Mapping out Bishop's University's Trauma-Informed Culture: A Preliminary Exploration

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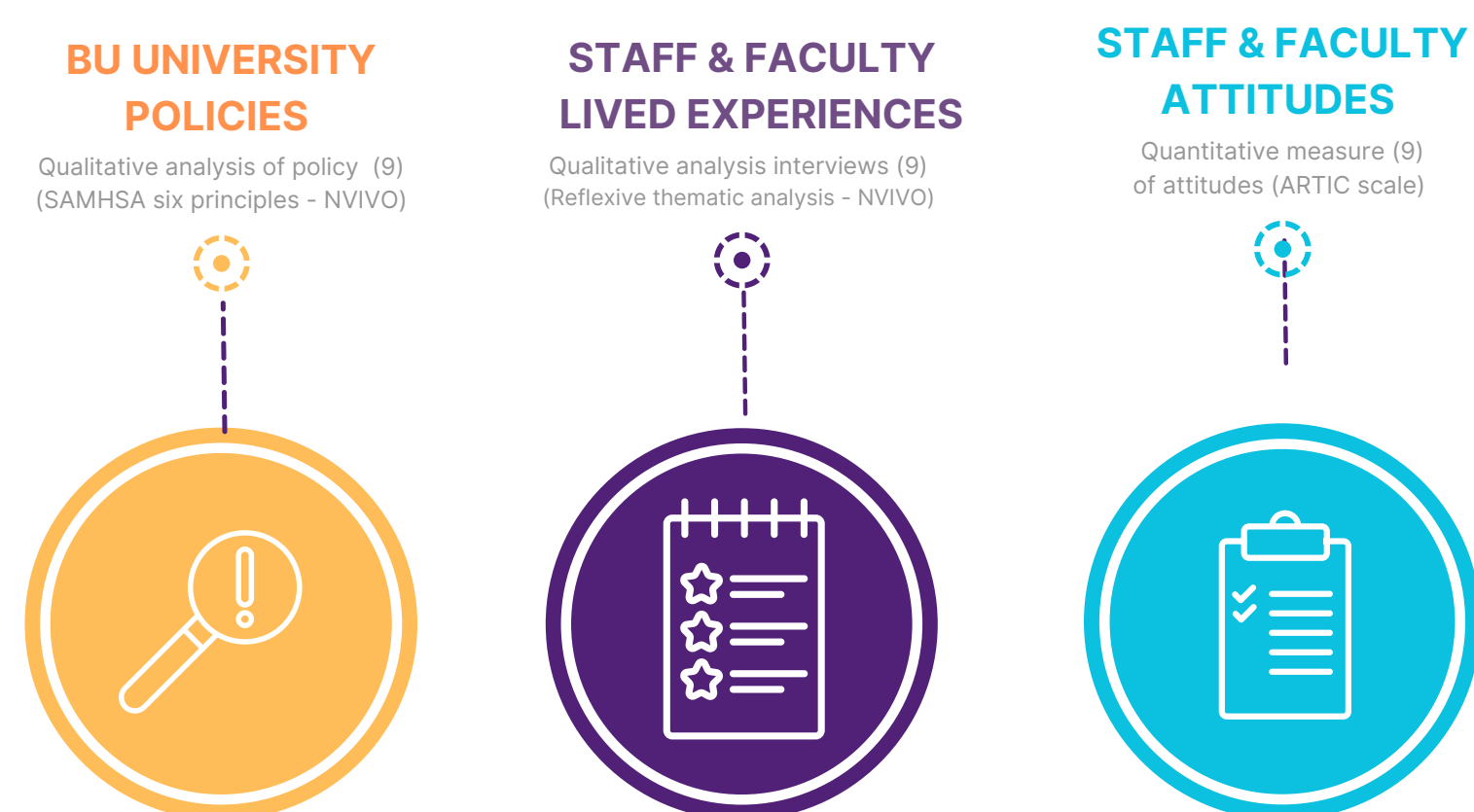
Introduction

Trauma can result from exposure to one or many experiences that **overwhelm one's capacity to cope**. The trauma histories of others can also vicariously affect individuals (Ford & Courtois, 2013; Herman, 1993).

A trauma-informed approach (TIA) can build community **resilience** by contextualizing behaviours and providing adequate responses to trauma (SAMHSA, 2014). Bishop's University (BU) does not currently have a TIA in place. **This study** aimed to **gain insight** into **staff and faculty** experiences, as well as policy, to explore:

1) Awareness of TIAs
2) Safety in the system (privilege vs vulnerability)
3) Complexity of change
4) Recommendations for change

Methods

BU UNIVERSITY POLICIES
Qualitative analysis of policy (9) (SAMHSA six principles - NVIVO)

STAFF & FACULTY LIVED EXPERIENCES
Qualitative analysis interviews (9) (Reflexive thematic analysis - NVIVO)

STAFF & FACULTY ATTITUDES
Quantitative measure (9) of attitudes (ARTIC scale)

Results

9 Policies: Much work is still needed to create system-wide change and a community definition of safety.

9 ARTIC scale respondents: The small sample size did not allow for analysis.

9 interviews: 1) Levels of TIA awareness varied, 2) Profiles of privilege and vulnerability emerged; many felt vulnerable 3) Complexity of system change; the culture of academia 4) suggestions for system change.

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"Do your best until you know better; when you know better, do better" -Maya Angelou

"At Bishop's, there are a lot of pockets of safety but not necessarily a culture of safety... yet!"

"Part of the problem is [that] in the academic culture... you're supposed to be fried, you're supposed to be overstressed, you're supposed to be traumatized"

"Safety is undertaken individually, not collectively [leading to] disparity in what people understand to be safe."

"The BU culture would benefit from developing different habits around training, communication, collecting and integrating feedback."

Discussion

Policies: Include clear **intentions and initiatives** to move towards practices that **foster inclusion, trust, safety, and resilience** (Bishop's 2023).

Staff and Faculty:

Trauma awareness varied; most participants were interested in learning more and desired system change.

Privilege and vulnerability varied, translating into barriers to health and well-being for some.

Complexity of system change due to the academic culture, student-centric lens, and the absence of a community-based understanding of safety.

Seven Suggestions for System Change:

1) Invest in more initiatives *with* the community;
2) Re-define safety *with*, not *for* the community;
3) Participatory approaches with scaffolding;
4) Regular evaluations to ascertain whether staff and faculty feel safe;
5) System-wide training and tracking;
6) Progressive revision of policy: social-justice lens;
7) Select a TIA for a gradual system-wide integration.

Conclusion

"The university is very 'student-centric'; maybe we need to be 'human-centric'"

Well-intentioned individuals within a system can unknowingly perpetuate harm and re-traumatize vulnerable individuals.

We can build a culture of safety if we do it together. System-wide change is complex given the pressures of academia, but there is a strong will to do better at BU.

References