

BACKGROUND

Although a substantial amount of research has highlighted that media can elicit trauma responses (Gomes de Araújo et al., 2019; Hoge et al., 2017; Silver et al., 2013), there is little research exploring the media presented in classrooms and the impacts on youth and children specifically (Laffier & Westley, 2022; MediaSmarts, 2021). This is problematic considering the higher volume of media children and youth consume, their higher risk for experiencing trauma, and the rise in media integrated into 21st-century classrooms.

Trauma is defined as a direct or indirect experience of an event that involves actual or perceived threatened death, serious injury, or threat to oneself or others' physical integrity (Beck & Sloan, 2012). The defining feature of trauma that separates it from other mental health responses is that it causes intense fear, horror, or helplessness (Center for Substance Abuse Treatment, 2014). Trauma may manifest in a wide range of symptoms, including increased heart rate, stomach aches, being easily startled, intrusive thoughts, overwhelming fear, difficulty concentrating and depression (Center for Substance Abuse Treatment, 2014). The severity of the reaction (mild to severe) can heavily impact a person's day-to-day functioning, such as their ability to work, learn, and maintain relationships (Cole et al., 2013; Dye, 2018; Phiher & Hull, 2016). Individuals can experience vicarious or secondary traumatic stress from learning about the traumatic event of another person (Bethell et al., 2014; National Child Traumatic Stress Network, 2017), such as watching or hearing about the event through media. It is estimated that 25-30% of students are impacted by trauma (Gibson et al., 2014), and over 60% of individuals have experienced at least one adverse childhood experience (CDC, 2019). Trauma can profoundly impact student success and learning, including memory impairment, difficulty concentrating, language processing, and challenges regulating emotions (Bell et al., 2013; Cole et al., 2013).

Research has demonstrated that trauma-informed practices (TIP) can be integrated into educators' practices to mitigate some of these symptoms, such as creating calm, predictable learning environments and building trusting relationships with students (Honsigner & Brown, 2019). However, there is a gap in knowledge surrounding trauma-informed care (TIC) recommendations for using technology in the classroom (Hobbs et al., 2019; Laffier, 2022), including media used to teach various curricula. Therefore, this qualitative study sought to explore the lived experiences of past and current students who experienced an adverse reaction to media used in the classroom and their TIC recommendations by considering the following two research questions:

- Q1** How can the media shown or discussed in classrooms impact students, specifically in the area of trauma responses?
- Q2** How can awareness of classroom media and trauma impacts inform teacher pedagogy and the creation of trauma-informed care for educators?

THEORETICAL FRAMEWORK

This study is based on theories related to the topics of trauma and wellness. Under this umbrella topic, trauma, the specific theories guiding the study were Positive Youth Development (Ministry of Children, Community and Social Services, 2012), Adverse Childhood Experiences (Felitti et al., 1997), and vicarious traumatization (McCann & Pearlman, 1990). The study was also rooted in positive psychology, which aims to explore optimal human functioning and foster well-being and thriving in individuals and communities (Phan et al., 2020). Under this umbrella, theories of trauma-informed care (Harris & Fallot, 2001) and flourishing (Seligman, 2002) are examined in relation to media in the classroom. Specifically, the "Five Guiding Principles of Trauma-Informed Care" model by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Institute on Trauma and Trauma-Informed Care (ITTIC) was utilized to examine classroom-based strategies promoting post-traumatic growth and well-being.

METHODOLOGY

The research design for this study followed methods of phenomenology. Phenomenological research aims to "describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it" (Neubauer et al., 2019, p. 91). Written texts such as diaries have been used in phenomenological research as these personal texts "provide an intimate description of a person's everyday life" (Morell-Scott, 2018, p. 28). Social media is used similarly to personal diaries, as users post their individual thoughts and experiences in digital posts, which resembles a diary entry (Karfelt, 2019). In education, phenomenological research is helpful in understanding and finding meaning behind students' experiences so that pedagogical approaches can be consistently improved upon and shared with educators (Guillen, 2019). Phenomenology methods were a suitable approach to answer the two research questions by analyzing the first-hand experiences of current and past students who have had negative encounters with the media they were exposed to throughout their education (Q1) while also obtaining information about what they wished their teachers had done differently (Q2). The information gleaned from the content analysis offered significant insight into past and current students' experiences with media and how pedagogical practices can be improved.

Public data was used in this study by searching for public posts on social media platforms Twitter (now identified as X) and Reddit. Search terms included:

- "traumatized by video in class"
- "horrific video watched in class"
- "shown traumatic video at school"
- "triggering video watched in class."

Inclusion criteria included:

- discussion of trauma impacts
- recommendations for schools or educators
- event occurred within a K-post-secondary educational setting.

Overall, 403 tweets and 81 Reddit posts were included in the analysis for 484 social media posts (N = 484), and the posts ranged from November 17, 2009, to April 11, 2023. All selected posts were copied into a spreadsheet, and the account username, post, and the date of the post were recorded.

As is typical in phenomenological research, it is important to explore themes of personal experience (Aguas, 2022; Neubauer et al., 2019). To do this, content analysis was used to analyze the data in this study. A four-step thematic coding process was conducted to identify themes of trauma-informed recommendations for educators and schools. A fifth step of analysis involved comparing the recommendations cited to the "Five Guiding Principles of Trauma-Informed Care," which include safety, choice, collaboration, trustworthiness and empowerment (ITTIC, 2015; SAMHSA, 2014).

FINDINGS

The findings from this study suggested that media shown in classrooms can have adverse effects on students and elicit symptoms that affect their physical, emotional, and cognitive health. Social media users highlighted several topics that created these responses ranging from learning about sexual violence, war, mental health problems, natural disasters, and watching horror films, among others. The severity of the responses appeared to be impacted by several moderating variables, including age, personal connection to the content, history of mental illness or trauma, adults' reactions to media, amount of time spent engaging with the content, and how graphic or realistic the content was. Posts also included trauma-informed recommendations for using media in the classroom, such as providing trigger warnings, alternative assignments, multiple mediums to consume content, and the opportunity to discuss with the educator when content may pose a risk to the student or if the media elicits an unpredicted response.

TRAUMA TOPICS

The majority of the posts described specific topics that were troubling to viewers, including explanations of scenes, titles of films, or directly stating the subject matter (e.g., "domestic violence" or "eating disorders"). Physical harm or threat to a person or group of people and observing human suffering were the most prominent themes shared through the social media posts. Mental health and emotional suffering were also discussed as topics that elicited an adverse response in several students, as well as threatening or abnormal phenomena or events, such as natural disasters or horror films. Table 1 outlines the key findings based on troubling media content and topics described by social media users.

Table 1. Topics and content covered in various media sources that students perceived as having an adverse impact on themselves or their peers.

Physical harm displayed	Mental health and emotional suffering	The unknown, threatening, or abnormal
<ul style="list-style-type: none"> • War/genocide (24) • Sexual violence (25) • Violence against children (23) • Self-harm (11) • Suicide (26) • Murder/execution (35) • Accident involving serious injury or death (18) • Violence against animals (15) • Domestic violence (4) • Abortion (3) 	<ul style="list-style-type: none"> • Eating disorders (12) • Substance abuse (8) • Anxiety (1) • Depression (2) • Grieving (2) 	<ul style="list-style-type: none"> • Natural disasters (4) • Horror film/supernatural (6) • Medical/human body (19) • Specific phobias (3)

TRAUMA RESPONSES

Many social media users shared the symptoms and trauma responses they experienced from the content they engaged with in class. Out of the 484 posts collected, 204 included symptoms of trauma responses. Crying, shock, intrusive thoughts, and avoidance behaviours were mentioned most often, and more severe responses such as fainting, nightmares, paranoia and dissociation were also experienced. Table 2 outlines a complete list of responses related to the physical, emotional and cognitive impacts shared, including the number of times each symptom was mentioned.

Table 2. Frequency of symptoms of trauma responses shared by social media users, including the physical, emotional and cognitive impacts of media used in an educational environment.

Physical sign/symptom	Emotional sign/symptom	Cognitive symptoms
<ul style="list-style-type: none"> • Sleep disturbances (1) • Avoidance behaviours (35) • Nausea (15) • Fainting (2) • Difficulty breathing (5) • Body pain (1) • Shaking (1) • Dizziness (1) 	<ul style="list-style-type: none"> • Fear (19) • Changes in mood (17) • Shock (35) • Numbness (1) • Dread (1) • Heightened anxiety (6) • Depression (3) • Crying (37) • Panic attack (12) 	<ul style="list-style-type: none"> • Dissociation (2) • Flashbacks (17) • Nightmares (2) • Intrusive thoughts (24) • Paranoia (1)

TRAUMA-INFORMED CARE RECOMMENDATIONS FROM PARTICIPANTS

The data also uncovered several trauma-informed recommendations that social media users shared as actions they wished their teacher had taken before or during instruction. Overall, the social media users identified twenty-two trauma-informed care recommendations. The most common recommendations included:

- Trigger or content warnings
- Provide options to leave the room and come back
- Alternative media options or mediums (e.g., multiple videos to choose from or choosing between reading text or watching a video)
- Skipping explicit content and verbally discussing or summarizing what happened
- Recognize and acknowledge when a topic is difficult to talk about
- Debriefing activities after engaging with potentially problematic media
- Providing timestamps or page numbers so students can skip specific scenes or content when reading or viewing independently
- Being available to talk to students before or after class to discuss content

DISCUSSION & RECOMMENDATIONS

Overall, the social media posts emphasized the importance of educator training on the Four R's of Trauma-Informed Care model (SAMHSA, 2014). Students demonstrated the need for educators to realize the widespread nature of trauma, especially when selecting media to use in class; the importance of being able to recognize the signs and symptoms in students when media elicits a trauma reaction; respond appropriately to these reactions and provide support for the student; and resist re-traumatization by integrating trauma-informed practices into all areas of pedagogy, but specifically when using media in the classroom.

Through this study, a new framework has been developed, "Trauma-Informed Care Recommendations for Using Media in the Classroom" (Figure 1). This new framework was adapted from The Institute on Trauma and Trauma-Informed Care (ITTIC) at the University of Buffalo's "Five Guiding Principles of Trauma-Informed Care" model, which includes safety, choice, collaboration, trustworthiness, and empowerment as the key principles of TIC (ITTIC, 2015). In their own words, social media users shared many recommendations that align with these five principles. For example, trigger or content warnings were by far the most common request from students. This was demonstrated by users saying directly that they should have been warned ahead of graphic content and was emphasized by students stating that they had "so much respect" for their teacher, even though they "spoiled the movie" (P146, 2020). The gratitude towards educators who included warnings shows that students may prefer to be warned instead of shocked. This also likely built trust between the student and teacher because the teacher shared information that protected the students from potential psychological harm.

The recommendations outlined in this study can be integrated into pre-service teacher education programs and professional development opportunities for practicing educators. They could also be expanded upon to inform educational policies on using media in the classroom. Based on the findings, it is critical that educators are provided with more evidence-based resources and education opportunities so that they can implement these practices and provide better support for their students, especially in this digital age.

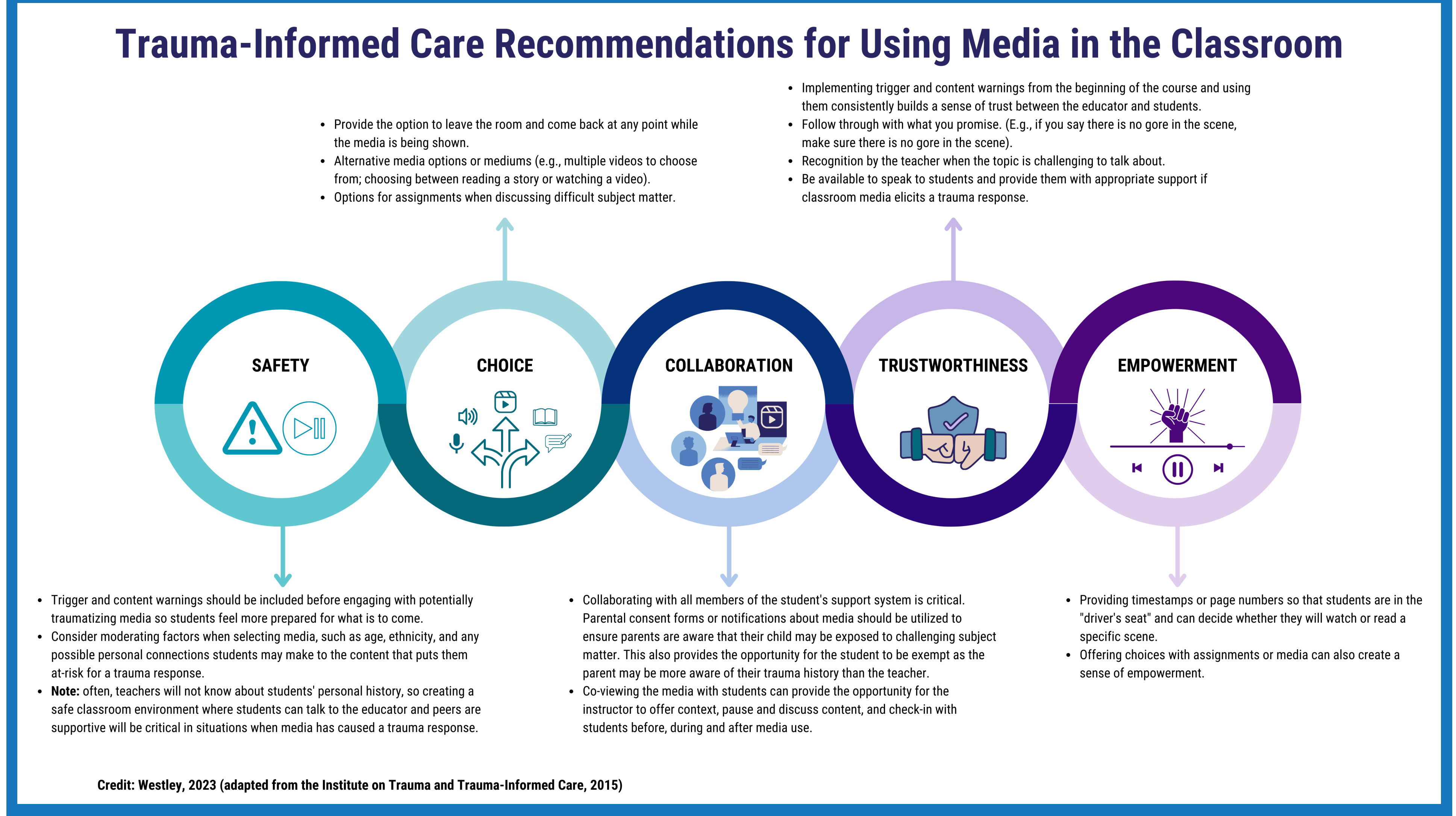


Figure 1. Trauma-Informed Care Recommendations for Using Media in the Classroom framework (Westley, 2023). Adapted from the "Five Guiding Principles of Trauma-Informed Care" by the Institute on Trauma and Trauma-Informed Care (2015).

REFERENCES

Aguas, P. (2022). Fusing approaches in educational research: Data collection and data analysis in phenomenological research. *The Qualitative Report*, 27(1), 1-20. <https://doi.org/10.46743/2160-3715/2022-5027>

Beck, J. G., & Sloan, D. M. (Eds.). (2012). *Oxford library of psychology: The Oxford handbook of traumatic stress disorders*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195399060.001.0001>

Bell, H., Umbreit, D., & Robinson, III, E. M. (2013). Recognizing trauma in the classroom: A practical guide for educators. *Childhood Education*, 89(3), 152-155. <https://doi.org/10.1080/00094051.2013.792629>

Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, 33(12), 2106-2115.

Center for Substance Abuse Treatment. (2014). *Trauma-informed care in behavioral health services: Substance Abuse and Mental Health Services Administration*. <https://store.samhsa.gov/library/default/files/07/priv/ima14-4816.pdf>

Centers for Disease Control and Prevention (CDC). (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and advocating for trauma-sensitive schools*. Massachusetts Advocates for Children.

<https://traumainformedschools.org/wp-content/uploads/2012/11/ITIC-Web-2-Creating-and-Advocating-for-TS.pdf>

Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381-392. <https://doi.org/10.1080/10911359.2018.1430328>

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/S0297-9779\(98\)00171-8](https://doi.org/10.1016/S0297-9779(98)00171-8)

Gibson, J. E., Stephen, S., Brandt, N. E., & Lewis, M. A. (2014). Supporting teachers through consultation and training in mental health. In M. D. Weist, N. A. Levey, C. P. Bradshaw, & J. Sarno Owens (Eds.), *Handbook of school mental health: Research, training, practice, and policy issues in clinical child psychology* (pp. 269-282). Springer. https://doi.org/10.1007/978-1-4614-7624-5_20

Gomes de Araújo, V. K., Liu, M. P., Berger, W., Pagotto, L. F., Figueira, I., & Mendonçoz, M.V. (2019). Can horror movies induce PTSD-like syndrome? *Rev. Latinoam. Psicopat. Fund., São Paulo*, 22(2), 360-375. <https://doi.org/10.1590/1415-2875-2019-0269>

Guillen, D. E. F. (2019). Qualitative research: Hermeneutical phenomenological method. *Journal of Educational Psychology: Prospects & Representations*, 7(1), 217-229. <http://dx.doi.org/10.20511/jpr2019v7n1.267>

Harris, M., & Fallot, R. D. (2001). Trauma-informed inpatient services. *New directions for mental health services*, 89, 33-46. <https://doi.org/10.1002/yd.23320018905>

Hobbs, C., Paulsen, D., & Thomas, J. (2019). Trauma-informed practice for pre-service teachers. *Oxford Research Encyclopedia of Education*. <https://doi.org/10.1093/acrefore/9780190264093.013.1435>

Hoge, E., Bickham, D., & Cantor, J. (2017). Digital media, anxiety, and depression in children. *Pediatrics*, 140(Supplement 2), 576-580. <https://doi.org/10.1542/peds.2016-1758G>

Honsinger, C., & Brown, M. H. (2019). Preparing trauma-sensitive teachers: Strategies for teacher educators. *Teacher Education Journal*, 12, 129-152.

The Institute on Trauma and Trauma-Informed Care (ITTIC). (2015). *What is trauma-informed care?*. University at Buffalo: School of Social Work - University at Buffalo.

<https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

Karfelt, B. (2019, October 28). *Social media: The modern day diary*. *SCorrell Impact*. <https://scorrell-impact.cornell.edu/social-media-the-modern-day-diary/>

(AAEC). <https://www.aaec.edu.au/primary/v/221123/>

McCann, M. E., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149. <https://doi.org/10.1007/BF00975140>

MediaSmarts. (2021). *Understanding the rating systems for movies*. MediaSmarts. <https://mediasmarts.ca/tipsheet/understanding-rating-systems>

Morell-Scott, N. (2018). Using diaries to collect data in phenomenological research. *Nurse researcher*, 25(4), 26-29. <https://doi.org/10.7748/nr.2018.e1527>

National Child Traumatic Stress Network Secondary Traumatic Stress Committee. (2017). *Stopping stones: A fact sheet for organizations employing community violence workers*. NCTSN. https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_chi_servicing_professionals.pdf

Newbauer, B. E., Wilkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, 8, 90-97. <https://doi.org/10.1007/s40037-019-0509-2>

Ontario Ministry of Children, Community and Social Services. (2012). *Stopping stones: A resource on youth development*. <http://www.obgins.ca/resource/Content/Mini/Minist/Strategies/Link/Images/StoppingStones.pdf>

Phan, H. P., Ngai, B. H., Chen, S. C., Wu, L., Shi, S. Y., Liu, R. Y., & Wang, H. W. (2020). Advancing the study of positive psychology: the use of a multifaceted structure of mindfulness for development. *Frontiers in Psychology*, 11, 1602. <https://doi.org/10.3389/fpsyg.2020.00561>

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Simon and Schuster.

Silver, R. C., Holman, E. A., Anderson, J. P., Poulin, M., McIntosh, D. N., & Gill-Rivas, V. (2013). Mental- and physical-health effects of acute exposure to media images of the September 11, 2001, attacks and the Iraq War. *Psychological Science*, 24(9), 1623-1634. <http://www.jstor.org/stable/23484662>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. https://ncaacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

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