, D., VanDeusen, K., Weller, B., & Gladden, J. (2021). Teaching note—teaching trauma content online during COVID-19: A trauma-informed and culturally responsive pedagogy. *Journal of Social Work Education*, 57, 99–110. <https://doi.org/10.1080/10437797.2021.1916665>
- Speirs, N. M. (2020). The hidden curriculum as doxa: Experiences of the working class. In T. Hinchcliffe (Ed.), *The hidden curriculum of higher education* (pp. 130–141). AdvanceHE.
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26–29. <https://eric.ed.gov/?id=EJ1320570>
- Stake, R. (1995). *The art of case study research*. SAGE.
- Substance Abuse and Mental Health Service Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. National Center on Substance Abuse and Child Welfare. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Toombs, E., Lund, J., Radford, A., Drebit, M., Bobinski, T., & Mushquash, C. J. (2022). Adverse childhood experiences (ACEs) and health histories among clients in a First Nations-led treatment for substance use. *International Journal of Mental Health and Addiction*, 22, 457–477. <https://doi.org/10.1007/s11469-022-00883-1>
- Vasquez, R. (2022). You just need more resilience: Racial gaslighting as “othering.” *Journal of Critical Thought and Praxis*, 11(3), Article 3. <https://doi.org/10.31274/jctp.12586>
- Vergano, C. M., Lauriola, M., & Speranza, A. M. (2015). The Complex Trauma Questionnaire (ComplexTQ): Development and preliminary psychometric properties of an instrument for measuring early relational trauma. *Frontiers in Psychology*, 6. <https://doi.org/10.3389/fpsyg.2015.01323>
- Walters, A. J., Notebaert, L., Van Bockstaele, B., Meeten, F., Todd, J., & Clarke, P. J. F. (2024). Occurrence of potentially traumatic events, type, and severity in undergraduate students. *Australian Psychologist*, 1–11. <https://doi.org/10.1080/00050067.2024.2404983>
- Wang, L., Yu, Z., Chen, W., Zhang, J., & Bettencourt, A. F. (2022). Higher exposure to childhood adversity associates with lower adult flourishing. *BMC Public*

- Health*, 22(1), 612. <https://doi.org/10.1186/s12889-022-13063-6>
- Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *The Life Events Checklist for DSM-5 (LEC-5) – Standard* [Measurement instrument]. <https://www.ptsd.va.gov/>
- West, S. D., Day, A. G., Somers, C. L., & Baroni, B. A. (2014). Student perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum. *Children and Youth Services Review*, 38, 58–65. <https://doi.org/10.1016/j.childyouth.2014.01.013>
- Windle, M., Haardörfer, R., Getachew, B., Shah, J., Payne, J., Pillai, D., & Berg, C. J. (2018). A multivariate analysis of adverse childhood experiences and health behaviors and outcomes among college students. *Journal of American College Health*, 66(4), 246–251. <https://doi.org/10.1080/07448481.2018.1431892>
- World Health Organization. (2020a). *Adverse childhood experiences international questionnaire (ACE-IQ)*. [https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-\(ace-iq\)](https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq))
- World Health Organization. (2020b). *Adverse childhood experiences international questionnaire (ACE-IQ): Guidance for analysing ACE-IQ*. https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/ace-iq-guidance-for-analysing.pdf?sfvrsn=adfe12bb_2
- World Health Organization. (2022). *6B41 Complex post traumatic stress disorder*. <https://icd.who.int/browse11/l-m/en/#/http%253a%252f%252fid.who.int%252fcd%252fentity%252f585833559>
- Zalaznick, M. (2022). Student demographics: Big changes are forcing reinvention on campus. *University Business*. <https://universitybusiness.com/student-demographics-changes-force-reinvention-campus/>
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