

Trauma, Policy, and Teaching English Language Learners

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Abstract

The authors present findings that emphasize a need for trauma-informed policy to mitigate vicarious trauma transmission for teachers who work in English language learning (ELL) classrooms. Qualitative data was collected from 10 stakeholders in Canada using an interpretive-phenomenological methodology. Findings assisted to better understand the impact of institutional policy, or lack thereof, on trauma-informed practices within English language teacher work. Themes that emerged were settlement factors, roles, and responsibilities (personal and professional), and organizational policies. A scan of publicly available information on trauma-informed policy suggested a gap for English language teachers. Current literature on vicarious trauma stresses that trauma-informed practice necessitates an individual and systemic approach to mitigating its effects. A basic scan of potential trauma-informed frameworks was discussed as potential institutional approaches to reduce the impact of vicarious trauma on teachers.

Keywords: policy, vicarious trauma, English language learners, post-secondary

Trauma, Policy, and Teaching English Language Learners

The practice of being trauma-informed requires educational practitioners to adopt a trauma-informed lens into their practice and to be aware of the types of experiences that students may carry with them into the classroom such as conflict within their home community or distractions related to grief, loss, or trauma (Medley, 2012). In this article we discuss the adult English Language Learning (ELL) classroom and more specifically, the institutional policy that influenced an ELL teacher's ability to manage the presence of vicarious trauma (VT) in the ELL setting. The vicarious trauma phenomenon has been identified as an impact on the teacher in this milieu, with the potential for consequences such as burnout and compassion fatigue (Kostouros et al., 2022).

As research emerges about vicarious trauma and ELL teachers (Crossman, 2022; Kostouros et al., 2022), it is incumbent upon institutions that provide ELL programming to offer opportunities to mitigate the impact of VT on their employees. Some potential ways to do so are to offer professional development opportunities or resources for teachers to become aware of the phenomenon and to provide health care benefits that offer wellness opportunities. While these strategies can be helpful, they do not address the need for policies or protocols which acknowledge and address the impact on teachers-to-be in place. Having policies that address the impacts of VT showed employees that upper administration and policy makers were aware of the effects and were addressing employee needs. Having policies that address VT will also demonstrate that the institution is trauma-informed at all levels (MO Dept. of Mental Health and Partners, 2014).

Identifying these gaps in policy creates a discussion about what institutions and organizations

could do at the policy level to realize trauma-informed principles. In this research we interviewed stakeholders. They played an important role because their work as administrators or supervisors could factor into the ongoing development of trauma-informed policy. Their role became central to the discussion because they actuated how their day-to-day practice existed in the classroom and how these could be highlighted in policy. Policy mattered because it meant that the leadership within an institution had an understanding of the phenomenon we have described in this study, along with the desire to mitigate VT. Policy might also speak to who was responsible for what if an ELL teacher was impacted by VT.

Literature Review

Although the concept of VT was first coined in the nineties, it described the cumulative and adverse effects on clinicians working with clients with trauma experiences (McCann & Pearlman, 1990; Pearlman & Saakavitne, 1995). In the decades that followed, vicarious trauma was reported and described by those working in other helping professions such as first responders, interpreters, and social workers (Molnar et al., 2017). Only recently has it been identified in educational settings and language classrooms (Kostouros et al., 2022). Addressing this phenomenon could allow for increased learning due to having a regulated environment. Porges (2011) discussed the interaction of dysregulated individuals and how they impacted one another. By addressing vicarious trauma, teachers may be better positioned to help students with trauma by co-regulating. As described in the next section, there is a gap in organizational policies and procedures that address the impacts of trauma and vicarious trauma in educational settings, especially language learning contexts.

Existing Policies

The Government of Canada has acknowledged the need for trauma- and violence-informed approaches to policies and practices, with the goal of minimizing harm and preventing re-traumatization (Government of Canada, 2018). Furthermore, while best practices and guidelines existed for other service providing contexts such as health care and mental health (i.e., BC Provincial Mental Health and Substance Use Planning Council, 2013; Huminuik, 2020; Klinic Community Health Clinic, 2013), very little existed that was specific to educational contexts. To explore this gap better, as part of this literature review, we searched for existing policy in educational systems that served newcomers, and what we found mostly related to trauma-informed practice in the K-12 elementary and secondary systems in North America. However, as described by Berger and Martin (2020) there was a lack of school policies related to trauma-informed practices in these contexts as well. It was more difficult to find material related to the post-secondary system or government-related policy specific to service providing organizations that offered English language instruction. In fact, our search only surfaced one resource (Davidson, n.d.) that specifically identified refugee students as needing a trauma-informed approach and which identified campus and classroom level strategies, citing a need for a campus-wide/community approach to utilizing trauma-informed approaches effectively (Davidson, n.d.). One other article (Dessof, 2011) drew attention to the needs of international students who originated from countries that were experiencing war or other crises. The gap in policy became evident when we were discussing adult learners of English. Although it was not exhaustive, we found no trauma-informed policies in our review of publicly available information in Canadian post-secondary institutions. However, it was possible that internal documents existed. Despite this gap, there was policy related to decolonizing and Indigenizing post-secondary institutions as a result of the recognition of intergenerational trauma and the ways in which our systems have been colonized. For example, Caldwell (2021) pulled together policies for campuses in British Columbia (BC), Canada, to show the work being done on BC campuses and to share related policies. A decolonized approach to teaching could make a difference in the educational environment and trauma-informed policy could similarly be enacted if institutions were so inclined.

While the Government of Canada acknowledged that newcomers participating in Language Instruction for Newcomers to Canada (LINC) programs may have special needs as a result of traumatic experiences (Government of Canada, 2004), we were unable to find more than a cursory mention of trauma associated with LINC programming. Similarly, our search for publicly available trauma-informed policies for community organizations that offered language programming did not surface examples of trauma-informed policy, although mention of trauma-informed approaches was found on a number of settlement organization websites and in annual reports. However, none of these were specific to language

learning and none made mention of vicarious trauma or forms of empathy-based stress from working with learners who had experienced trauma. It was also possible that internal documents existed in service providing organizations that offered language classes.

Responsibility

There is a question as to whose responsibility it was to mitigate VT when it occurred. For example, presently, it is almost entirely on the teacher to manage their own wellness. Previous research (Wilbur, 2017) in Canada about instructors who worked with refugees described their feelings of powerlessness within the structures of their positions in which they had little autonomy or opportunity to support their learners and themselves appropriately.

Offering benefits might seem like enough so that teachers could access resources as needed. However, many who taught in ELL programs were contract faculty who did not receive such benefits, were often not adequately remunerated for prep time or required administrative duties and could not have access to opportunities to take part in professional development. Teachers may not be aware that VT was a phenomenon and could be suffering alone, thinking there was something wrong with them as they suffered. In addition, precariously employed teachers may not want to come forward if they have been affected, worried they may not receive a contract in the future or that their workload will be impacted.

Current immigration policies have the potential to place ELL students into classrooms before they are ready to learn (Kostouros et al., 2022) as students may not be prepared to be in these learning roles. What we know of brain-based learning (Siegel, 2012) and the impact that trauma has on an individual's ability to learn is worth considering as it is vital to improve the environment by becoming trauma-informed. The teacher's experience was connected directly to the student's; thus, fostering an environment that considered both student and teacher well-being could be a trauma-informed approach for leadership to consider. In this case, the well-being of everyone in the environment was underscored.

If wellness was to be addressed, it was important that policies to attend to trauma-informed practices and the impact of VT provided direction for everyone in the institution. This approach would provide a safety-net for teachers, especially contract faculty, who might need some assistance. Policies can lead to better outcomes for everyone in the institution since policies also offered an opportunity to measure outcomes and efficacy.

Method

In this research we were asking participants about their experiences in relation to a particular phenomenon. Therefore, we conducted a qualitative study that was interpretative (Creswell & Creswell, 2018). According to Merriam (2002), asking about one's perspectives and collecting this data via interviews matched an interpretive-phenomenological methodology. While this was part of a larger study which included both teachers and stakeholders, for this part of the research we focused on stakeholder input and reviewed publicly available policies on the practice of being trauma-informed in the post-secondary system. Findings focused on themes that emerged from stakeholder interviews with a focus on institutional responsibility and policies. In addition, we looked at potential frameworks that included organizational policy. These potential frameworks mirrored stakeholder input about the types of policies that would be appropriate.

Research Design

In this study, a qualitative, phenomenological design method was used to glean information from stakeholder participants. This research limited the number of stakeholder participants to ten to align with our design. Interviews were held while conducting audio-taped interviews. After transcription, the data was analyzed into themes using an inductive reduction method (Thomas, 2006, p. 239). This design method was used to allow the participants to provide insights relative to their own experiences and knowledge, with the intention of synthesizing those insights into illuminated recommendations and implications for institutional policy and best practices.

Participants and Recruitment

For the purpose of this research, stakeholders with administrative roles in ELL or expertise in trauma or vicarious trauma in relation to the immigrant and refugee population were identified as knowledge holders. Five stakeholders were supervisors in ELL programs and had ELL teaching experience; as such, they were able to speak about organizational impacts of trauma and vicarious trauma. Four participants had professional backgrounds related to trauma, such as social work, and spoke to trauma in educational settings. The remaining participant was an English language teacher who also worked within a discipline of psychology, thus, bridging the two broad categories of stakeholders, those being administrators and those having expertise in trauma. Participants were invited via a purposive sampling methods and professional networks.

Nine participants engaged in an audio recorded interview and one participant asked not to be recorded; instead, notes were taken and then vetted by the participant. Participants were compensated for their time with a \$20 electronic gift card. This research was approved by respective Research Ethics Boards of the researchers' post-secondary institutions.

Data Collection

Data was collected from semi-structured interviews with overarching questions that allowed for the discussion to be fluid so that participants could share what was most meaningful to them. According to Fleming et al. (2002) the purpose in a qualitative interview process was to reach a shared meaning so that the researcher and the participant co-created a mutual understanding. For stakeholders, the questions ranged from gaining insight into their understanding of the phenomenon, "what is your understanding of VT?" to a more specific question about the system, "what are the issues in a newcomer/English language learner system that might affect vicarious trauma?" These questions were developed to provide the researchers with insight into the interviewees' understanding and indicators of VT and its impact on teachers in ELL classrooms. Specifically, the last question was meant to surface information about the systemic issues related to vicarious trauma at the policy and institutional level. Other questions flowed from the participant content.

Each participant's interview lasted approximately one hour. Audio recordings were transcribed by research assistants who were engaged in all aspects of this project. Audio recordings and anonymized transcripts were stored on a secure platform to which only the research team had access. Participants were provided the option to review their transcripts and offer edits or removal of data. One participant asked that a particular story not be used; otherwise, there were no modifications to transcripts.

Analysis

The research team read and re-read the transcripts indicating codes independently, after which members inter-rated each other's codes and met to make note of and calibrate coding responses. Using an inductive theme reduction method (Thomas, 2006), several themes related to the phenomenon under study were identified. The inductive method helped to condense and summarize data and to make connections between the raw data and the findings. The findings were triangulated by engaging participants in providing data, using an inter-rater process, and weaving in existing literature.

Findings

Given that the participants in this study were all stakeholders, they had some knowledge of the policies and protocols of their own programs as it related to support for those who taught English as an additional language. These participants were able to bring forth considerations that might mitigate the impact of vicarious trauma and could be the responsibility of policy makers, either in institutions or governments. Themes that emerged were: settlement factors, roles and responsibilities (personal and professional), and organizational policies. In addition, there was some discussion by stakeholders related to the manifestation of trauma in the classroom and best practices. When discussing best practices, we believe this could not be separated from the organizational policies and protocols.

Settlement Factors

As noted in the literature (Kostouros et al., 2022), there were factors that could push people to enter a language learning institution or program prior to being adequately prepared for the experience. In doing so, the individual might have fewer resources at their disposal related to self-regulation in a classroom environment. For example, someone may be motivated to learn English to assimilate into the community more quickly or to gain citizenship. However, a classroom environment might also have triggers that impacted the learner's experience, such as a learning space with no windows or being lined up. As one stakeholder noted, "*if somebody goes into a trauma story, they [teachers] really don't have the environment and the time to hold them in that, to process it in the right way.*" There was recognition from several stakeholders that students did share trauma stories in their classes and that "*teachers are not trained to do counselling but may be the only person the student sees,*" and it was suggested that teachers could refer to services on campus for assistance.

While referrals to on-campus support services made sense, this was not necessarily an easy process. For example, stakeholders described that, "*counselling is a western developed approach,*" and, therefore, might not be taken up by immigrant or refugee students. One stakeholder acknowledged the problem, saying "*we've got counsellors on site, but maybe the student has a low level of English and can't have a counselling session in English.*" There was some discussion about needing to refer externally to someone who spoke the language of the individual if this was not available in the institution. However, it was also acknowledged that an external referral was less likely to be used since the students might not know how to access the referral, might not have transportation or the resources to manage the time to get to an appointment, and if there was a cost involved, they might not have the financial ability to pay. In addition, in small communities, someone may not want to access resources since there was a risk related to confidentiality or being seen seeking a counsellor.

Resources were a consideration when immigrant and refugee populations were accessing English language learning because there were factors that made learning more difficult. Trauma-informed practice, at its core, provided an understanding that when one was anxious or distracted, accessing regions of the brain such as the neo-cortex (the thinking part of the brain) was more difficult, if not impossible (Siegel, 2012). Stakeholders did make note of several settlement factors, besides language, that might make learning more difficult. As one stakeholder put it, "*it is hard to focus on learning when the person does not have security like food or housing. It's hard for someone to come to class when their child has no housing.*" Logically, learning English right away would make sense for a person to integrate more readily. However, it would be naive to think an immigrant or refugee would have every needed support already in place upon arrival. Much of this depended on where the person settled, what they already had in terms of skill and knowledge, as well as basic English skills and prior classroom experience. When settlement factors created concerns for teachers, they took on more or went beyond the scope of their role to help the student.

Roles and Responsibilities

Teachers were responsible for helping students learn English. Therefore, they often went above and beyond in helping students and this included listening to trauma stories. Conversations with stakeholders emerged related to the stress and burnout that teachers experienced. Stakeholders wondered if the dual role of teacher and counsellor was contributing to burnout, stating that "*teachers will stay in their jobs longer if doing their role [teaching] versus also counselling.*" There were several comments that related to teachers taking on responsibility for students, such as, "*teachers feel guilt when unable to give a benchmark¹ to a student who is suffering,*" and "*teachers will want to step in when students are under duress.*" Students relied on teachers as their first point of contact and, "*because teachers meet with students one-to-one several times and see them for long periods of the day and several days a week it may be difficult to maintain their role.*" If their role was difficult to maintain, teachers likely needed assistance or received services if they suffered. Potentially, the present practices of how to teach English might need

¹ This refers to the Canadian Language Benchmark (CLB) system, which assigns a language proficiency level to learners in terms of their reading, writing, speaking and listening skills. Classes are offered at benchmark levels, and instructors may feel pressure to move students into the next benchmark level before they meet the criteria. This may especially be the case at a CLB 4 level, which is a requirement for taking the citizenship exam. For more information about CLBs, see Citizenship & Immigration Canada, 2012.

to be altered to reduce teacher suffering.

While it was recognized that student reliance on teachers for extra-curricular support might lead to VT or burnout, stakeholders seemed to leave the responsibility to the teacher to recognize what they needed and when they needed it. For example, one stakeholder noted, *“because of their workload they [administrators] forget the student impact on teachers.”* Potentially, administrators, supervisors or coordinators were in a position to know what teachers needed, *“coordinators have the experience to know what needs to be done”* and that *“administrators share tools when needed.”* It was noted that it was up to teachers to identify if and when they needed assistance to mitigate the impact of VT and burnout, but there could also be systemic issues or structures that got in the way.

Organizational Policies

Potentially there were structures that could act as a barrier to mitigating the impact of vicarious trauma. For example, one stakeholder provided an example of a teacher asking for help in the form of a tutor for a student and the stakeholder identified that, *“I cannot do that because tutors, you know, they’re paid from the moment that they would start working.”* In this case, the budget was taking priority over teacher wellness. The teacher was going above and beyond for this student, which was unrecognized in the budget because this type of overtime was rarely considered but often expected. We acknowledged that budgetary constraints were real; however, if administrators and policy makers were aware of the impact of VT on teachers then potentially they could adjust the resources that were available to ensure teachers were better supported.

In addition, it was noted that many teachers in the ELL system were contracted or part-time rather than permanent or full-time. This was potentially a budgetary decision, but this reality contributed to teacher stress. Inconsistent workload happened for several reasons such as enrolment numbers or seniority in workload division. In particular, English language testing was often completed as close to the semester as possible for the most recent results. Therefore, class size was unpredictable as were numbers of sections of a particular course. Stakeholders noted that job precarity made it more complicated for the teachers to voice their needs if they were suffering. They depended on the contract, and if they said they were suffering, they worried that they will not receive a contract for the next session. One stakeholder stated:

“Constantly taking on too much work because you don’t know if you’ll have work the next semester. And, not having any control or feeling like I didn’t have any control over whether I would have work so just kind of waiting with your hands out like, ‘Please give me a workload!’”

Those who were part-time and contracted potentially overworked or worked at multiple locations and did more, which could also lead to burnout.

Another barrier that was identified related to benchmarks, targets, and reports. Stakeholders recognized that there were many outcomes related to funder expectations and these also impacted the ability for administrators or supervisors to support teachers. One stakeholder noted that, *“I have also reports that I have to submit and I have targets that I have to meet because the funders [are] expecting that. If we don’t have that our funding is going to suffer.”* In some respects, the stakeholders identified being caught between the funder expectations and the ability to support their teachers. The priority became maintaining their funding so that they could continue to offer English language instruction to newcomers.

Discussion

We were unclear if policy makers realized that teachers were suffering in the classroom. Their expectations about language acquisition for learners who had trauma experiences and the demands on instructors that were beyond the scope of teaching might not be trauma-informed. Although federal funding was distributed to various organizations to provide language instruction for newcomers, the policies associated with these agreements should be trauma-informed. It bears mentioning that service providing organizations may look different in different parts of the country and among different institutions. Sometimes,

language programming was offered in post-secondary (i.e., college) contexts whereas other times it was offered through settlement organizations which were more likely to have better on-site resources specifically for newcomers. We were also unclear of the extent to which upper administration at individual organizations realized that teachers could be impacted by vicarious trauma. We wondered if they had a better understanding of the impacts on instructors, how they might respond from a systems perspective.

According to Mercer (2021), well-being was a collective responsibility. Defining and understanding well-being would help professionals in these ELL environments to move beyond superficial conceptualizations by understanding that well-being did not sit with any one individual, rather it was “socially situated” (Mercer, 2021, p. 14). If this was truly to be viewed as a collective responsibility, then where were the institutional policy makers when it came to the mitigation of vicarious trauma? The stakeholders noted that the onus of being trauma-informed had been placed solely on educators who had identified the need for trauma-informed practice and who had the resources available to them. Trauma-informed practice required a framework, and trauma-informed frameworks required policies to be in place at all levels of an institution for that policy to be effective. Implementation of trauma-informed policy was centered on transformational change within English language learning institutions and community organizations to address the phenomenon of vicarious trauma. To that end, intentional efforts should be implemented to address the needs of newcomers and to make possible the space required for practices that promoted equity (Stewart, 2012). Teachers should be empowered by emergent best practices and have access to additional learning about “theories and pedagogies not obtained during teacher education programs” (Song, 2016, p. 767). Currently, trauma-informed practices are not required in adult education settings.

Trauma Informed Frameworks

The adoption of a trauma-informed model that constituted an organizational approach to this phenomenon could lend to improved teacher experiences. As it stands, there was a great emphasis on the individual teacher to take a proactive approach to self-care, and there was much to this argument. Organizations identified that an individual, proactive approach to managing VT was ideal. Little could be evidenced behind organizations creating policy that directly addressed the occurrence of VT impacting teachers in ELL settings. There was a difference in having policy that was theoretically trauma-informed, such as organizations that provided access to counselling or health benefits that could be identified as self-care tools that provided support for teachers. In some instances, teachers such as contract faculty could find their employment term precarious. Contract faculty worked semester-to-semester or year-to-year, not knowing if their employment was secure, and for them the use of self-care tools such as asking for support could be perceived negatively, potentially impacting their future employment in the organization. However, having a proactive policy in place that existed to buffer the teacher’s experience in the classroom did not seem to exist. Policy addressed respectful behavior and matters such as sexual harassment, but nowhere in the publicly available policy did it clearly state that an institution was using trauma-informed models to create policy that supported teachers. Two models are presented for consideration. There were pros and cons for each model, and organizations would have to consider which fit better for their culture. Alternatively, institutions could develop their own policies that addressed the need for trauma-informed policy instead of solely leaving it in the hands of the teacher to practice self-care.

Sanctuary Model

The Sanctuary Model is a trauma-informed, “whole-culture approach that has a clear and structured methodology for creating or changing organizational structure” (Esaki et al., 2013). It was a system of complete organizational change. This trauma-informed approach was designed to foster an ecology of healing that “promotes safety and recovery from adversity through the active creation of a trauma informed community” (Esaki et al., 2013, p. 87) for participants to benefit. The Sanctuary Model asserted that “organizations are the primary vehicles for delivering positive changes on multiple levels to the consumers and are also an integral part of any social service system; therefore, organizations have a significant role to play in the system” (Esaki et al., 2013, p. 89). While this suggested that the primary concern was the student learner, the level at which an organization facilitated positive change could include how the teacher was supported as the experiences were interconnected.

The model called for top-down organizational buy-in to a community-minded approach that addressed the reality of trauma in the environment. The Sanctuary Model put an emphasis on how the members of the organization could make informed decisions, considerations, and contributions that fostered ongoing organizational change. ELL institutions and community organizations could adopt the understanding that these teachers were at an increased risk of being impacted by VT in their teaching environments and look at ways to enact policies of support. Policy could be re-considered through a new lens; procedure could be aimed at mitigation. ELL teachers could benefit from a work environment that acknowledged the VT phenomenon in the ELL classroom by building organizational action into their practice.

The Sanctuary Model is multifaceted because of the required involvement of every stakeholder. The commitment to a completely trauma-informed metamorphosis from stem to stern is perhaps just one way to proceed with this model. If an organization chose to adopt the Sanctuary Model, it would serve the institution to give itself the time and space that was required for development and implementation. Though language programs could operate with some degree of autonomy within their own structure, perhaps adopting the Sanctuary Model could begin with program leaders, coordinators, and supervisors in their respective institutions. There were also alternate, unique trauma-informed practice models that institutions where ELL teachers worked with refugee or immigrant newcomers could consider.

Missouri Model

Known as the Missouri model (MO Dept. of Mental Health and Partners, 2014) this trauma-informed framework described being trauma-informed meant that there was a complete shift in the policies and practices that took place within an organization. The Missouri model showed a continuum from becoming trauma-aware to being trauma-informed. The developers of this model assisted in the understanding that an organization did not simply create a checklist but that, as those within the organization became more trauma-aware, their understanding deepened and created more change at various levels of the organization.

ELL institutions and service providers could take up a framework such as the Missouri model (MO Dept. of Mental Health and Partners, 2014) by assisting employees to become trauma-aware. Being trauma-aware meant that those in the organization had a basic understanding of the impact of trauma on those that they served, in this case the students, and an understanding that there was an impact on those who taught students who had experienced trauma. This basic level of trauma-awareness was important for everyone in the organization, and for the leaders within the organization to understand that if everyone had this basic training then their services will be improved.

An institution could educate their employees at a basic trauma-awareness level and stop there; doing so will be helpful. However, the institution could go further along the continuum and assist the employees, or a portion of their employees, to become trauma-sensitive. In this case, the leaders within the organization were championing change and beginning to see their structures through a trauma-informed lens. Doing so began the process of examining structures, policies, and processes for ways in which these structures might exacerbate trauma triggers. For example, classroom scheduling could consider that first year refugee students might benefit from a window and close access to an external door. Should an institution enter into this process they were moving toward being trauma-responsive.

Being trauma-responsive meant that change was happening and much consideration was being given to the environment, policies, and the role that leadership played in responding to needed changes. In being trauma-responsive, all levels of the organization were enlisted to make required changes. Once an institution was practicing trauma-responsiveness and changes were being addressed, then the institution could consider itself trauma-informed. Awareness was only the beginning, and if an organization wanted to consider themselves as trauma-informed then the leadership must engage in policy and practice changes.

Conclusion

We recognize that this was a Canadian study and may not have spanned enough of the global research on this topic to make it relevant internationally. However, the topic itself is timely and necessary, given the explosion of literature on wellness. Teachers' well-being could be effectively supported in the ELL

setting if certain trauma-informed best practices were to be reflected in an institution's policy. The stakeholders who contributed to this research clearly identified that teachers needed support from the institution. We have identified two potential models that organizations could explore, though, it is important to understand that any movement toward a trauma-informed practice could be beneficial for the organization.

Author Note

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