

# Teaching With Trauma and PTSD: Navigating the Aftermath of Sexual Assault as a Graduate Student Instructor

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**Content warning: This article contains explicit discussion of sexual assault, trauma, and related mental health impacts. Please engage with care.**

On January 1, 2020, I was sexually assaulted by a man I'd never met. I emerged from the experience with a traumatic brain injury and post-traumatic stress disorder (PTSD), derailing my last semester of doctoral coursework. Now, as a dissertating student in my fourth year of teaching First Year Composition, I navigate those same effects daily. When first teaching, I frequently lost my train of thought. I was easily fatigued. I couldn't look at my computer screen for more than two hours without igniting a debilitating migraine. I grieved my former mind and body. While I have made extensive progress—both psychologically and physically—I am still working through functional freeze (a phenomenon I shall further explore), which impacts both my teaching and studies. Logically (and bolstered by #MeToo), I know I'm hardly alone in my experiences, yet still I struggle with lingering shame that breeds a sense of isolation from my colleagues. Nevertheless, trauma has shaped who I am as a student and instructor. While I will never conceptualize my rape as beneficial, I do understand more intimately my students' experiences with trauma.

I recognize the prevalence of mental health struggles, of which trauma is but one source. The year I was raped, in this very journal, Miller (2020) advocated networks of care to support graduate students' mental health by forging collaborations and strengthening the bonds we students feel towards one another. Building on Miller's (2020) ideas, I explore here an understudied facet of that mental health: the challenges of teaching with sexual assault trauma, which over 20% of individuals will at some point experience (Bureau of Justice Statistics, 2022), and the PTSD that often proves its companion (Dworkin, 2020). Rhetoric and composition scholarship certainly recognizes the reality of sexual violence. Yet, we have not fully interrogated its connection to graduate student writing instructors, who must cope with the effects of trauma while navigating a complex role within the university (Adams, 2020; Moore, 2021; Sharp, 2022).

My purpose here is to articulate common challenges faced by sexual assault survivors who teach and study writing (namely, retraumatization, increased depression and anxiety, functional freeze, and shame), underscoring how these challenges shape our academic lives and our relationships with students who have undergone similar events. By exploring the impacts of sexual trauma and engaging trauma-informed pedagogy to support graduate student instructors, I seek to validate their experiences and offer evidence-based practices to improve them, focusing especially on classroom assessment strategies designed to accommodate the effects of trauma. With this article,

I also endeavor to offer graduate program instructors and administrators insight that will help them support their student instructors.

### Conceptualizing Sexual Trauma and PTSD

A physical, behavioral, and psychological response to sexual assault, sexual trauma represents the intricate network of scars—both hidden and seen—that mark us as survivors (APA, 2022; Merlon & Sugden, 2023; Pasque, 2023). I've compiled the table below to illustrate the breadth of responses, but it is in no way exclusive (APA, 2022; Dworkin, 2020; Pasque, 2023; Yang et al., 2021).

Type of response	Examples
Physical	Fatigue, chronic pain, headaches, sleep disturbances
Behavioral	Withdrawal, emotional dysregulation, agitation, difficulty focusing/distraction, reckless or illogical behavior
Psychological	Anxiety, depression, suicidal ideation, feelings of shame, shutdown

Table 1: Examples of Physical, Behavioral, and Psychological Responses to Sexual Trauma

While it can be useful to categorize effects in this way, we must understand that physical, behavioral, and psychological phenomena frequently overlap (APA, 2022; Dworkin, 2020; Pasque, 2023; Yang et al., 2021). Anxiety, for instance, causes physical symptoms such as dizziness and nausea, and emotional dysregulation has both behavioral and psychological components (APA, 2022).

Conceptualizing trauma becomes increasingly complex once we incorporate discussions of psychiatric disability. While we must recognize that trauma and disability are not synonymous, as disability is an “impairment that substantially limits one or more major life activities” (ADA.gov, 2020), there is certainly an overlap that arises when the effects of trauma progress to disability. For instance, anxiety might progress to Generalized Anxiety Disorder, depression might progress to Major Depressive Disorder, and headaches might progress to Migraine (APA, 2022; Dworkin, 2020). While the key here is severity, it would be wrong (in both a practical and moral sense) to treat trauma as a less vital concern. (Tangentially, psychiatric disabilities do not always exist on a better-to-worse scale, but I digress.) Rhetoric and Composition scholars Price (2021, 2017, 2011) and Kerschbaum (2022, 2021, 2013) have written extensively on the relationships between mental health, disability, and academic labor, citing fear of disclosure due to stigma surrounding perceived mental illness and discussing how

stigma prevents faculty from accessing needed accommodations. When mental health struggles are driven by sexual assault, a highly stigmatized subject, survivors may fear how others will perceive their trauma and/or disability, causing them to isolate further.

### **Post-Traumatic Stress Disorder**

While trauma does not necessitate disability, certain disabilities necessitate a history of trauma. As indicated in its title, PTSD is one of these. PTSD is “the development of characteristic symptoms following exposure to one or more traumatic events” (APA, 2022, p. 305). The diagnostic criteria include intrusive symptoms (e.g., flashbacks, night terrors, and dissociation); avoidance of “stimuli associated with the traumatic event,” including objects, people, places, and memories; “negative alterations in cognition and mood” (e.g., amnesia surrounding the event; negative self-beliefs including self-blame and shame, and feelings of isolation); and changes in arousal and reactivity (e.g., irritability, risk-taking, difficulty concentrating, and self-destructive behaviors), all of which must be present for at least one month and cause “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (APA, 2022, pp. 301-302).

While PTSD is medically diagnosed, those of us lacking the credentials to diagnose others might find it most conscientious simply to assume that anyone who has experienced sexual violence could very well be suffering from PTSD. As Critical Disability scholars argue, we should always assume that disability exists in our spaces (Goodley et al., 2019; Hoffman et al., 2020; Merlon & Sugden, 2023). On that note, we should also take for granted that any person we encounter may have experienced sexual violence. Statistically, we might assume, then, that our class of twenty students might include at least four with PTSD.

I must stress, as I approach the next sections, that PTSD is a disability. Oftentimes, when discussing mental health struggles (including trauma), we advocate self-care: While self-care is always important, no amount of exercise, mindfulness, or rest can assuage disability (Blum, 2018; Dolmage, 2017).

### **Challenges of Teaching with Sexual Trauma as a Graduate Student Instructor**

The burdens of sexual trauma and PTSD are exacerbated by graduate student instructors' unique position within the university. Life as a graduate student is often marked by financial stress; job insecurity (since our teaching load is dependent on funding and administrative changes); and competing priorities as we navigate the competing priorities of classes, teaching, and scholarship. If assaulted during or even between semesters, “taking a break” to heal often does not feel like a viable option beneath the pressure of student loans and time-to-degree. Recovery time may feel too indulgent when confronted by the reality that we may lose our teaching appointments. We may also feel that taking time off is allowing our assaulters yet one more violation.

The only recommendation I am qualified to assert is that everyone should work with their mental health providers to determine the best plan of action for themselves. Regardless, it is likely that, whether or not we take a break from our teaching and studies, the same issues will plague us upon our return. While challenges are vast and individualized, I've surfaced four common ones that affect teaching: retraumatization, increased depression and anxiety, functional freeze, and shame.

### *Retraumatization*

The concept of triggers has become a loaded one (Boysen et al., 2021; Bryce et al., 2023; Grayson, 2022; Kouri-Towe, 2023; Moore, 2021); ergo, I shall avoid that language and focus instead on the regurgitative nature of assault. PTSD is perhaps best known for the first two diagnostic criteria mentioned earlier: intrusive symptoms and avoidance of stimuli. As cliché as they may seem, flashbacks are both real and debilitating. A debilitating response to stimuli (which can also occur with trauma sans PTSD) might manifest as dizziness, nausea, and an overwhelming sense of panic (APA, 2022). Even when no stimuli are encountered, the fear of encountering them is often immobilizing (APA, 2022).

If a traumatized instructor chooses to reenter the classroom, avoiding all negative stimuli will likely prove impossible. Beyond the sights, sounds, and smells that could materialize anywhere, literature and composition instruction demands emotional labor unique in the intimate connections between student and teacher (Hynes, 2019; Moore, 2021; Sharp, 2022; Waldbuesser et al., 2021; Yu et al., 2021). Writing tends to elicit traumatic histories: Humans possess the desire to share, and the chance to do so in a safe space is alluring, especially in writing classes with open-ended prompts (Diaz, 2022; Hynes, 2019; Moore, 2021; Sharp, 2022). For example, in personal essays such as the literacy narrative, students commonly disclose trauma (sexual or otherwise). It is not a stretch to surmise that the more approachable we are as teachers, the more likely they are to entrust us with their stories, especially if they believe our shared student status forges a bond absent in their other teacher-student relationships. Our subject matter, too, requires openness to trauma. For instance, commonly taught theoretical lenses such as Feminist Criticism, Queer Theory, and Critical Race Theory all scrutinize social and individual traumas, and trauma often arises in class discussions (Adams, 2020; Graphenreed & Poe, 2022; Grayson, 2022).

Retraumatization occurs when we encounter something that makes us relive our traumatic experiences (APA, 2022; Moore, 2021; Sharp, 2022). This could happen when:

- Student traumas remind us of our own
- We must respond to and assess essays that discuss trauma
- Sexual assault arises in class discussions
- We hear negative responses to sexual violence in the academy (for instance, denial of rape culture or criticism of a famous sexual assault survivor)
- We must make the difficult decision to report a student's experience to Title IX

Retraumatization can slow the healing process and also contribute to depression and anxiety.

### *Increased Depression and Anxiety*

The more time I spend on Instagram, the more it seems that everyone has depression and anxiety, a thought both comforting and gloomy. It is certainly true that these two negative states of mood and cognition are common and often comorbid, and trauma and PTSD tend to exacerbate them (APA, 2022; Groen et al., 2020; Oshodi et al., 2016). For my purposes, distinguishing between depression vs. Major Depressive Disorder and anxiety vs. Generalized Anxiety Disorder is not particularly material, save in the sense to underscore (at risk of regurgitation) that two of the four are disabilities with increased severity. My interest lies, rather, in exposing the cyclical nature of depression, anxiety, and difficulty teaching.

Depression and anxiety affect cognition, meaning they change the way you process and respond—not simply how you feel (APA, 2022). They may arise individually or simultaneously, or one might ignite the other. I offer an example of the latter: When I think about being raped, I start to struggle with my depression, which makes me not want to get out of bed, which makes me fall behind on grading, which makes me anxious, which makes me shut down and allow emails to gather dust in my inbox, which makes me more anxious, which makes me depressed, and so the cycle continues.

The effects of depression (e.g., hopelessness, emptiness, and hypersomnia [APA, 2022]) and those of anxiety (e.g., excessive worry, restlessness, irritability, and trouble focusing [APA, 2022]) leave little room for studying, writing, teaching, or healing, all of which present enormous challenges without the added emotional and cognitive burdens. It is also worth stressing how depression and anxiety contribute to chronic fatigue (already a trauma symptom) (Afari et al., 2014; De Venter et al., 2017). With all this combined, sometimes grading one discussion board might feel like too much labor to comprehend.

### *Functional Freeze*

While we might be tempted to discredit freeze as a Gen-Z buzzword, it does exist (Dhawan & Haggard, 2023). I'm not sure where personal ignorance intersects with the ignorance of society. Still, until therapy following my rape, I thought "fight or flight" was the full phrase rather than what are correctly known as the fight, flight, freeze, or fawn trauma responses. Fight and flight are obvious; fawn is a series of people-pleasing behaviors that often accompanies abusive relationships (Dhawan & Haggard, 2023; Merlon & Sugden, 2023). While all four trauma responses play into sexual assault, I focus here on freeze as a major challenge to graduate student instructors.

Many people report freezing during a sexual assault. Like both fight and flight, freeze is a physiological safety mechanism designed for protection: It is an "involuntary neural

response to threat that blocks the brain circuits that provide voluntary control over body movement” (Dhawan & Haggard, 2023, p. 835). We can reductively equate this to a possum playing dead. While freeze protects the person during the assault, the body can become locked in freeze mode. When this happens, common stressors as well as negative stimuli provoke a freeze response, which includes brain fog, numbness, dissociation, inability to take action, difficulty concentrating, trouble expressing thoughts, increased anxiety, and feeling “stuck” or “shutdown” (APA, 2022; Dhawan & Haggard, 2023; Dworkin, 2020).

Popular culture, led less by empirical research and more by mental health blogs, often refers to this state as “functional freeze” (Gifford, 2024; Khiron Clinics, 2024; Thurrott, 2024). While not truly a technical term, the adjective is helpful: It acknowledges the survivor’s efforts to remain operative while underscoring the limits to which they can perform. With or without the adjective, freeze combats an instructor’s efforts to keep pace with the logistics of teaching, creating a semester precariously balanced on “let me just get to winter break, and then I can fall apart.”

### *Shame*

I’ve chosen to discuss shame last because it is all-encompassing, intensifying retraumatization, depression and anxiety, and freeze. To feel shame is to feel humiliated and unworthy, to believe that you have done something profoundly wrong (Bhuptani & Messman, 2023; Martingano, 2020; Robinson et al., 2024). After my rape, I was ashamed that I wore a mini skirt to a club, that I ignored every safety lesson I’ve been taught, and that I didn’t even scream for help. When the cops demanded to know why I didn’t just climb off the mattress, they emphasized my weakness and incompetence, features I then wove into my self-image. I wasn’t ashamed of being raped so much as that I hadn’t done anything to stop it, especially because I’d always forecasted myself as a fighter or at least a flighter. Perhaps most of all, though, I was ashamed that for two years after, I simply fell to pieces. I don’t know if I’m thankful or saddened that these feelings are not unique to me but shared by many survivors, including other academics, although everyone’s shame is of a different hue (Bhuptani & Messman, 2023; Bhuptani & Messman, 2022; Robinson et al., 2024).

Shame doesn’t stay behind in the exam room, police station, or courtroom. It follows you to your desk, where memories of your rape exam photos displayed on a projector in front of a judge, lawyers, and your rapist make you wonder who you think you are to write a dissertation. It follows you to your classroom, where you feel small, imagining your students laughing at the V for Victim branded on your forehead. Relationships with colleagues and supervisors may grow strained if you fear (often justifiably) that your image will suffer if they learn of your trauma and the ways it has affected you (Martingano, 2020; Robinson et al., 2024;). Despite #MeToo’s best efforts, sexual assault remains stigmatized, and no one wishes to be seen as damaged (Bhuptani & Messman, 2023; Hansen, 2020; Martingano, 2020; Robinson et al., 2024). These factors increase shame and further isolate its owner, who seeks to hide the ugliest parts of themselves.

## **Integrating Trauma-Informed Pedagogy, Critical Disability Theory, and Networks of Care**

Trauma-informed pedagogy acts on the belief that trauma is present in every classroom with profound impact on learning (Muir & Mathieu, 2022; Mullen, 2022; Munro, 2022; Sharp, 2022; Tayles, 2021). Those who practice trauma-informed pedagogy operate alongside the most fundamental principle of Universal Design for Learning (that every student deserves equal access to learning), (re)creating their classrooms to practice compassion, prioritize classroom safety, and amplify student agency—all strategies designed to counter the negative effects of trauma (Muir & Mathieu, 2022; Mullen, 2022; Munro, 2022; Sharp, 2022; Tayles, 2021). I argue that this pedagogy's limitations reside in how it is viewed rather than in its principles. To clarify, a trauma-informed classroom is often seen (by instructors and administrators alike) as an ideal—or even a luxury—rather than a critical bridge to student success despite its practitioners emphasizing the latter (Muir & Mathieu, 2022; Mullen, 2022; Munro, 2022; Sharp, 2022). I choose to believe there is no malice here: There are vast priorities for instructors who wish to improve their classrooms, and it would be quite the accomplishment to apply every recommendation. If, however, we highlight its existing connection to Critical Disability Theory—which engages disability as a more than physiological issue and stresses activism—we transform trauma-informed pedagogy from an ideal to a critical issue of accessibility (Goodley et al., 2021; Goodley et al., 2019).

This pedagogy focuses on students rather than instructors; yet, its guiding principles (compassion, safety, and empathy) hold value to those who instruct and those who learn, especially as we should not be picturing those roles as ends of a binary. With their dual identities, graduate student instructors present an excellent way to exercise this pedagogy's potential.

In the following few sections, I intertwine trauma-informed pedagogy, Critical Disability Theory, and Miller's (2020) networks of care, applying them to graduate student instructors to surface three areas for change: reframing shame to create space for personal and academic healing, building community to support sexual assault survivors, and evolving assessment practices to ease teaching stressors. Keeping in mind the statistical prevalence of sexual assault, this list is founded on my suggestion that we view all instructors (and students) as possible victims of sexual violence and therefore possible sufferers of PTSD. The suggestions I offer are action-based and intended for instructors: While we, the composition community, always hope that administration will support our needs and implement departmental and institutional changes, our needs are immediate and demand accessible strategies that we can implement swiftly.

### **Reframing Shame**

Psychologist and activist Brene Brown believes that “shame is the feeling of, ‘If you knew all there was to know about me, you wouldn't love me anymore’” (cited in Van

Ness, 2019, p. 7). Shame is isolating, driven by intrinsic and extrinsic forces. It causes us to feel unworthy of our peers' respect and like we don't belong with "normal people," intensifying the imposter syndrome that already plagues many graduate students (Collier & Blanchard, 2023; Gresham-Dolby, 2022). Shame thrives on secrecy and transforms assault from a horrific experience to a core element of the survivor's identity (McElvaney et al., 2022).

Reframing shame begins with self-compassion (Robinson et al., 2024; Bhuptani & Messman, 2022; McElvaney et al., 2022). Granting yourself the compassion you would show another survivor is easier said than done: In general, most people judge themselves more harshly than they would another person. When, however, we work to understand that trauma responses and trauma's effects are physiological and not a product of weakness, we can begin to show ourselves grace. Recognizing sexual assault as a shared experience allows us to move from self-blame and secrecy to connections to a broader community of survivors.

In the academy, reframing shame might take the shape of attributing academic struggles to trauma responses rather than personal failure. Access to mental health services is a privilege, but I have found it helpful to obtain a PTSD diagnosis, for it gave me a reason for the way I feel inside. I fully acknowledge that most graduate students don't have access to adequate mental health resources (Miller, 2020), so I recommend learning more about trauma responses and connecting with other survivors.

### **Building Community**

Community is another excellent resource, and I now approach Miller's (2020) networks of care more explicitly as a way to highlight the valuable work graduate students do to support each other's mental health. Rather than rearticulating this work and its value, I suggest we surface sexual assault trauma from within the broader landscape of "disability, trauma, and illness" (Miller, 2020), forging networks of care that engage this specific trauma. Without prompting rape disclosure, we should create space for people to discuss trauma and PTSD associated with sexual assault anonymously. Presumably, graduate students who teach writing enjoy writing (although depression can certainly temper this). I propose, therefore, that we look beyond an individual cohort or university to establish writing groups for graduate student sexual assault survivors.

### **Evolving Assessment Practices**

While attending to Gelms et al.'s (2021) call for "deep meditations on inclusive pedagogical practices and trauma-informed teaching and learning," I recognize that we don't always control our curricula as graduate students. My suggestions here assume that you have at least a little flexibility. If not, the suggestions will hopefully still be useful tools to conceptualize writing instruction.

Most critically, you should avoid assigning content that could potentially retraumatize you. While that advice is superficially obvious, it requires both introspection and forward thinking. Course planning in July has a much different feel than teaching in November, and the texts and topics you selected months ago might not feel as innocuous as you listen to students dissect them. While it is our task to guide conversations, our power to control students' statements has a limit, as well it should.

Assuming that your course content preserves your safety as much as possible, I've chosen to focus on assessment as a pivotal example of how we can use trauma-informed pedagogy to counteract the effects of trauma, in this case, the depression, anxiety, and freeze that make teaching laborious. I do not wish to make it sound like a miserable task, but assessing student writing is time-consuming and emotionally taxing. When instructor trauma enters the equation, assessment becomes an aggressive stressor.

My first suggestion is to reduce the amount of time you spend grading. For instance, instructors are required to assign a minimum number of pages, but often not all of them must receive written feedback. I assign my first-year writing students a weekly, one-page freewrite, which I grade solely on completion and focus. By not providing extensive feedback, I create space for my students to explore their ideas in a low-pressure environment while easing my schedule. Revisiting your syllabus to reduce grading offers the chance to enact trauma-informed pedagogy's goal to practice compassion for yourself and your students.

In this spirit, implementing alternative assessment strategies can benefit both students and instructors with trauma. Many instructors have found success with labor-based contract grading as anti-ableist and anti-racist activism, using it to build a collaborative dynamic between them and their students (DasBender et al., 2023; Graphenreed & Poe, 2022; O'Meara, 2022; Gomes et al., 2020). Conceptualizing grades as holistic rather than compartmentalized to individual tasks may soothe some worries for the instructor who stresses that the effects of trauma will negatively impact their ability to keep pace with traditional grading protocol (Cowan, 2020). Increasing the instructor's agency over the grading protocol will make the assessment process more accessible.

On that note, increasing student agency by offering them the chance to choose the amount of feedback they receive alleviates stress on both ends. A couple of years into online asynchronous teaching, I realized that my students weren't reading my feedback on their essays. Since then, I've let them choose the option to receive solely their labor-based rubric grade or their grade in addition to detailed feedback for each essay. I found that in a class of twenty-two, typically fewer than five ask for feedback. Initially, this demoralized me as I assumed the other nineteen were uninterested in improving their writing. By conducting anonymous surveys, I found that many students are just overwhelmed with the amount of feedback they receive from their classes combined. I've also found that the "rubric only" students improve as writers by applying our lesson content to the areas I've marked for improvement on their rubrics. Now, my students are less overwhelmed with feedback, and I am less overwhelmed with providing copious

amounts of it. This strategy has worked for me; my point is not that you model it, but that you give yourself the grace to develop strategies that work for you.

My final suggestion is to incorporate multimodal self-assessment into the writing process. Conversations on student-centered pedagogies sometimes forget to consider how self-assessment plays a critical role in fostering ethical grading ecologies (DasBender et al., 2023; O'Meara, 2022; Cowan, 2020). In my first-year writing course, my students each create a podcast that reflects on their written literacy narrative, assessing its strengths and discussing ways to improve it for inclusion in their portfolio. The feedback I've received from my students shows they enjoy the multimodal process because it's often easier for them to engage in metacognition through speech than through writing. For me, this allows more time to provide feedback on their narratives. (The podcast is required to pass the assignment but not graded.) Time is especially valuable for this project, which is the most emotionally taxing to grade out of all I assign. I encourage you to empower yourself to make small changes such as these: I believe that by treating your own needs as thoughtfully as you do your students', you will find that everyone benefits.

### **Concluding Thoughts**

Overcoming shame is a recursive process, as is healing from trauma, as is navigating PTSD. Because there is no way to undo assault, there are no easy fixes. I suppose this would not be a complete article without *looking towards the future or calling upon the administration*. Still, the future of education looks increasingly bleak, and it seems as though administration will be rather preoccupied in the coming years. So, if I call upon anyone, it is upon you: Care for yourself, give your students grace, and treat your instructors with compassion because you don't know who was raped last weekend or who will be raped tomorrow.

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